

# Innovations in Medical Education

Health care is changing rapidly with shifting demographics and workforce demands. Doctors need to work in teams with other health care providers, understand how to treat patients from diverse backgrounds, and deliver high-quality, patient-centered care. With the help of the AAMC, the nation's 141 medical schools are changing the way they select and train medical students in order to cultivate the physicians of the future.

## Redefining What Makes a Good Doctor



The **Situational Judgment Test** is another new admissions tool in development by the AAMC. This method presents examinees with hypothetical scenarios and asks them how they would respond or behave in the situation. This gives admissions officers an opportunity to see how potential medical students use critical thinking and reasoning to react to real world situations.



To help admissions committees better evaluate the whole applicant, changes have also been made to the **The AAMC's American Medical College Application Service (AMCAS®)**—the standardized application to medical school—to gather information about a student's upbringing and life experiences. This includes self-reported information regarding work and outside activities, languages spoken, and socioeconomic status (SES). The 2014 application cycle was the first time a new tool called the SES Disadvantage Indicator was used to understand more about an applicant's economic background.



**The AAMC Admissions Initiative** is a broad effort to help medical schools identify and select applicants who are best suited to practice medicine in a changing world. Central to the effort is the consideration of other qualities, in addition to grades and test scores during the selection process. Admissions committees look for competencies, including how well applicants work in teams, how they interact with diverse people, and their ability to be resilient, adapt to different situations, and be critical thinkers.



A key component of the Admissions Initiative is holistic review, which takes into account an applicant's personal characteristics, experiences, and attributes. **The AAMC Holistic Review Project** focuses on processes, policies, and practices that will help medical schools foster a diverse, inclusive, and collaborative working environment. A culturally competent health care workforce is critical to quality health outcomes for all patients.



**The AAMC's Medical College Admission Test (MCAT®)** assesses the knowledge and skills tomorrow's doctors need to care for our growing, aging, and increasingly diverse population. A new version of the MCAT exam will be launched in April 2015 that shifts the focus from testing what applicants know to testing how well they use what they know. It recognizes the most recent medical advances and changes in our health care system by emphasizing scientific reasoning, research design, and data interpretation skills. It adds a new section that acknowledges the need for tomorrow's physicians to understand how behavior interacts with biological factors to influence health outcomes and how social inequities impact a patient's health.

“Being a good doctor is about more than scientific knowledge. It also requires an understanding of people.”

*Darrell G. Kirch, M.D.*  
AAMC President and CEO

More than **1/3** of medical schools use holistic reviews at each stage of the admissions process.

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New guidelines from the AAMC—**The Core Entrustable Professional Activities for Entering Residency**—will help bridge the gap between patient care activities that new physicians should be able to perform on day one of residency training, and those they feel ready to perform without direct supervision. With the goal of improving patient care and safety, the guidelines, which will be tested over the next few years, are the first formal outline of the activities and requisite competencies and behaviors that every graduating medical student should be able to perform upon entering residency.



The competency-based approach to medical education evaluates students based on individual demonstrations of skills instead of a required amount of time spent in training. **Education in Pediatrics Across the Continuum (EPAC)** is a pilot project launched by the AAMC to explore how to move away from the traditional model of medical education (four years of medical school plus three years of residency) to one based on achieving a level of competency. The four schools participating in the project will identify medical students interested in pediatrics to be evaluated by competencies and compared to their peers in the time-based model. EPAC will continue for 6-7 years with a minimum of four student cohorts.



**Interprofessional education (IPE)** helps prepare future practitioners for a new health care environment by allowing students of different health professions to learn together in preparation to practice team-based care. In February 2012, the AAMC was one of six health professions organizations to formally launch the Interprofessional Education Collaborative (IPEC). To date, this initiative has defined competencies, developed learning resources, and provided team-based faculty development widely used by health professions to improve preparation for collaborative practice.

“Better patient care depends on all members of the health care team understanding each other’s roles and knowing how to work together effectively.”

*Darrell G. Kirch, M.D.*  
AAMC President and CEO

**76%**  
of medical schools  
require interprofessional  
education training

