Learning from each other: The Increasing Role of Consortia in Medical Education Innovation.

ABSTRACT BODY:

Topic Short Description: Innovation consortia have emerged in the general education and health professions education communities. Traditional methods of local program development followed by dissemination of only mature, fully implemented innovations deprive nascent programs of peer-review at earlier stages of the innovation curve. Consortia have other advantages including a diversity of learner populations, larger sample sizes, greater breadth of expertise, and more fluid administrative structures. In this session, we will present three very different HPE innovation consortia in order to consider commonalities given that in the future consortia may become an even more important mechanism of innovation.

Presenters: Susan Skochelak, MD MPH
Vice President, Medical Education Programs
American Medical Association

Alison Whelan, MD
Chief Medical Education Officer
Association of American Medical Colleges

Kimberly Lomis, MD
Associate Project Director, Core Entrustable Professional Activities for Entering Residency National Pilot
Association of American Medical Colleges

Joan Cangiarella, MD
Consortium of Accelerated Medical Pathway Programs
New York University School of Medicine

Martin Pusic, MD PhD
Director, Division of Learning Analytics
New York University School of Medicine

Richard Hawkins, MD
Vice President, Medical Education Programs
American Medical Association

Facilitator: Susan Skochelak, MD MPH
Vice President, Medical Education Programs
American Medical Association

Learning Objectives: At the end of the session, participants will be able to:
1. Define the general architecture of an education innovation consortium
2. List the ways that the consortium approach differs from the accumulation of institutional best practices
3. Describe how multi-center information technology facilitates effective Innovation Consortia

Session Plan: INTRODUCTION:

Innovation in Medical Education is becoming more difficult to accomplish on a single institution level. There are a number of reasons including the increasingly complicated nature of our missions, the constraints on any one school's resources, limitations in ability to demonstrate outcomes and the scope of our ambitions to effect change.

Innovation networks or consortia have emerged in the general education and health professions education communities. These consortia typically have a “hub” organization that serves to coordinate any number of collaborating institutions in pursuit of a common innovation theme. The generally soft-funded consortia feature fluid,
reciprocal relationships between and amongst the innovation partners, the hub organization. This can be contrasted with the hierarchical legacy administrative structures that characterize institutions such as medical schools and can impede innovation locally. (Peurach)

Traditional methods of local program development followed by dissemination of only mature, fully implemented innovations deprive nascent programs of peer-review at earlier stages of the innovation curve, when rapid development cycles could benefit from greater exposure. (Supovitz) Implementation of innovation within single institutions may not capture the important influence of context on outcomes, including sustainability. Parallel development of innovations in isolation generates redundant investment of precious resources yet often results in competing frameworks aimed at similar goals.

Consortia have other advantages including a diversity of learner populations, healthcare systems, and innovation resources which allow a greater range of implementation and evaluation approaches and greater ecological validity of such studies. Additionally, the greater number of potential evaluation subjects in a consortium allow more powerful evaluation (quantitative and qualitative) designs. Pooled resources allow consortia to surmount local deficits in innovation funding and allow more meaningful interaction with larger entities such as corporations or government. Depending on the number of participants in a consortium, and representativeness of the broader community, influential and effective collaborative relationships may be developed with external stakeholders (such as policy makers or regulators) impacting the success of innovation. (Abele)

Specifically in Health Professions Education (HPE), intentional consideration of consortia is timely. First, as we re-orient educational programs to competency-based systems, the increasing standardization of outcomes allows for better cross-institutional aggregation and comparisons. Second, improved and augmented data collection enable new multi-level and longitudinal statistical modelling techniques that can determine attributions at the institution and individual learner levels. (Ellaway) Third, an emphasis on system-based improvement in both educational and clinical enterprises is consistent with trans-institutional approaches and aligns well with similar trends in clinical health-systems science. Finally, increasing diversity and personalization of educational pathways have provoked a renewed emphasis on continuum approaches to HPE that call into question rigid institutional structures only devoted to single segments of the education enterprise. We note that each of these items favoring the development of innovation consortia also have potential drawbacks that warrant debate: What is the role of local community determinations of content needs and competency standards? Who controls/owns educational data? What are the advantages of keeping the education “system” distinct from the clinical one? What does educational accountability look like in a continuum-oriented system? How does embracing complexity and diversity within a consortium challenge traditional approaches to outcomes analysis? (Hodges)

There is a tendency to think of consortia as one-off efforts. In this workshop, we challenge this notion, making the claim that in the future health professions education consortia will become an even more important mechanism of innovation because of the trends we have listed. As a result, we in the HPE community would do well to learn from the efforts, successes and lessons learned from existing consortia and to debate the optimal form of this reciprocal relationship between hub organizations, their local institutional innovation partners, and important external stakeholders.

**VIEWPOINTS:**
1. Cross-institutional collaboration ensures ecological validity of the result – Whelan/Lomis
2. Early collaboration ensures a formative diversity of approaches: Cangiarella
3. Consortia allow the sharing of specific expertise and cognitive diversity: Hawkins
4. Early co-development of data architectures ensures a better final product: Pusic/All

**SESSION PLAN**
5 minutes Overview and Introduction: Susan Skochelak
8 minutes AMA Accelerating Change Consortium – Let a hundred gardens bloom: Richard Hawkins
The consortia presented in this workshop have tackled problems of varying specificity from broad (AMA Accelerate Change) to more specific (Implement EPAs, Shorten UME). The Hub organization has varied as have the inclusion criteria for choosing partner institutions. Within your table we have provided some health professions education themes (e.g. Differential education for rural medicine) which could be approached using a consortium. Choose one of the themes and then, within your group, design a consortium to tackle this difficult problem. Who might you choose as your “hub” organization? What types of institutions would you choose as collaborators? What advantages would the consortium approach provide over a single institutional design?

OUTCOME: Grounded in the literature and informed by the collective experience of faculty within the 3 large multi-center Medical Education Innovation consortia, this session will provide an opportunity to share best practices and generate broad consensus about how medical schools can work together to develop sustainable innovations. It is anticipated that best practices will be (a) shared (e.g., on MedEd Portal) with schools that are considering such large-scale collaborations and (b) that a manuscript will be developed and submitted for publication.


Level of Audience: Expert

Focus of Presentation: UME, GME, CME, Continuum

AUTHORS/INSTITUTIONS: J. Canagiarella, M. Pusic, NYU School of Medicine, New York, New York, UNITED STATES|S. Skochelak, R. Hawkins, American Medical Association , Chicago , Illinois, UNITED STATES|A. Whelan , K. Lomis, Association of American Medical Colleges, Washington , District of Columbia, UNITED STATES|