STATUS REPORT: UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE AT FLORIDA ATLANTIC UNIVERSITY

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UMMSM at FAU

GOALS AND OBJECTIVES
UMMSM at FAU

GOAL: Increase the supply of physicians practicing in Florida in the most efficient and cost effective manner possible

OBJECTIVES:

- **Expand access to undergraduate medical education in Florida in the most heavily populated geographic region of the state; and**

- **Expand access to GME training in the state generally and in Southeast Florida where there are no allopathic residency programs outside of Dade County**

MILESTONES

1996- **Exploratory discussions begin between UMMSM and FAU re an affiliation for a regional medical education program**

1998 - **FAU and UMMSM receive Legislative authorization and funding to begin planning for 2 year regional campus program; students spend Years 1 & 2 on FAU campus and Years 3 & 4 on UM campus**

2004 – First class admitted to UMMSM @ FAU 2 year regional campus program

MILESTONES:

2005- **Board of Governors and Legislature authorize expansion of UMMSM at FAU from 2 year to 4 year regional medical school**

2006- **FAU, UMMSM and Boca Raton Community Hospital (BRCH) sign Affiliation Agreement; BRCH designated as regional medical campus' primary teaching hospital. $75M gift to create the Charles E. Schmidt Medical Center**

2007- **First class to be admitted to 4 year regional medical campus; total anticipated enrollment will be 256**

2008 - **Anticipated start of first Palm Beach County residency program; approx. 300 -350 new residency slots planned by 2012**

2011 – **Charter class of regional campus 4 year program graduates**

ADMINISTRATION/GOVERNANCE

- **Regional campus dean with dual reporting responsibilities to: (a) UMMSM dean for academic purposes; and (b) to FAU president for purposes of use of FAU/state resources**
- **FAU 4 year regional campus academic program is separate track within UMMSM, which does not require separate LCME accreditation**
- **Students apply to UMMSM; can indicate preference for regional campus program**
- **UMMSM has ultimate authority over admissions process with input from Regional Campus Admissions Subcommittee**
- **Students pay UMMSM tuition and receive UMMSM medical school degree**

BUDGET/FINANCE

- **$14.7 M annual operating budget when 256 total enrollment attained**
- **FAU responsible for compensating basic science faculty**
- **FAU and UMMSM share compensation for full-time clinical faculty**
- **FAU provides required administrative and technology infrastructure**
- **All full-time clinical faculty required to practice through UMMSM-managed/supported practice plan**

RATIONALE FOR A REGIONAL CAMPUS VS FREE-STANDING MEDICAL SCHOOL

✓COST

Expanding the UMMSM at FAU regional campus from a 2 to 4 year program costs the state less than expanding the capacity of the existing medical schools' main campuses or building new medical schools

UMMSM@ FAU= $56,000 per student
New 4 year public medical school = approx. $80,000 per student

RATIONALE FOR A REGIONAL CAMPUS VS FREE-STANDING MEDICAL SCHOOL

✓ OPPORTUNITY FOR EDUCATIONAL INNOVATION

- Regional medical campus allows UMMSM to develop, implement and test truly innovative and creative educational programs and strategies without the dilution of energy and resources that politics and consensus building requires to change the existing curriculum on the main UMMSM campus

- Successful educational innovations from the regional campus can ultimately be transferred back to the Miami campus curriculum with greater likelihood of buy-in and successful implementation

RATIONALE FOR A REGIONAL CAMPUS VS FREE-STANDING MEDICAL SCHOOL

✓ Opportunity to Expand GME

- **Multiple community hospitals with interest in and ability to support GME within 20 miles of FAU**
- **All hospitals eligible for Medicare GME funding**
- **Potential for 300-350 new residency positions**

TWO PRONGED APPROACH FOR NEW RESIDENCY PROGRAMS:

