

Still News

August/September 2006

SPECIAL EDITION

A.T. STILL UNIVERSITY | ATSU

Educating doctors to be comprehensive and compassionate ATSU offers innovative curriculum for a new age

A.T. Still University (ATSU) is preparing to revolutionize medical care with the opening of a new medical school in Mesa, Arizona.

The new school will complement the osteopathic medical school model used by ATSU's Kirksville College of Osteopathic Medicine by adding innovative strategies to what already exists. There is not yet a name for the new medical school, which means that a donor can have his or her name associated with the newest and most progressive medical school in the country.

The most striking change is ATSU's new partnership with the nation's Community Health Centers (CHC), which provide a healthcare safety net for underserved communities. The medical students will begin their clinical observations in CHCs at the start of their second year instead of waiting until the third year as in traditional models.

Parts of the basic sciences will be bundled with clinical sciences and learned together. This practice of learning skills in the same environment in which they will be applied is called "contextual learning." This has been shown to be more effective than methods that impose arbitrary educational divisions.

Another change is the incorporation of the Clinical Presentation Model, which holds that there are approximately 120 different ways that patients present to physicians. Students will learn in-depth responses to these presentations.

The school's new dean, Douglas Wood, D.O., Ph.D., says that the overall design of this curriculum will emphasize clinical competencies.

"The curriculum will provide students with a framework for making clinical decisions, allowing them to practice a method of analysis and an approach to patients that they will use for the rest of their professional career," he said.

Wood also believes that by spending an extended period of time in CHCs, students will have better relationships with their patients.

"After building relationships that are more than short-term encounters, ATSU believes students



ATSU's proposed medical school in Mesa, Ariz., was designed to enhance whole person healthcare, ensuring that physicians care for people in their entirety.

will thereby be more compassionate physicians with higher integrity," he said. "Our goal is to produce humane healthcare leaders who are technologically adept, prevention oriented, and who are lifelong learners and teachers."

Not only will students be advantaged by the new curriculum, but CHC patients also will benefit from these changes. By putting osteopathic medical students in the CHCs, ATSU is working toward ensuring that underserved communities have the healthcare they need.

The new curriculum will be successful, said Dr. Wood, because it has been planned using Best Evidence Medical Education (BEME). The use of BEME requires that only the curricular elements that have been studied and proven effective are selected and implemented.

Along with the dramatic changes occurring at ATSU, the University is keeping its focus on osteopathic principles and a humanistic approach to healthcare and education. The new curriculum was designed to enhance whole person healthcare, Wood said, ensuring that physicians care for people in their entirety – in body, mind, and spirit.

ATSU
PROPOSED
MEDICAL
SCHOOL

Designing the medical school of the future

Nationwide business, education, and technology leaders meet

With rising concerns about the cost and quality of healthcare, as well as a projected physician deficit, national groups of business, education, and technology leaders are participating in a series of meetings at ATSU in Mesa, Arizona, to discuss “the medical school of the future.”

The formation of blue ribbon committees shows how leaders can work together to offer insights for medical education. How physicians are educated plays a major role in how they develop their attitudes about patients, quality, cost, and organization. The three national committees provided valuable input about the many dimensions of healthcare today.

“A.T. Still University is bringing new ideas and practices into a medical education model essentially unchanged for the last 50 years,” said Ray Lamb, CEO of First National Bank of Arizona. “While other areas of society, including business, entertainment, and technology have reinvented themselves every 10 to 20 years, medical schools have remained unchanged, despite repeated calls for reform. We need a whole new way of healthcare delivery, and that means beginning with the education of the providers.”

Many prominent national leaders are on the A.T. Still University Blue Ribbon Committees, including Reginald Ballantyne III, senior corporate officer for Abrazo Health Care; Hank McKinnell, chairman of the board, Pfizer Inc.; Adi Haramati, Ph.D., of Georgetown University School of Medicine; and Mike Samuels, Ph.D., endowed chair and professor of family and community medicine, University of Kentucky College of Medicine.

