CENTER FOR EDUCATION

Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

REQUEST FOR APPLICATIONS

Millennium Conference 2027

Professional Wellbeing and the Progression to Expertise:
Reimagining Excellence in Medical Education

Co-Sponsored by
Carl J. Shapiro Institute for Education and Research
Josiah Macy Jr. Foundation

Babson Executive Conference Center
Babson College - Wellesley, MA
April 27-April 29, 2027

I. Request for Applications

The Carl J. Shapiro Institute for Education and Research at Harvard Medical School and Beth Israel Deaconess Medical Center and the Josiah Macy Jr. Foundation, in partnership with the Association of American Medical Colleges, request applications from medical schools and affiliated teaching hospitals wishing to participate in Millennium Conference 2027. This conference will examine the relationship between wellness, wellbeing, and expertise in medical education. The goal of the conference is to help medical educators and trainees navigate a growing tension in medical training: how to address legitimate concerns about learner and physician burnout without compromising the high standards required for clinical expertise. Central to this effort is a distinction between wellness, often narrowly framed as the absence of distress, and well-being, a broader construct, rooted in positive psychology, that emphasizes engagement, meaning, accomplishment, and purpose (1). This effort is intended to be complementary rather than competing: the well-being work explored at this conference will build upon, not replace, existing distress-reduction programs, mental health resources, and structural reforms. By grounding our work in this distinction, we aim to design curricula and clinical experiences that cultivate well-being in learners - a return to the sense of joy, purpose, and accomplishment associated with growth as a physician and improving the health of patients - while ensuring that graduates possess the knowledge and experience needed to provide the highest level of care for their patients.

When considering issues of wellness and well-being, we must acknowledge that life as a doctor is not easy; one is challenged intellectually with a rapidly expanding and changing knowledge base, physically by occasional long and sometimes unpredictable work hours, and emotionally as one faces the inevitability of patient disability and death. These demands have been compounded

by rapidly changing technology, the documentation burden of electronic medical records, and the pressures of increasingly crowded hospitals with growing pressure to meet administratively-derived productivity metrics. In response, medical education has undertaken a range of well-intentioned reforms, from duty hour restrictions to curricular restructuring, aimed at protecting learner wellness. Yet these efforts have raised important questions about a subtle, and sometimes explicit message (possibly self-fulfilling in some cases), that medical school and post graduate education will be the "worst" years of your life. In addition, some of these reforms may come at the cost of reducing the clinical experiences needed to develop expertise.

Associated with these system-based challenges has been the growing perception that expertise, which requires not only knowledge but experience as well (2), is being supplanted increasingly by a goal of "good enough" (3) with little documented benefit in wellness (4). The role of experience in the journey to achieve expertise, a concept embedded in multiple learning theories including the Dreyfus model of expertise (5), Ericsson's theory of expertise (6), and Mylopoulos and Regehr's construct of the adaptive expert (7) has become deprioritized. Despite these efforts, in a recent survey study of over 500 residents in specialties associated with high burnout, efforts to reduce duty hours was ***not*** associated with lower rates of burnout (8). In contrast, in this same study, self-assessed Accreditation Council for Graduate Medical Education (ACGME) competencies were positively associated with average hours worked.

How can we maintain high standards, assure adequate experience for our students (UME) and trainees (GME), and still attend to the mental health of our learners? The answer may lie in the tenets of positive psychology.

Martin Seligman, considered by many to be the father of positive psychology, postulates that well-being, not happiness (which is akin to "wellness" as the term is often used today) is the key goal (1). While happiness is a component of well-being, the latter is a construct based upon engagement, relationships, meaning, purpose and achievement (1). Well-being may be the key to "flourishing," as a person and as a doctor. How do we reorient medical education to produce doctors who flourish in their profession? (9)

To address these pressing issues for both undergraduate and graduate medical education, Millennium Conference 2027 will bring together teams from leading medical schools to build consensus on how to design educational experiences and learning environments that foster well-being in our learners while developing the expertise their future patients will need.

II. Background on the Millennium Conference Series

The Carl J. Shapiro Institute for Education and Research at Harvard Medical School and Beth Israel Deaconess Medical Center has sponsored thirteen working conferences since 2001 to tackle important topics in medical education, including the continuum of clinical education, patient safety, simulation in education, critical thinking, high value care, and evolving concepts of professionalism.

The format of these conferences, which comprise a combination of plenary sessions, small inter-institutional working groups, and the development of plans by school teams, has proven particularly effective in addressing topics of national importance. These conferences have led to multiple peer-reviewed publications including consensus recommendations, multi-center

collaborations, and multi-institutional research emanating from post-conference task forces: Millennium Conference Impact Statement.

