

**Program:** Medical School 2050

**Speaker:** Donald Sefcik, DO, Dean, Marian University College of Osteopathy

**Introduced by:** Peggy Sabens

**Attendance:** 129

**Guests:** Dennis Chapman, Teresa Hatfield, Jana Baker, Amanda Wright, Don Knobel. Brenda and Tom Sneddon

**Scribe:** Tom Lauer

**Editor:** Ed Nitka

Dr. Sefcik forecasted and advocated that training physicians in the next 30 years should shift from all medical students completing a uniform curriculum to one that is more individualized called adaptive learning. This would be a paradigm shift from “just in case” education to becoming competent and being able to apply this “just in time”. That is, providing healthcare by functioning in more inter-professional, collaborative teams.

### Program

His presentation today was about giving projections regarding medical education in the future, specifically the 2020-2050 period. He is advocating a new approach: that is a “Just-in-Time” approach, meaning you do what you need to do when you need to do it. Specifically, this involves individualized learning and being a team member. This education model is different from the traditional “just-in-case” model where a single person is expected to know everything (the expert) and commands from the top. In the words of the speaker, “the captain of the ship model has sailed”.

This new approach, according to Dr. Sefcik, is his own opinion and may change with time, but not before this lecture is over. He also indicated he had no conflicts with this presentation (e.g., financial, etc.) He indicated predicting the future of medicine is easy, but getting this prediction right is difficult.

Osteopathy started back in the 19<sup>th</sup> century with Andrew Taylor Still MD, DO. Dr. Still was a Civil War surgeon, and it was believed that half of his six (or so) children died of spinal meningitis. He wanted to know if we could prevent the disease, not just cure it. Hence, the foundation for Osteopathy was started. He opened a DO school in 1894 that had 2 faculty and 21 students. In 1899, there were 15 faculty members and 500 students.

Bringing this thought forward, in the last 18 years, 36 new DO schools were started with 7570 new students. Currently, this suggests that one in four medical students in this country is enrolled in a DO program. Dr. Sefcik indicated DO and MD training programs must both reach the same standard and train side by side, using the same Single Accreditation System established for the 2015-2020 period.

Marian University started its medical program in 2010, with 2013 being the first enrollment. May 2017 produced the first graduates and the program has continued to show a strong support and strong interest. Last year, there were 4,600 applications for 146 openings in the school demonstrating this strong interest in the program.

In the three graduated classes, they have:

- 440 alums
- 23 different specialties
- Residencies in 158 cities spread across 204 training programs located in 36 states
- Family medicine accounted for 31% of the total, with only 9.1% of MDs in this specialty nationally
- At Marian University the focus is on family medicine in Indiana

Curriculum comparison of the historical (Just-in-Case) model with the predicted (Just-in-Time)

Traditional (Just-in-Case) model characteristics:

- Educational objectives, uniform curriculum
- Two years in classes – low attendance
- Lots of discipline -- endured
- Lots of multiple-choice exams – rote memorizations
- Everything is included – cognitive overload
- Curriculum creep – becomes unwieldy
- Expert Answer of all questions – burnout and stress
- Patients and Students have iaccess
- Staff brings challenges

Predicted (Just-in-Time) model characteristics:

- Competency based model
- Individualized learning
- Multiple tracks and varying speeds – progressive testing
- Information becomes knowledge – competence assessment
- See patients on day #1 -- lots of partners
- Capitalize on longitudinal design – deliberate Learning
- Use more technology - Simulation/tele-health
- Team member:
- Inter-professional education – introduce other HCPs
- Inter-collaboration – train in teams
  - Benefits Emotional Quotient (EQ)
  - Benefits Adaptive Quotient (AQ)

We should be developing programs that:

- Start early (K-12) – maximizing EQ and AQ.
- Buildings that promote conversations (lectures)
- Employ outpatient clinics – lots of training sites that are not in hospitals
- Increase simulation training
- Train physician-educators – trained to facilitate learning
- Give assessments that foster competence (grades)

Question: Are there enough residency positions to train both MD and DO graduates?

Answer: Currently: 20,000 MD grads/year

7500 DO grads/year

31,000 residency positions in US

BUT 11,000 internationally trained MDs that want to come here for residency, including US citizens that trained elsewhere

Question: Looking at characteristics and demographics of applicants, can you tell if the student wants to go into rural practice?

Answer: Rural students have a tendency to have lower GPA scores and have more difficulty with entry to medical schools. The predictor for rural practice is those who have grown up in the rural environment tend to return there.

Question: Do we have a specialty program for rural medicine in Indiana?

Answer: No. May be difficult to amass the resources to initiate a program.

Question: Is there a quota system for admissions?

Answer: We have a minimum requirement (e.g., GPA, Medcats, etc.) for admissions, and are generally much better than the minimum.

Question: Are there attitudinal differences between MDs and DOs?

Answer: Currently, most states have the same licensing body for both – suggesting equivalent training. Completing residency needs to be the goal for both, although you may be an MD or DO. Most do finish residency.

Question: If a residency is terminated, then what?

Answer: Yes, they can transfer to another program, but there may be some problems, largely dependent on the situation for the termination.

Question: Do armed services have any difficulties with recognition for MD and DO?

Answer: No.

Question: Does Pell program support DOs?

Answer: not sure.

Question: Are we overeducating our physicians at the expense of other medical professions? Couldn't we use others to handle some general things?

Answer: Yes, to the extent of what states will allow.



Dr. Donald Sefcik