“The concern of business leaders is making sure their employees and their families have quality, yet affordable healthcare,” said Martin Fraser, CFO of CSK Auto Inc., who echoes a sentiment

by other business leaders who attended the spring meeting.

“Finally, someone in healthcare is listening to those who are paying the increasing bills for what is becoming a poorer and poorer product,” added Kevin McGovern, CEO of McGovern Associates of New York City.

“Incredibly, A.T. Still University is



ATSU-Mesa Provost Craig Phelps, D.O., meets with students at the Arizona School of Health Sciences on ATSU's Mesa, Ariz. campus.

aware enough to ask business organizations to help them get down to business and learn how to organize for good results.”

In emphasizing how business, education, and technology must go hand-in-hand to create a good healthcare system, Craig Phelps, D.O., provost of A.T. Still University's Mesa Campus, said “our Blue Ribbon Committees show that business leaders can offer great organizational insights for a new medical school and that other medical educators can provide the classroom models to achieve those goals. In talking with us, they give very practical views of the needs of patients, doctors, payers, and providers. And, if proposed solutions are to work, they need to address all these parties or parts simultaneously.”

The Blue Ribbon Committees are taking part in structuring the curriculum and addressing intangible aspects of teaching professionalism. The new school seeks to address the concerns of both the business and education communities by combining humanism, medical ethics, bioinformatics, and communication with basic science concepts and clinical medicine.

The Blue Ribbon Committees will continue their work after the new medical school is open. The members will be the eyes and ears in the community about how the healthcare system is being handled and further suggest how physicians could better address changing healthcare challenges.

ATSU
PROPOSED
MEDICAL
SCHOOL

Physician shortage

The most serious threat to Americans' health may not be a disease

With a predicted shortage of about 200,000 physicians by the year 2020, ATSU's new osteopathic medical school in Mesa, Arizona, is serving a critical need.

Many factors have contributed to this shortage and include schools that did not expand early enough, an increased number of treatment options, and a growing population.

Richard "Buz" Cooper, M.D., one of the world's authorities on physician supply and author of the landmark study that predicted the physician shortage, believes that the main cause of the shortage is the growth of technology and increasing specialization.

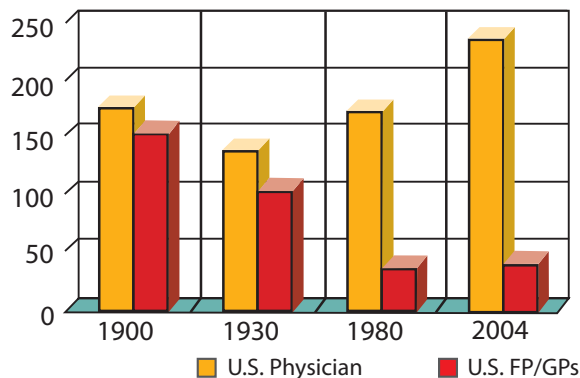
"There is more technology available so there is more time spent doing it by physicians and not enough physicians," he said. "Doctors will continue to do the procedural things for the patients because those cannot be delegated to a nurse or physician assistant. The physicians themselves will spend more time in their area of specialization since there are now more treatments and procedures available. There will also be more people detected with these diseases, which increases the time needed to treat them."

The number of new medical schools in the United States increased by only five, from 140 to 145, between the years of 1980 and 2000. Further, the new schools do not immediately translate to new doctors. It takes eight to 10 years



The first casualty of America's thinning physician population may be the routine visit with a doctor. These visits allow the patient to confide in and build trust in the doctor, and allow the caregiver to detect, prevent or contain early signs of more serious problems.

Changing face of medicine: doctors per 100,000 people



Although the total number of U.S. physicians per 100,000 Americans has actually increased since 1930, the number of physicians in family or general practice (FP/GP) per 100,000 has decreased rapidly in the last 100 years. In 1900, there was approximately one family/general practice physician for every 700 Americans. In 2004, that ratio had tripled to one physician for every 2,000 people.

for a new medical student to become a practicing physician. To produce enough doctors to create a significant difference takes three to five years of graduates.

