



Evolving Landscape of Medical Education: Where do IAMCs and Community-Based Teaching Hospitals Fit in this Ever-Changing Space?

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BACKGROUND/INTRODUCTION

The medical training landscape has changed with the ever-evolving standards and practice of care. Since 2010, the number of medical schools (both osteopathic and allopathic) have increased by 26%, leading to a significant increase in enrollment – more than 1.5 times across DO and MD programs. Notable trends within medical education include:

- Medical schools are proliferating while health systems are consolidating and carefully considering their academic investments.
- Effective affiliations are critical for successful accreditation.
- Interprofessional education experiences and non-traditional competency requirements are becoming a focus.
- Research and innovation competencies are increasingly valuable to clinical delivery partners.

The combination of increased enrollment and need to meet non-traditional competency requirements has increased the reliance on community settings to provide required educational and clinical experiences. Community hospitals play a critical role in care and training of

providers in today's healthcare landscape. Small hospitals (with less than 250 beds) make up 82% of US hospitals and account for:

- Roughly 40% of beds (239,595)
- Close to 40% of net patient revenues (\$417 billion)
- 14% of residents (15,343)

COMMUNITY HOSPITALS AND MEDICAL EDUCATION

According to the Association of American Medical Colleges (AAMC), community-based medical schools have three defining characteristics:

1. Does not have an integrated teaching hospital.
2. Received full accreditation in 1972 or later.
3. Is non-federal.

Given this definition, AiAMC and AACOM facilitated a discussion with members to better understand the future of community hospitals within medical education. Conversations centered around key advantages and challenges with community-based education, as well as best practices moving forward with shifts in educational requirements. Key emerging themes include the following:

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- **Community-based education provides a unique learning/training experience.** With lower faculty to learner ratios (close to 1:1 clinical supervision), there is an enhanced clinical learning experience and environment for trainees to hone their skillsets. Residents can own more of the care plans for patients, increasing access to patient care while implementing a variety of models to account for community-specific needs.
 - **Finding dedicated faculty, proximate clinical partners, and preconceived notions about community-based education continue to be roadblocks.** The ever-changing landscape of academic systems and market pursuits make it difficult for community systems to predict their ability to partner with larger systems for educational experiences and access to faculty development opportunities. Not to mention, the geographic proximity (or lack thereof), cultural perceptions, and compensation systems can be a deterrent to potential faculty interested in teaching.
 - **Curriculum of community-based programming is designed with the community in mind rather than using the community setting to fulfill an educational requirement.** There is more focus and intent with curriculum development that fills the gaps in patient care needs of the community, cross-matching competencies of the program to create a unique experience tailored to the community. In a more traditional academic setting, the curriculum

model tends to focus on meeting the minimum training requirements/components without integrating the specific needs of the community.

- **Community partnerships need to be prioritized.** While lack of reimbursement is a major roadblock, forming partnerships with community organizations are paramount to implementing a high-quality educational curriculum, rich with ‘real world’ experiences for trainees. Ultimately, trainees will learn to build compassion and prioritize health equity and public health throughout their career.
- **Performance tracking and data sharing is an important next step to develop best practices.** Programs serve a variety of communities but will benefit from understanding successes and failures from other programs to avoid common pitfalls and implement curriculum components proven to succeed.

LOOKING AHEAD

While community-based education is becoming more common, systems need to consider a few key items before implementing training programs anchored within the community. Success depends on multiple factors, including the cultural dedication of the physicians to teach and train the next generation, sustainable institutional (financial) support, and the ability to form key partnerships that will enhance the experiences within the community-tailored curriculum.