

Health 2.0

News for and about the Health 2.0 Community

March 7, 2016

AMA Medical Education Innovation Challenge Winners Announced!



A team from Vanderbilt University School of Medicine won the **AMA Medical Education Innovation Challenge**. Amol Utrankar and Jared A. Shenson proposed the creation of Muse, an online national curricular resource exchange. This team won \$5,000 and is presenting its innovation at the spring meeting of the AMA Accelerating Change in Medical Education Consortium on March 7 in Hershey, Pa.

A team from Sidney Kimmel Medical College at Thomas Jefferson University was awarded second place and \$3,000. One team from Midwestern University's Chicago College of Osteopathic Medicine and another team from the University of Louisville School of Medicine tied for third place. Each third place team received \$1,000.

The healthcare landscape has drastically changed over the past decade, but despite the creation of new medical schools and curricular changes in existing ones, physician education has not always kept up with the evolving demands of the healthcare system. In response to this situation, the AMA's Accelerating

Change in Medical Education initiative in partnership with Health 2.0 launched the AMA Medical Education Innovation Challenge in the fall of 2015. Medical students and those studying other disciplines were asked to "Turn med ed on its head" and build the medical school of the future.

The challenge was a huge success and received 146 qualified submissions. Information about most submissions has been gathered into an abstract book that is available from the **Accelerating Change in Medical Education** initiative website. Teams of students proposed ideas that were creative and had the potential to improve the practice of medicine and outcomes for patients.

More information about the winning teams:

Vanderbilt University School of Medicine

1st place

The Vanderbilt University School of Medicine team proposed Muse: a national exchange for medical education resources: one part

information repository, one part social network and one part learning management system. LCME-accredited medical schools could publish their full curricular materials as free, open-access content for use by educators, curriculum developers and leaders. Muse's content would include, but would not be limited to, syllabi, lesson plans, learning objectives, instructional materials (including multi-media resources), reference notes or texts, and assessment items. Muse would serve as inspiration for its users and community, driving dynamic change, free exchange of ideas and user engagement.

Sidney Kimmel Medical College at Thomas Jefferson University **2nd place**

The team from Sidney Kimmel Medical College at Thomas Jefferson University proposed a Medical Maker program, which would provide a creative and safe space for medical students to gain technical skills and rapidly prototype solutions with 3-D printers. Based on educational sessions in core technical skill areas (computer science, small electronics, textiles, medical materials, and rapid prototyping technologies), this program would educate the future physician workforce in the use of techniques that personalize and customize care to meet each patient's needs.

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Midwestern University's Chicago College of Osteopathic Medicine
3rd place

The team from Midwestern University's Chicago College of Osteopathic Medicine proposed that medical schools institute intentional community-based service-learning experiences, beginning in the first year of medical school. The four-year course outline is a combination of direct instruction, reflective discussions, and service learning that would help students form realistic, empathetic perspective on social inequality and health disparities. The curriculum would be designed in collaboration with community partners to expose medical students to underserved populations, provide opportunities for them to build

relationships with these communities, and help students reflect upon how their experiences and biases may affect their potential future medical practice and communication with coworkers and patients.

University of Louisville School of Medicine
3rd place

The University of Louisville School of Medicine proposed a curricular model emphasizing student and patient wellness as a means of facilitating communication, empathy and self-awareness. The model includes a combination of required and optional activities, such as cognitive behavioral therapy, accountability teams, reflection groups and communication training.

The group also outlined a wellness accessible learning environment, faculty reward system, technology and research applications adding to the support of learners, teachers and patients. This model would promote self-care as a means of improving patient care with the end goal of realigning the culture of medicine with its core values.

The AMA and Health 2.0 thank all of the individuals and teams who participated in the AMA Medical Education Innovation Challenge. We hope this challenge inspired medical students and those studying other disciplines to explore new ways to prepare medical students for the changing healthcare environment and to improve the U.S. medical education system as a whole.

For more information on the AMA Medical Education Innovation Challenge, visit innovatewithama.com