Dr. Cooper explains this by saying, "despite the growth in medical schools, it is not going to help the public for another 15 years or more. All the while, the population grows, things you can do as a physician increase, the economy grows and so we can purchase more healthcare, and there are no more doctors than there are today to give it."

The inevitable results of the projected shortage will affect the average patient in many ways. For instance, it is going to be much harder for most people to see a doctor during a visit. Instead, they probably will see nurses or assistants. And if a patient is able to see a doctor, the amount of time spent together will be drastically shortened. This cuts important aspects of conversation between the patient and physician. Poorer patients may not be able to see a doctor at all.

Dr. Cooper predicts that "people will be less likely to see a doctor for basic visits, but it is in these visits where people commonly talk about their underlying problems. The aspect of a doctor acting as friend and confidant could be lost."

Compassionate care and preventive medicine

Model engenders trust and respect in the patient-physician relationship

Two important concepts for the proposed medical school in Mesa, Arizona, are preventive medicine and compassionate care. While each speaks to a separate part of quality healthcare delivery, leaders at ATSU believe they should be combined for the benefit of the patient as well as the physician.

Craig Phelps, D.O., provost of ATSU's Mesa Campus, defines preventive medicine as "medical care that occurs before an illness or injury to reduce the risk of further illness or injury." Compassionate care is "understanding suffering and taking action to relieve suffering."

Each of these has a different purpose but work together, he said.

"Preventive care, by definition, requires active participation of the patient, often times to modify their lifestyles."

"In terms of osteopathic principles, the patient's story, or perspective, is the structure and so modifying this structure or sense of how things work can allow patients to function better."

- Craig Phelps, D.O.,
Provost of ATSU's
Mesa Campus

Patients will be much more likely to adhere to a preventive treatment, such as a lifestyle change suggested by a physician, if that patient feels they are respected and their concerns were being addressed. In addition, physicians focusing on preventive care can put more emphasis on the care given to the patient in their daily setting rather than just when the patient is in the hospital.

The proposed medical school in Mesa, like the Kirksville College of Osteopathic Medicine in Kirksville, Mo., will incorporate this perspective into its curriculum by stressing communication skills and clinical exposure.

To demonstrate compassion, physicians learn to listen and interpret the stories that their patients tell them. This skill allows the physician to make the diagnosis properly and find a treatment plan that will work.

"In terms of osteopathic principles, the patient's story, or perspective, is the structure and so modifying this structure or sense of how things work can allow patients to function better. If we do not address the underlying story or structure, the patient is likely to continue in old, and possibly harmful, ways because these fit the old model of what makes sense," Dr. Phelps said. "Compassionate care must be comprehensive and address these underlying structures."



A doctor-patient relationship built on trust and care is one of the most important aspects of delivering truly compassionate care and gaining the insight necessary to practice preventive medicine.

ATSU
PROPOSED
MEDICAL
SCHOOL

Partnering with Community Health Centers

New model improves education while addressing a potential crisis

A new partnership being developed between ATSU and the nation's Community Health Centers (CHC) not only will enhance the education of future physicians, but also will help meet the healthcare needs of the underserved.

Twelve CHCs around the nation soon will host the students of ATSU's newest osteopathic medical school in Mesa, Arizona. Students now will start the second year of their medical education in one of these CHCs, immediately bolstering their classroom experiences with real-world examples.

This practice will improve medical education because cognitive science indicates that this type of contextual learning is more effective than the current medical education model that separates didactic and clinical work. Moreover, studies show that contextual learning allows students to be better prepared, more culturally competent healers by allowing them to interact with the community during training.

The placement of students in such contextual learning hubs not only benefits future doctors' education, but also directly addresses the impending CHC physician shortage.

In addition to supporting underserved communities, ATSU's Gary Cloud, Ph.D., said that the new medical school has a firm commitment to quality care.

Thomas Curtin, M.D., chief medical officer at the National Association of Community Health Centers (NACHC), said that CHCs are recognized as high-quality community organizations.

