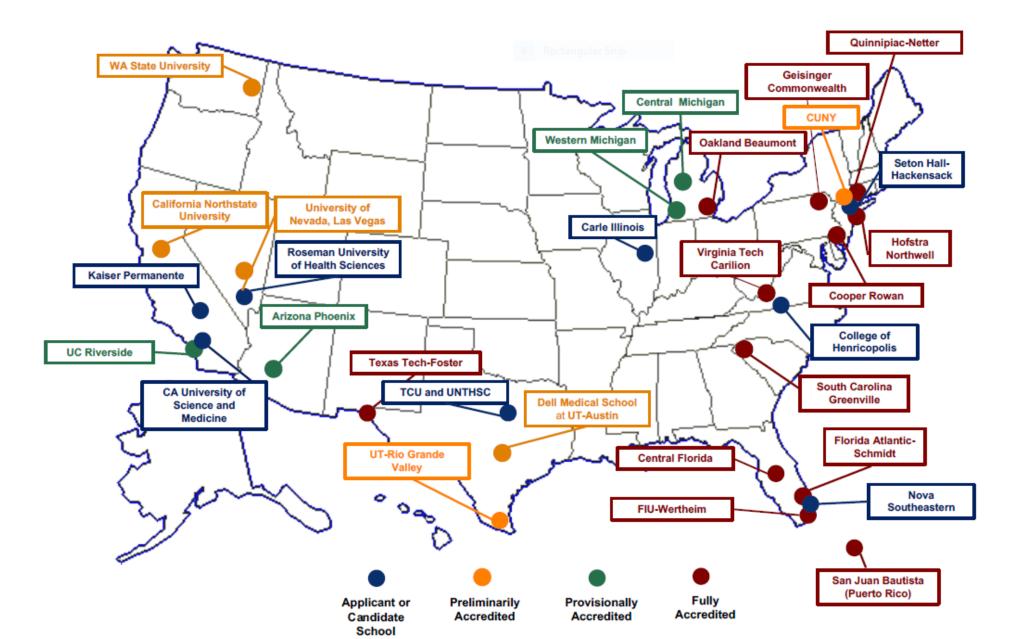


Why a New Medical School

Response and Remarks Valerie Montgomery Rice, MD President and Dean January 14, 2018 Figure 1. New MD-granting medical schools accredited since 2002 or in the LCME accreditation process (as of March 2017).



KPSOM Board of Directors



 The school's board of directors represent the fields of medicine, technology, business, health coverage and care delivery and will guide the development of the new medical school located in Pasadena, California.

Why Another New Medical School ?

What is different about the Kaiser Permanente School of Medicine?

Vision

Our graduates will be a diverse community of compassionate healers, life-long learners, and courageous leaders of change within the profession and in society. They will have the skills, capabilities, and resilience to lead the transformation of health care delivery in the nation, and a lifelong commitment to the highest values of the profession.

Mission

To provide a unique undergraduate medical education, embedded in a physician-led health care delivery system, that ignites a passion for learning, a desire to serve, and an unwavering commitment to improve the health and well-being of patients and communities. We aspire to address challenges in health care and medical education by:

Rapid immersion of students in clinical settings and focus on social determinants of health Leveraging the success of Kaiser Permanente's proven model of integrated care

Helping increase diversity and promoting inclusion in the physician workforce

Helping to refine and strengthen current and future methods and curricula

Educating a new kind of physician to improve the health of our communities

Training future physicians within a culture that values wellness and resilience

KAISER PERMANENTE. SCHOOL OF MEDICINE

3. Pedagogy X.0

A key area of interest was the impact that the hyper-connected learner (whether a medical professional or patient) would have on how medical content is designed, developed and delivered

Two areas of opportunity were identified:

- 1. Personalisation: Learners will be able to learn at their own pace, in their own space, in their own time and according to their own preferences
- 2. Increased connectivity: Learners will be able to build networks faster, opening them up to more information and richer social experiences than they currently experience today



