

UPDATE

Medicine and Social Mission

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In 2010, a group led by Fitzhugh Mullan at The George Washington University School of Public Health compiled a provocative ranking of medical schools based on a “social mission score.” The criteria used in calculating the index were: 1) output of primary care physicians; 2) graduates serving in underserved areas; and 3) the number of minority physicians trained.

This was a through-the-looking-glass approach to ranking medical schools, since it practically inverted the traditional rankings. The schools usually at the top of the *US News & World Report* rankings (based on research dollars and reputations, among myriad other factors) were all near the bottom of Mullan’s list.

The article caused a stir in both the media and in academic medical circles. It was nice recognition for state schools and historically black medical colleges that emphasize training primary care doctors to serve in their communities. The schools at the bottom of the list were forced to explain why their missions, although different, still made a social impact.

If the world didn’t actually change, the publicity was at least a good thing because it forced academics and the public to think a little differently, if even for a short time.

The follow up to this effort is a report by Mullan’s group, titled “Be-

yond Flexner: Social Mission in Medical Education.”

The original Flexner Report (1910), commissioned by the Carnegie Foundation, set “legitimate” medical education on its current path: two years of basic sciences capped by two years of clinical sciences. This “Johns Hopkins” paradigm became the template for all US medical education.

Mullan’s “Beyond Flexner” group performed site visits at six different medical schools in the United States (and one in Canada) looking at new educational paradigms for training doctors with an eye toward caring not just for individual patients but for whole communities.

With the increased recognition that health care only impacts about 10% of a person’s overall health, more attention is now being paid to the social determinants of health care: education, nutrition, housing, socioeconomic status, neighborhood effects, and employment.

The schools in the study—Morehouse School of Medicine, AT Still School of Osteopathic Medicine in Arizona, the University of New Mexico School of Medicine, Northern Ontario School of Medicine, Southern Illinois University School of Medicine, and the University of Oklahoma School of Community Medicine—are all pioneers in thinking anew about how to best edu-

cate and train physicians (and other health care providers) to meet the needs of their communities in the 21st century.

The report will be presented at an upcoming national conference that will take place May 15-17 in Tulsa, Oklahoma.

Representatives from each of the schools, in addition to leaders from organizations like the Association of American Medical Colleges, the Association of Academic Health Centers, and the Centers for Disease Control, will take part in plenary talks and then lead breakout sessions on topics such as defining the social mission, pipeline programs for learners, tuition, curriculum, mentoring, and engaging residents.

Beyond Flexner 2012 is being underwritten by the WK Kellogg and George Kaiser Family Foundations. Registration for the conference is free, and members of the general public are also welcome.

Details and registration information are available on the conference website at <http://www.medicaleducationfutures.org/BeyondFlexner2012>.

Reference

1. Mullan F, Chen C, Petterson S, Kolsky G, Spagnola M. The social mission of medical education: ranking the schools. *Ann Intern Med* 2010;152:804-11.