

# Sailing Osler's Uncharted Sea with Innovation and Collaboration at the Helm

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To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.

—Sir William Osler, “Books and Men” in *Boston Medical and Surgical Journal*, 1901.

The Flexner report on medical education, published more than 100 years ago, provided a structure for medical school education that has shaped undergraduate medical education for the last century. Today, Flexner's report seems dated and doesn't provide a charter to navigate the many challenges facing medical education. Healthcare systems are like ships sailing a dynamic uncharted sea of change. These seas are being stirred up by the rapid changes in science and technology, government regulations, changes in healthcare financing, healthcare systems' restructuring, and the changing demographics of patients and learners. Academic healthcare systems must be innovative and malleable to navigate these tempests and to chart a new path to safe harbor.

One paradigm shift is our new perception of being citizens of the world. Healthcare challenges are not unique to the United States, and providers across the world face similar obstacles to healthcare delivery and medical education. The University of Queensland-Ochsner Clinical School (UQ-OCS) international partnership is inherently innovative and forward looking, a new ship sailing toward progress, and this special issue of the *Ochsner Journal* includes several articles exploring that innovation. UQ-OCS provides a model of how two large academic institutions can collaborate to improve medical education. The process starts with the ethos of both organizations and a will to sail a new course and bring change to the world instead of passively riding the waves.

It is our distinct pleasure to once again produce and co-edit a special edition of the *Ochsner Journal* dedicated to innovation in medical education. The last similar edition was published in winter 2012 (Vol. 12, No. 4) and focused on the future of medical education. That issue highlighted the outstanding work being done in both graduate and undergraduate medical education—not just at Ochsner Health System but at other institutions as well—and met with widespread acclaim by our readership.

The current issue builds upon the success of the UQ-OCS partnership by highlighting some of the curricular innovations the partnership has brought to fruition. The UQ-OCS has graduated four classes since the beginning

of the partnership in 2009, and Dr Deichmann et al report on the early success of the partnership with regard to the National Resident Matching Program and placing medical students into ever more competitive residency positions in the United States. Dr Kantrow et al report the use of the innovative online curriculum Paediatric Online Interactive Education, or POLIE, developed by the UQ School of Medicine to deliver the curriculum across two continents. Dr Carter reports on the successful implementation of a medical school curriculum in a hospitalist group. His description of lessons learned can serve as a starting point for other physician groups or departments that want to either improve or become involved with medical education. Dr Gillispie reports the use of the flipped classroom in an obstetrics/gynecology clinical course to improve the traditional tutorials and make them relevant to our current generation of learners. Finally, Dr Seoane et al report on the implementation of an innovative course to teach professional formation grounded in the importance of the virtues. The article highlights the challenges of training in the current climate of clinical medicine while evincing the virtues in the practice of medicine.

In addition to our partnership with UQ, another important relationship for Ochsner Academics is our participation and leadership in the Alliance of Independent Academic Medical Centers (AIAMC) and the organization's National Initiatives. The AIAMC launched these initiatives in 2007 and quickly recognized that quality improvement projects that engage residents and that are shared across multiple programs and health systems have the potential to improve patient care quickly and effectively. This issue features manuscripts that detail projects performed by constituent members of the AIAMC during the most recently completed (March 2015) National Initiative IV: Achieving Mastery of the Clinical Learning Environment Review (CLER). Congratulations to the authors and their institutions for the body of outstanding work published in this edition.

In addition to articles under our Original Research heading, please note that this issue includes the new categories of Innovative Programs and Quality Improvement Projects. The editorials in this special issue are

particularly thought provoking on topics universal to medical educators: How to deal with the student who is not cut out for a career in medicine? How do we understand our current generation of learners? Finally, this edition features the introduction of our new cover

design, representing the collective efforts of several key individuals in our publications department.

We encourage your feedback on these critical topics and on the solutions proposed in this issue to address the current climate of medical education across the spectrum.