A long-term

challenge may be

how patients

discern what

information is

credible

What will the

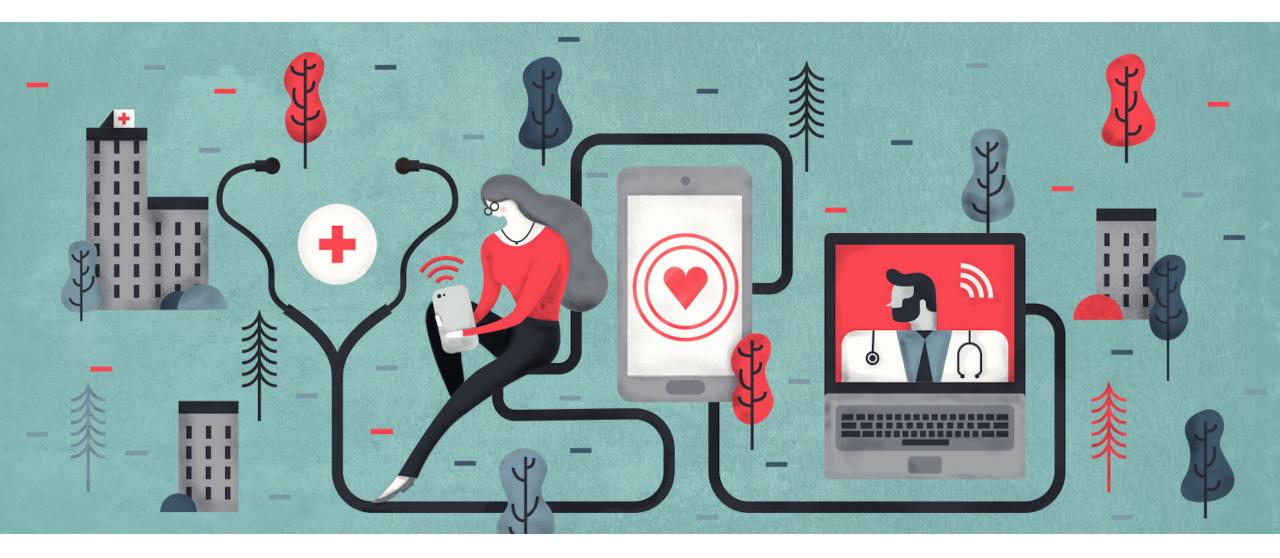
effect of even

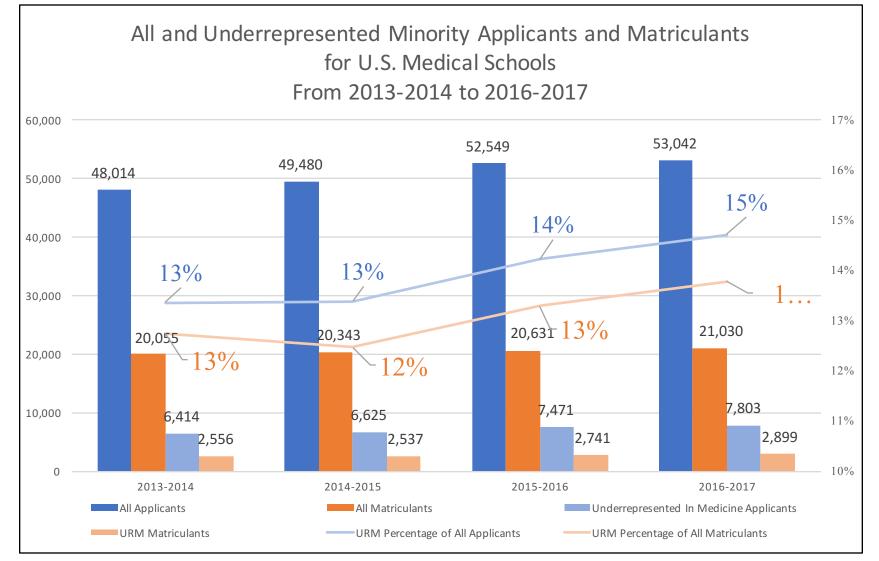
greater learning

autonomy have on

assessing knowledge

and accreditation?