- **BRCH to serve as primary teaching hospital and will sponsor its own residency programs; first program in 2011-2012; ultimate total residents = approx. 125**
- **UMMSM to serve as sponsor for consortium of other community hospitals where residency programs will also occur.**
- **Potential consortium hospital partners: JFK, Bethesda, Holy Cross, Delray, St. Mary's, West Palm Beach V. A. , North Broward Hospital**

UM SPONSORED RESIDENCY PROGRAMS

- First New Program – Internal Medicine at JFK Medical Center and West Palm Beach V.A. Medical Center
- Pending approval by the ACGME in Nov. 2007, program will open in 2008
- Ultimate number of residents = 66
- Residency program designed to form continuum with UME curriculum- with comparable foci (chronic disease, professionalism, etc.) and coordinated UME and GME competencies

HOSPITALS' PROPOSED ROLE IN UM SPONSORED GME PROGRAMS

Hospital	BRCH	VA	JFK	Holy Cross	Bethesda	St. Mary's	Delray
Internal Medicine	R	A	A	R			
Surgery	R	A	A	R	R	R	
Pediatrics					R	I	
OB/GYN	R			R	1	R	
Emergency Medicine					1	R	R
Psychiatry		A				A	1
1= STAND ALONE PROGRAM A = AFFILIATED PROGRAM R = ROTATION SITE							

Proposed Timeline and Size: UM Sponsored Residency Programs

	NUMBER OF RESIDENTS	POTENTIAL START DATE
Internal Medicine	66	2008-2009
Medicine Subspecialties	45	2010-2011
Surgery	36	2009-2010
Surgical Subspecialties	25	2011-12
OB/GYN	20	2009-2010
PEDIATRICS	36	2009-2010
EMERGENCY MEDICINE	18	2011-2012
PSYCHIATRY	16	2010-2011
TOTAL # RESIDENTS:	262	

REGIONAL CAMPUS ACADEMIC PROGRAM



REGIONAL CAMPUS ACADEMIC PROGRAM

While the regional campus curriculum shares common course goals and objectives and core competencies with the UMMSM Miami campus educational program, the regional campus curriculum achieves these goals and objectives through its own course structure, course credits, course examinations, and inclusion of content and experiences not included in the curriculum at the Miami campus.

REGIONAL CAMPUS ACADEMIC PROGRAM

Distinctive Characteristics of the Regional Medical Campus Continuity Medicine Curriculum (CMC):

- ✓ **Provides smaller, more personal, more individualized and more interactive learning environment**
- ✓ **Fosters and values collaboration between basic and clinical science, among medical specialties and between academic medicine and community health-care professionals**
- ✓ **Uses patient-centered, problem-based and self-directed learning**
- ✓ **Is organized around learning communities of approximately eight students each who share and learn from each others' patients and clinical experiences.**
- ✓ **Emphasizes continuity of care, patient safety and comprehensive, chronic disease management**

REGIONAL CAMPUS ACADEMIC PROGRAM

Distinctive Characteristics of the Regional Medical Campus Continuity Medicine Curriculum (CMC):

- ✓ **Medical Simulation Center enables students to use state-of-the-art simulators to learn and apply their diagnostic skills in the context of evidence-based medicine and systems-based care.**
- ✓ **Provides early introduction of clinical training in multiple community-based hospital and outpatient settings.**
- ✓ **Enables medical students to complete dual degrees (MD/MBA, MD/MPH, MD/Ph.D., etc.) during the four year medical education program.**

The Continuity Medicine Curriculum (CMC)

Curriculum divided into four phases:

(1) Laying the Foundation

(2) Basics of Clinical Medicine

(3) Practice of Clinical Medicine

(4) Advanced Studies in Medicine

Each phase has specified proportion of time allocated to the two longitudinal courses, Integrated Patient Care and Physicianship Skills, and to the basic/clinical sciences.