The conference is a unique opportunity for multi-institutional brainstorming and networking. Additionally, the format has allowed leaders within the same institution, who may not normally have an opportunity to strategize about challenges in teaching, to conduct intra-institutional, long-term planning that crosses the continuum of medical education.

Based on the success of the previous Millennium Conferences and the energizing role they have had for the participating medical schools, the Shapiro Institute is excited to host Millennium Conference 2027 in partnership with the Josiah Macy Jr. Foundation to begin the work of focusing our educational efforts on creating doctors who have a sense of meaning and purpose in their lives, a true feeling of well-being that will sustain them throughout their careers during both good and bad times.

III. Millennium Conference 2027

Millennium Conference 2027 will involve teams from 6-8 medical schools in the generation of ideas to address important issues pertinent to the interplay between wellbeing and the importance of ensuring meaningful experience in medical training.

The goals of the conference are:

1. To establish a consensus framework for teaching and curriculum development that prepares doctors for a complex and rapidly changing future while personally flourishing.
2. To consider whether there is a role for pedagogical approaches and strategies that incorporate positive psychology and well-being theory in undergraduate (UME) and graduate (GME) medical education.
3. To examine how the pursuit of expertise, through deliberate practice, increasing clinical responsibility, and mastery of complex skills, can itself be a source of well-being rather than a threat to it.
4. To generate approaches to faculty development that enable our teachers to support learners in achieving well-being

Topics and questions to be addressed include:

- Should we incorporate elements of positive psychology (e.g., a focus on meaning and purpose) into our UME and GME curricula and experiences to enhance the well-being of students, trainees and future physicians?
- How much clinical experience is necessary to develop expertise, and how should that inform decisions about duty hours, curricular design, and case volume?
- What is the appropriate role of struggle and productive discomfort in medical training, and how do we distinguish it from harmful distress? What is the role of feedback and the nature in which it is given in the development of well-being?
- Can we assess progress toward expertise in ways that reinforce rather than undermine learner well-being?
- What is the role of continuity of care in developing clinical competence and should we adjust training to compensate for the pressures of high patient throughput and reduced shift duration in our academic medical centers?

- How do we prepare faculty to hold high standards while also supporting learner well-being and how do we avoid framing these as mutually exclusive?
- How should well-being interventions be evaluated not only for their effect on burnout but also for their impact on clinical competence and expertise?

IV. Participants

Each participating school will be asked to send a team of **four to five** individuals to represent their medical school and its affiliated academic medical center(s). The team should comprise:

- A pre-clerkship or clerkship course director
- An individual with leadership responsibilities in graduate medical education (e.g., designated institutional official, dean or vice president for GME)
- A curriculum development dean/leader
- A GME program director from a large residency program

A fifth member may attend as part of the institutional team. Recommendations include:

- A trainee (senior medical student, resident, fellow)
- A clerkship or pre-clerkship course director
- A chief resident with significant teaching responsibilities

NOTE: Trainee (senior student, resident or fellow) preferred

V. Selection Criteria and Guidelines for the Letter of Interest

The letter of interest should describe briefly:

- Your institution's commitment to your participation in the conference and the goals of enhancing student and trainee well-being.
- Specific challenges faced by your institution
- Three questions you would like to see addressed at the conference

Selection of participants will be based on the elements above in addition to the quality of the team members (also see note below).

VI. Application Process

Your complete electronic application (**submitted as one PDF**) must include the following elements:

- Completed application cover sheet (downloadable at https://www.shapiroinstitute.org/)
- Letter of interest (no longer than two pages)
- Letter of support from the Dean of your medical school or Associate Dean for GME.
- Brief biographical sketches of team members (no more than 1 page for each team member)

All application materials must be submitted as **one PDF** no later than 5:00 pm Eastern Time on Friday, January 15, 2027.

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TIMELINE

- Request for Applications mailed on October 30, 2026
- Proposals due by 5:00 pm Eastern Time on January 15, 2027
- Decision letters mailed around February 19, 2027

VII. Attendance at the Conference

Conference hosts will cover lodging and all meals at the Babson Executive Conference Center. However, **there is a $300 registration fee** for each individual attending the conference to defray administrative costs. Transportation costs and the individual registration fee are to be paid by the institutions selected to participate. The conference will begin on Tuesday, April 27 at 11:00 am Eastern and adjourn on Thursday, April 29 at 5:00 pm Eastern.

Note: Participants applying for the Millennium Conference are expected to reserve the dates in their calendars until decision letters are sent. We consider team members' roles and backgrounds of foremost importance during the selection process and in the subsequent assignment of inter-school working groups. Given the invitational nature of the conference, **we reserve the right** to decline a team's participation after acceptance if an individual from that team is no longer able to attend.

References:

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5. Dreyfus SE. The five-stage model of adult skill acquisition. *Bull Sci Technol Soc.* 2004;24(3):177-181. doi:10.1177/0270467604264992
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