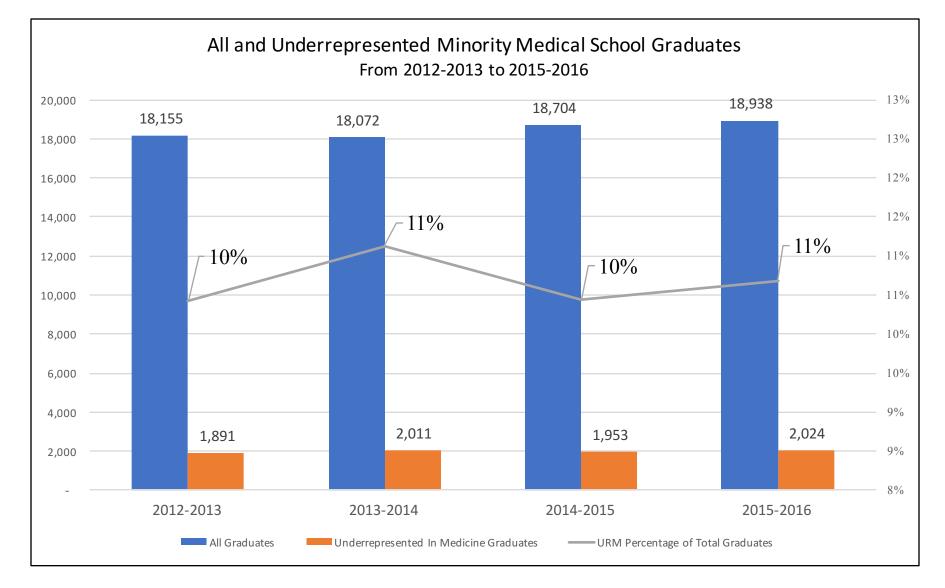


URM totals include applicants identified as American Indian or Alaska Native; Black or African American: Hispanic, Latino, or of Spanish Origin; and Native Hawaiian Other Pacific Islander.

Data Source: AAMC Table A-12: Applicants, First-Time Applicants, Acceptees, and Matriculants to U.S. Medical Schools by Race/Ethnicity, 2013-2014 through 2016-2017 (<u>https://www.aamc.org/data/facts/applicantmatriculant/</u>)



Chart Prepared by the Morehouse School of Medicine



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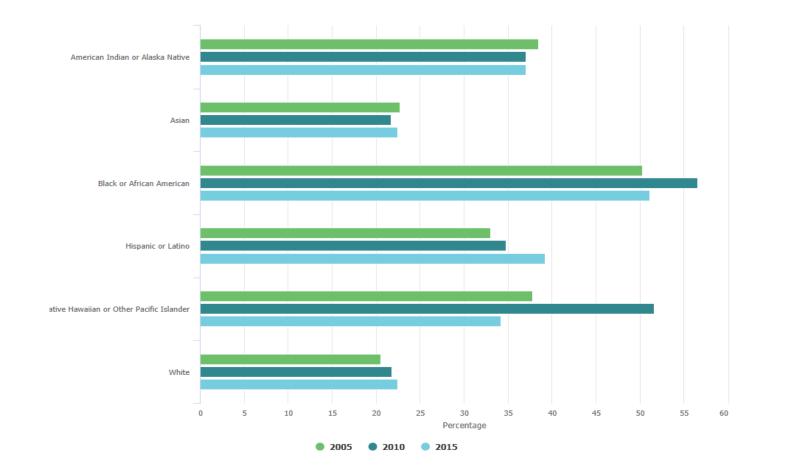
Data Source: AAMCTable B-4: Total U.S. Medical Schools Graduates by Race/Ethnicity and Sex, 2012-2013 through 2015-2016 (https://www.aamc.org/download/321536/data/factstableb4.pdf)



