



The Intersection of Medical Training and Economic Development



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Jessica Farr: Welcome to the Federal Reserve Bank of Atlanta's Economic Development podcast series. I'm Jessica Farr with the Federal Reserve Bank of Atlanta. Today, we're talking with Dr. Wayne J. Riley, president and chief executive officer of Meharry Medical College.

Developing a consistent flow of prepared medical professionals is the mission of medical colleges such as Meharry, a comprehensive educational facility awarding advanced degrees in a broad array of medical, dental, biomedical, and health policy occupations. Still, critical shortages in both trained personnel and service areas persist, especially for rural and low-income urban areas. In this podcast, we will discuss the intersection of medical training and economic development.

Dr. Riley became the 10th president and chief executive officer of Meharry Medical College in January 2007. During Dr. Riley's tenure, Meharry has established the Robert Wood Johnson Foundation Center for Health Policy at Meharry and received \$21 million from the National Institute of Health to establish the Meharry Translational Research Center.

Dr. Riley, thank you for joining me today.

Dr. Wayne Riley: Thank you, Jessica. I'm delighted to be with you.

Farr: *Our first question: medical jobs often go unfilled in many communities because of a lack of a trained workforce, resulting in critical health care needs going unmet. How does Meharry identify demand trends in the medical professions and adjust training to anticipate or match these needs?*

Riley: Well, Jessica, from both a medical view and an economic development view, the health professions over the next 25 to 50 years are going to be very fertile ground for a wide range of choices for young people to evaluate in terms of their health care career. We think it's very important that we have a conversation with youngsters to expose them to a wide range of health care careers—including nursing, physician's assistant, occupational therapy, physical therapy—because we know that the demographic trends underway in the country are going to be reflected in an increased need for health care professionals of all stripes and varieties.

Farr: *Advances in technology have reshaped employment in many industries, creating a need for workers who are trained in operating sophisticated devices and analyzing data. Will technology make certain medical professions obsolete, and which medical professions have declined or expanded as a result of technological advancements?*

Riley: Well, it's actually a little bit different. We would suggest (and many of us who think about this) that the health care and medical professions are being transformed by a new wide array of health care technology. For example, medical students are more apt to use laptop computers and to study and conduct patient-care-related activities on a Blackberry, an iPad, and a laptop. So, one of the things that we undertake is to make sure that the teaching and learning methods within health care professional schools reflects the new technological reality of the devices and the wizardry of this new technology, and to harness it to really make a better use of our health care labor workforce, whether it is at the physician level or at the nursing level or at the dietician level or whatever. Technology is transforming health care in significant ways that we would never have anticipated a few short years ago.

Farr: *Strong science and math backgrounds are necessary to prepare for most health care professions. In your view, what are the academic prerequisites for a career in health care occupations, and how might local schools best prepare students for medical jobs?*

Riley: Well, clearly, the stem disciplines—science, technology, engineering, and math—are critical, but that's not the entire picture. We know that the health professions, in spite of the technology and in spite of the new drugs and therapies and operations and so forth, is really technologically focused. Health care is at its base element a very human enterprise. So, we encourage students to have a wide educational experience in preparation for pursuing a health career, which would mean study of the liberal arts, study of sociology, anthropology. I also like, quite frankly, that our students have had some experience at customer service. Whether it's working at a local fast food restaurant, or volunteering at a hospital or nursing home, interacting with the public and with customers is a skill. So, we tend to look beyond just a traditional heavy focus on science and math to make sure that we can attract well-rounded, interpersonally skillful young men and women who want to pursue health professions. Because, again, at the end of the day, it's a very interpersonal and personal relationship that one has with a health care provider or with the health care system.

Farr: *Both rural and low-income urban areas are chronically medically underserved. What are the unique skills a medical practitioner needs to effectively serve these communities, and are there training gaps that we need to address?*

Riley: You know, from my perspective as a physician who spent part of his career taking care of underserved patients, I think you have to have an understanding of how rural Americans and urban Americans interface with the health care system. Both types of patients, because of their world views come to the health care encounter with very different expectations, very different fears, and we have to be able to understand how their particular rural or urban circumstances colors how they interact with health care professionals and the health care system. So, to that end, we think it's very important to expose our students to those practice environments along the way because what we do know is that sometimes the unexpected happens. You'll get a city kid who comes to medical or dental school professing to want to practice in an urban area, but given an excellent experience in a rural area, ends up practicing in a rural area; we've seen this many times here at our institution.

Equally impressive is the fact that at Meharry Medical College, over 75 percent of our alumni have gone back to underserved communities, heavily emphasized on urban communities, but not exclusively. So, we like to think that our value proposition is that we embrace serving the underserved wherever they are, whether they're in North Philadelphia or South Georgia—that you can have a wonderful career with fulfillment and satisfaction by embracing very different practice milieus.

Farr: *Meharry has a strong history of public service and a focus on addressing health disparities so communities can reach their full social and economic potential. How has Meharry structured its educational programs to meaningfully contribute to economic and community development, and why has this been important?*

Riley: Well, Jessica, the reason why is, we like to think that our strong history of public service is, sort of, our core competency. I often tell our physician students that when you one day put those little initials behind your name (M.D.), it means more than medical doctor, it means "make a difference." And so, we sort of drill this into our students from day one that it's a societal privilege to be a physician, a nurse, a biomedical scientist, a public health advocate, and that with that societal privilege comes a strong responsibility to contribute back to the communities wherever you are. So we really do embrace that ethos with our educational program.

Farr: *Dr. Riley, thank you for joining us today.*

Riley: Jessica, thank you very much. It was an honor to talk to you today.

Farr: *This concludes our podcast. We've been speaking with Dr. Wayne J. Riley, president and chief executive officer of Meharry Medical College.*

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