NSuring access to quality educational institutions has a significant role in shaping society’s development. With regard to medical education, this societal value takes on an additional layer of importance because the learning imparted to those selected to become the next generation of physicians not only impacts their own personal life, but also every patient whom they treat throughout their careers.

Medicine has long been an extremely competitive and highly sought-after profession. As such, there are very many worthy applicants for each available seat in medical school. Those of us entrusted to lead our nation’s medical schools place a great deal of thought into how we arrive at our selection processes for these coveted seats. However, there has been too little study of the processes and outcomes of these selections, or investigation into how we might better incorporate attributes such as character and compassion – which most would suggest are qualities of an “ideal” physician.

The manner in which we teach learners in medicine continues to change. It has evolved from apprenticeships and volumes of rote learning to problem-based learning and competency-based assessment. Medical knowledge is growing exponentially. In 1950, the doubling time of medical knowledge was 50 years; in 1980, 7 years; in 2010, 3.5 years. And it is projected to be 73 days by 2020.1 Thus, physicians must be lifelong learners and incorporate new technologies to ensure provision of state-of-the-art care. Developing best practices and efficient methodologies and assessments of success in these areas also requires a great deal more study and disciplined investigation to guide the medical community toward progress.

This changing landscape, the need for a greater understanding across the continuum of medical education – from premedical studies to physicians in practice – and an even greater need for innovative new directions in medical education was the inspiration behind the recent creation of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education (Kern Institute) at the Medical College of Wisconsin (MCW). The Kern Institute is supported by an exceptionally generous gift of $37.9 million – the largest individual noncorporate gift ever given to MCW – by the Kern Family and the Kern Family Foundation. In addition, Steve and Shelagh Roell (he is president of MCW’s Board of Trustees) provided a generous gift to establish the Steven and Shelagh Roell Endowed Chair of the Kern Institute for the Transformation of Medical Education.

The Kern Institute will redefine medical education through the development of the Triple Aim for Medical Education, which will integrate core characteristics of physicians including character, caring, and competence. This Triple Aim will build on 4 pillars: faculty, students, curriculum, and culture and systems change. The Triple Aim for Medical Education parallels and complements the Triple Aim for Health Care – better care, better value, better health – and will allow the development of a new standard for medical education.

A unique aspect of the Kern Institute is its collaborative framework, as it will work closely with a National Transformation Network (NTN) to achieve this innovative progress in medical education. In addition to MCW, the NTN comprises the Geisel School of Medicine at Dartmouth, Mayo Clinic School of Medicine, University of California San Francisco School of Medicine, University of Texas at Austin Dell Medical School, University of Wisconsin School of Medicine and Public Health, and Vanderbilt University School of Medicine. Many founding members of the NTN have been working together since 2013. Recently, the collaboration learned that its manuscript on Advancing the Science of Health Care Delivery has been accepted for publication in HealthCare.

We look forward to the critical work of the Kern Institute and the National Transformation Network to bring together the strengths of our respective medical schools to identify and propel educational innovations into practice in Wisconsin and beyond.

REFERENCE

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