Chart Prepared by the Morehouse School of Medicine



US medical school matriculants planning to work in undeserved area by race and ethnicity 2005-2015

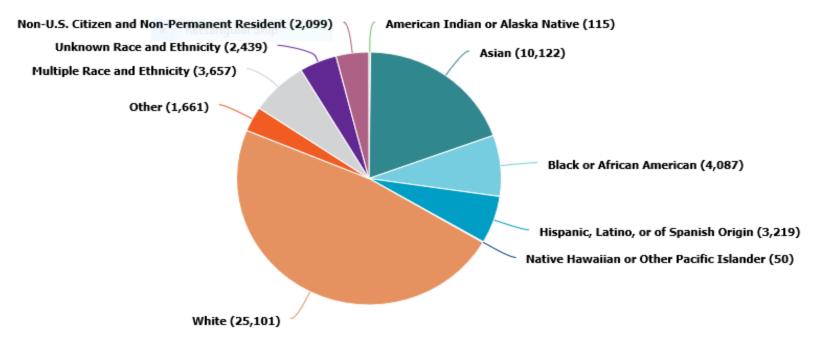


KP School of Medicine Governance Opportunities and Challenges

- Separate entity
 - How separate?
- Majority independent Board of Directors
 - Key role of internal Board member
- Financing
 - Relationship with parent
 - Implications for accreditation
 - Approach to fundraising

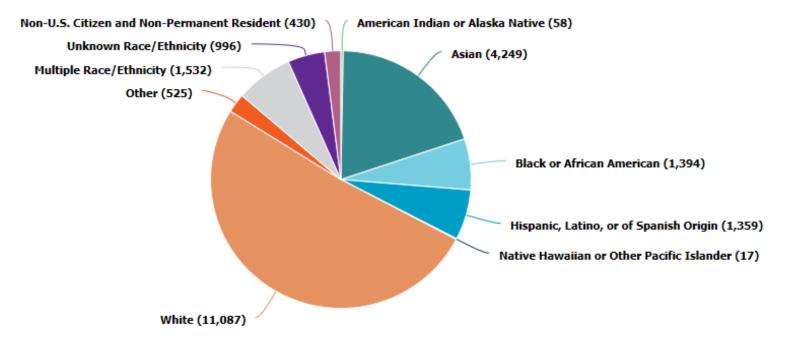


U.S. medical school matriculants by race and ethnicity 2015-2016





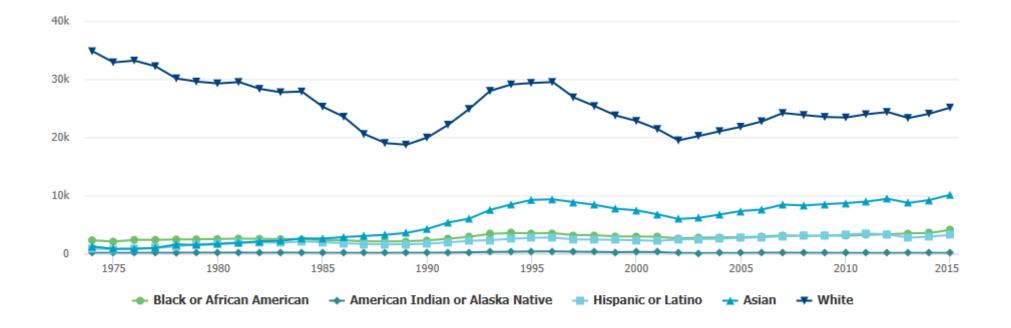
Accepted U.S. medical school applicants by race and ethnicity 2014-2015



Source: AAMC Fact Table A-12. https://www.aamc.org/download/321480/data/factstablea12.pdf.



U.S. medical school applicants by race and ethnicity 1974-2015



Note: Beginning in 2002, individuals could identify as more than one race. For all years presented here, data are included only for individuals who identified with a single race/ethnicity category. Source: AAMC Data Warehouse: Applicant and Matriculant File, as of Jan. 4, 2016.