It’s nicknamed POX, a pithier spelling for POCHS: Perspectives on the Changing Health-Care System. Five times a year, about a dozen internal medicine residents put their clinical obligations aside for a solid week to attend a required block rotation on health policy. “This is a bit of a return to the classroom, which for residents is unusual,” says course co-director Oliver Fein, MD, a professor of clinical medicine and clinical public health who also serves as associate dean for affiliations. “It’s a fairly rigorous, lecture-based curriculum, but with a number of other things. We’re trying to expose young doctors in training to a variety of ways in which medicine is going to be practiced in the twenty-first century.”

The course’s lectures cover a variety of subjects, such as Medicare and Medicaid, risk management, and the “pitfalls and pleasures” of academic medicine. Participants go on a half-day site visit to the Westchester Medical Group, a 160-member, multiple-specialty practice in White Plains, New York, where residents take a tour and meet with the group’s president and medical director. They also attend that week’s David Rogers Health Policy Colloquium and Medicine Grand Rounds and get practical tips on topics like negotiating their first employment contract and planning their entry into practice. Each block rotation also includes two debates, in which the residents argue for and against topics like the “public option” in health-care reform.

“As a resident, it’s incredibly important to learn this stuff,” says Lee Shearer, MD, a third-year bound for a fellowship in adolescent medicine through the Weill Cornell-Columbia combined program. “We spend eighty hours a week for three years learning how to practice medicine—how to take care of patients and prescribe medications, when to order tests, how to manage care. We don’t have as much exposure to how the health-care system actually works. How do hospitals run? Who funds them? What implications do the political changes have on me and my career? What kind of advocacy do I want to be involved in? It’s being exposed to the nitty-gritty, day-to-day practice of medicine—taking us out of the ivory tower and teaching us some of the practical things that we need to know.”

Except for one evening in their respective continuity clinics, the residents have no patient responsibilities and are not on call. That allows them to focus on the intricacies of the health-care system—a factor that many see as particularly valuable. “When you’re in the hospital, your mind is with your patients,” says Shearer. “And while we try to carve out time for dedicated learning, to some extent you’re always worrying about a sick patient, the discharge paperwork that needs to get done, or your pager going off. So it’s nice to be a student again, to be granted the leeway to just absorb and learn.”

Carving out that kind of dedicated time for exploring the health-care system is rare, Fein says. “I don’t know of another residency program that does this the way we do it. Sometimes a program will take an hour every fourth week and devote a conference to it, but I don’t think you get the intensive, overall picture.”

When the rotation was established in 1997, it lasted two weeks; it has since been cut in half due to financial and logistical constraints. While it’s currently limited to residents in internal medicine—plus the occasional pediatric resident, geriatric fellow, or chief resident from an affiliated hospital who is allowed to participate—it may someday expand to other departments. Fein notes that when the rotation began, organizers weren’t sure how it would go over. “We were nervous, frankly, because it’s not clinical,” he recalls, “and there’s the whole attitude that residents have—or so we thought—that something that is not clinical is not valuable.” But like the required clerkship for fourth-year medical students, the block rotation has gotten rave reviews from participants; Fein says that on a scale of 1 to 5, it averages a score of 4.6 or higher.

Among its enthusiastic alumni is Johanna Martinez, MD, who took the rotation as a resident four years ago. Now an assistant professor of clinical medicine at Weill Cornell, she co-directs the program with Fein. “Being an internist and a primary care provider, I see myself as an advocate for my patients, helping them navigate the health-care system and all of its intricacies, so the course was extremely enlightening to me,” she says. “If it’s complex for a physician who works in the system, you can just imagine how complex it is for a patient.”