The Continuity Medicine Curriculum (CMC)

Phase 1: Laying the Foundation

Introduction to the Profession (3 weeks):

- Course meets for 30 hours per week, with no more than 15 hours of lecture per week and at least 15 hours per week of small group or communication laboratory sessions

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- Introduces the behavioral and social sciences before the traditional biomedical sciences; gives these “soft” disciplines an importance not usually found in today’s curriculum.

- Introduces the concepts of population medicine and professionalism, with communication skills laboratories designed to equip students for the community physician practice and county clinic settings. .

The Continuity Medicine Curriculum (CMC)

Phase 1: Laying the Foundation

Fundamentals of Biomedical Science (20 weeks)

- Course meets for approx 20 hours per week with no more than 10 hours of lecture per week and at least 10 hours per week of small group or other non-lecture sessions.
- Lays a foundation with basic concepts and vocabulary in the disciplines of cell biology and physiology, genetics and biochemistry, immunology, microbiology, anatomy, histology and pathology.
- Introduces organ-system specific basic science content included in the organ system modules in the next phase of the curriculum
- Teaching modality is case-based and problem-based learning, where week-long clinical cases are facilitated by a faculty tutor.

The Continuity Medicine Curriculum (CMC)

Phase 1: Laying the Foundation

Integrated Patient Care (IPC)

- Meets for 4-5 hours per week throughout all 4 years
- Introduces and allows students to develop fundamental clinical skills in a community practice setting and a county clinic
- Supervised by a community physician and the faculty clinician
- Community preceptors who participate in the IPC program agree to schedule the patients in the student's panel, whenever possible, on the day when the student will be present.
- IPC course closely coordinated and often integrated with the PS course

The Continuity Medicine Curriculum (CMC)

Phase 1. Laying the Foundation

Physicianship Skills (PS)

- Meets 4 – 7 hours per week throughout 4 years
- Students learn the fundamentals of process evaluation, quality management, outcomes assessment, patient satisfaction, patient safety, systems-based care, interprofessional team care, and complex chronic disease management

The Continuity Medicine Curriculum (CMC)

Phase 2: The Basics of Clinical Medicine (45 weeks)

- Organ systems courses follow their counterpart courses in the Miami curriculum in terms of overall objectives, content and length.
- Presented in the context of chronic illness and the relevant issues surrounding chronic illness' effect on individual patients, their families, society, and the health care system.
- Teaching modalities follow those introduced in Phase 1: use of small groups and problem-based learning, with complementary lectures and reviews with content experts to promote further integration.

The Continuity Medicine Curriculum (CMC)

Phase 2:

Integrated Patient Care (IPC)

- Continues throughout Phase 2 of the curriculum
- Meets for 8 hours per week as two four-hour clinical sessions in a continuity clinic

Physicianship Skills (PS)

- Continues throughout Phase 2 of the curriculum.
- Meets 6-7 hours per week

The Continuity Medicine Curriculum (CMC)

Phase 3: The Practice of Clinical Medicine (48 weeks)

- Planning both integrated clinical clerkships and traditional specialty-defined clerkships
- During integrated clerkships, students will continue to spend 6 hours per week in their continuity community practice clinic.
- During core clerkships, students will spend up to 3 hours per week in sessions and exercises in the PS course
- Learning communities with the faculty mentor sessions will continue during this phase of the curriculum

The Continuity Medicine Curriculum (CMC)

Phase 4: Advanced Studies in Medicine (up to 59 weeks)

- Elective rotations will be used to ensure that all required patient experiences, as defined by each required clerkship at the Miami campus, are completed by students at the regional campus.
- Elective course time can also be used for courses at the Miami campus, externships & other extramural experiences.
- Students will continue to spend time in their IPC community clinic during clinical electives.

The Continuity Medicine Curriculum (CMC)

Unscheduled Time:

During Phases 3 & 4 of the educational track before graduation, students will have up to 25 weeks of unscheduled time that can be blocked together or spread across several years of medical school.

