

Redesign of medical education needed for chronic disease era

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Noting that many graduates of medical education programs are unable to translate biomedical advances into health care that meets the Institute of Medicine quality criteria, Catherine Reinis Lucey, M.D., from the University of California in San Francisco, discusses how education of physicians can be redesigned to help reduce the burden of suffering and disease specific to the current era.

Lucey emphasizes the importance of redesigning the educational system to address the complex chronic disease era of the 21st century, which differs from the [acute disease](#) era of the 20th century. The medical school and residence experience should be restructured to create a patient-centered, data-driven, collaborative experience in which improvement of clinical microsystems are integrated with basic science and clinical skills. New basic sciences should include knowledge of biomedical, social, and [behavioral sciences](#), as well as systems and improvement sciences comprising aspects of leadership and public health. This should be coupled with new clinical skills, including patient encounter skills and systems skills such as measuring and improving performance, using technology to optimize workflow, and working within interprofessional team structures.

"Medical education must be part of the solution to the complex problems facing our [health care delivery system](#) today," Lucey writes. "Working with our clinical partners on new models of workplace learning, we can fulfill our social contract to improve the health of our communities by educating the physicians we want in the systems that we need."

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