All in the Family

Charles Flexner with a recent book about his often-cited relative.

Maybe there’s a gene for shaking up medical education that’s only expressed every hundred years or so. In 1910, it was educator Abraham Flexner who turned American medical training on its ear with his famous report decrying most schools of that era as deplorable while at the same time extolling Hopkins—with its tough entrance requirements, rigorous curriculum, and emphasis on both lab research and clinical education—as the ideal. Now, the torch has passed to Charles Flexner, Abraham’s great-great nephew, who’s heading a task force charged with rethinking what Hopkins’ 800 residents and 1,200 fellows should get out of the years they spend here.

“This is an opportunity to again lead the way in producing innovative approaches to education and training that will set examples for other institutions around the country and around the world,” says Flexner, 47, an associate professor of medicine and pharmacology and molecular sciences. “It’s an attitude that I think defines Hopkins, defines who we are.”

But why mess with success?

According to Flexner—the 2000 winner of the Professors’ Award for Excellence in Teaching, which annually honors faculty members judged to have a profound effect on School of Medicine students—the reasons lie in how medical practice itself has changed. Imaging technology, for example, may have made it possible to bring any part of the body into extraordinary focus, but interpreting all that information is daunting. Stringent regulations mean physicians today spend hours documenting every detail of treatment and complying with new privacy rules. Even more important, last year’s strict new limits on residents’ workweeks are pushing once-effective teaching methods into obsolescence.

To get its hands around these and other challenges, Flexner’s 18-member Task Force on Competencies and Curricula started work in September focused on the “core competencies” set by the Accreditation Council on Graduate Medical Education—medical knowledge, patient care, communication skills, professionalism, practice-based learning, and the health care system in general. The group will assess clinical training at Hopkins and recommend ways to improve, bearing in mind, says Flexner, two questions: “What should the physician of the 21st century and beyond look like? And what’s the best way to produce the model physician?”

But, noting that his great-great uncle raised more than $500 million to carry out the reforms he advocated (and that was a century ago), Flexner is convinced that inventing better mousetraps will be the easy part. “Abraham’s real contribution to medical education—and he started this repeatedly—wasn’t so much writing the report; his descendant makes clear, “but going out and identifying the sources of funding to implement it.”