- Unscheduled time may be used for:
  - Individualized and specialized scholarly pursuits such as basic research, systems and outcomes research
  - Additional degrees (MPH, MBA, etc.), or
  - International medicine experiences.

ECONOMIC BENEFITS TO COMMUNITY



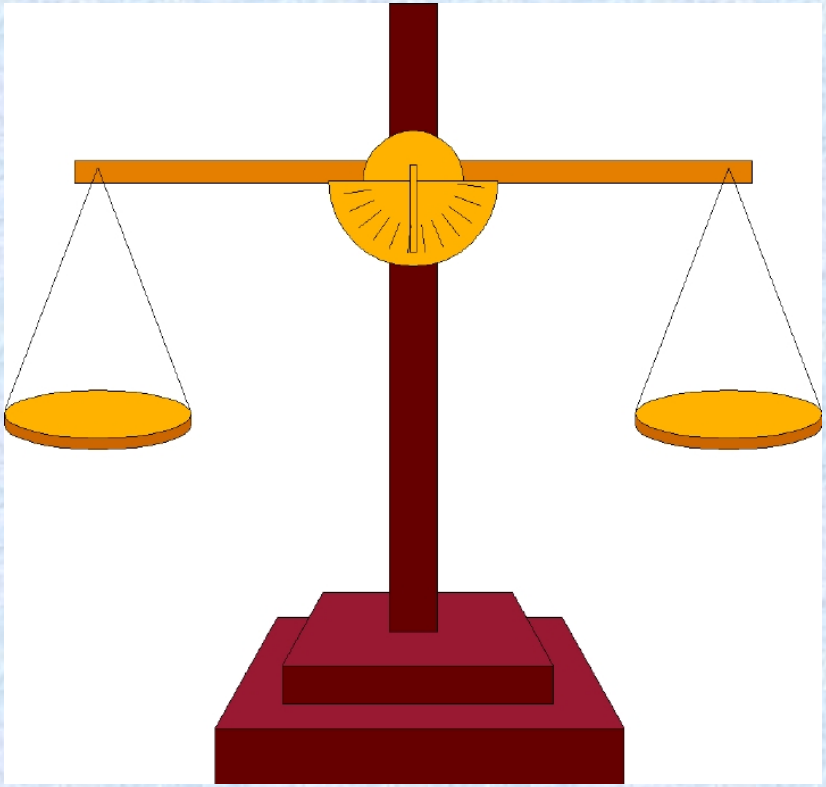




ECONOMIC BENEFITS TO COMMUNITY

- ✓ Academic affiliations, particularly for GME, enhance hospitals' ability to attract academically-oriented faculty physicians
- ✓ Teaching hospitals provide highest quality, cutting-edge health care
- ✓ The presence of an academic medical center helps region attract biomedical research enterprises:
  - Scripps Research Institute
  - Torrey Pines Institute for Molecular Studies

CHALLENGES



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CHALLENGES

- Partnering between a public and a private university that each have distinct cultures traditions, policies and procedures

- Differences in each institution's motivations
  - UM's interest in fundraising & clinical revenue
  - FAU's primary priorities are UME and GME

CHALLENGES

- Developing GME programs in multiple community hospitals that have no experience with academic medicine
- Overcoming community physicians' fear of competing for patients with new physicians recruited to serve as medical school faculty
- Securing adequate, recurring state funding for full implementation of the regional medical campus at the same time that Florida is creating two more new public medical schools

Colleagues Instrumental in Development of the UMMSM at FAU Regional Campus Curriculum:

- **Daniel M. Lichtstein, M.D., Associate Dean for Medical Education, UMMSM at FAU**
- **Mark O'Connell, M.D., Senior Associate Dean for Medical Education, UMMSM**
- **Linda Rackleff, Director of Planning and Administration, UMMSM at FAU**
- **Stephanie Wragg, Ph.D., Director of Medical Education and Faculty Development, UMMSM at FAU**