"Community Health Centers are committed to population-based health strategies and participate in a number of federal and Joint Commission on Accreditation of Health Care Organizations' quality assurance and improvement programs," he said.

CHC projections show a need for an additional 14,000 physicians in their facilities by the year 2020.

In order for CHCs to maintain high level of care, an increased number of quality checks will be instituted, and they will occur more often. Furthermore, students will be continuously connected to the latest data sources, and all patients will be seen under the supervision of a physician.

The partnership between CHCs and ATSU benefit both students and patients in the near future, but the new educational model is already showing potential for expansion. More CHCs are interested in becoming contextual learning hubs than ATSU currently can accommodate.

Because the school has a strong commitment to and confidence in its new educational model, ATSU has told the NACHC that it will encourage other medical schools to join it in addressing the CHCs' needs.

ATSU President James McGovern, Ph.D., explained that ATSU's new medical school is not only revolutionizing medical education, but by working with the CHCs is playing a leading role in changing the way medical care will be delivered to patients.

"Trying to address one without addressing the other would not work," he said.

"We're talking about taking quality to a new level. It is our full intent to be involved in nothing that isn't the highest of quality."

– Gary Cloud, Ph.D.,
director of advancement,
ATSU-Mesa



A dream come true

Dean Wood shares his vision for improved medical education and healthcare



WOOD

Dean Douglas Wood, D.O., Ph.D., just completed his first year at ATSU. For the previous 10 years, Dr. Wood was president of the American Association of Colleges of Osteopathic Medicine whose board is composed of all the deans of the osteopathic medical schools in the United States.

“This has been a dream of mine for a long time,” he said.

Wood was hired last year to lead the study of the proposed osteopathic medical school in Mesa, Arizona. The new

school, which will complement ATSU’s Kirksville College of Osteopathic Medicine in Kirksville, Mo., is set to demonstrate a new model for medical education.

The need to update medical training is not new. Since the early 1900s, there have been numerous calls to change medical education, but no significant revisions have been made.

“While there have been a few new medical schools started during the last two decades, we have the only one that started from scratch and brought together leaders from business, education, and technology to help us in setting good goals and determining good processes to efficiently reach these goals. Most new schools just copied other schools in whole or in parts,” Dr. Wood said.

Moreover, he said that the new school will be learning-centered. Dr. Wood believes that tradi-

tional medical education is faculty-centered and that this method is not the most effective way to learn. Instead, the new curriculum will include fewer lectures and more small-group activity, moving the center of learning back to students.

“Education is about student learning,” Dr. Wood said, “and our concern is what we can do to enhance it.”

Without doubt, Dr. Wood believes that ATSU’s new medical school will benefit students and patients alike.

“With this curricular model, we will be able to produce physicians who are better able than traditional medical students to address the challenges of patients,” he said.

With development of the new school well under way, Dr. Wood admits that it has not been without challenges. Accreditation is always difficult, and bringing on board the desired faculty has required careful effort, he said.

“We need people who interested in a learning-centered environment,” he said. “They must have a deep understanding of the curriculum and be good team players. So far, we have been very successful.”

For Dr. Wood, however, the greatest satisfaction has been the amount of progress made so far.

“It has been a team effort, and I’m proud to be a part of it,” he said.

Even though the school has already made countless revisions to traditional medical education, Dr. Wood said this is just the beginning.

“My vision for the school is to continue to innovate. This is only the beginning of innovation. Lots of change is necessary in medical education.”

Dr. Wood’s confidence in the success of the new medical school is obvious.

“Ultimately, we’ll be able to provide better healthcare,” he said. “That is our ultimate objective.”

A.T. STILL UNIVERSITY | ATSU

Proposed Osteopathic Medical School

5850 E. Still Circle | Mesa, AZ 85206 | www.atsu.edu

Douglas Wood, D.O., Ph.D., dean480.219.6052, dwood@atsu.edu

Craig Phelps, D.O., FAOASM, '84, provost480.219.6010, cphelps@atsu.edu

James J. McGovern, Ph.D., president660.626.2391, jmcgovern@atsu.edu