Pay to Play:
The Future of Clinical Clerkships?

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Brief History of Medical Education in the United States

- 19th Century Models of Medical Training:
  - Apprenticeship: students worked with a practicing physician
  - Proprietary schools: students attended courses given by physicians who owned the college
  - University : clinical and didactic training at a University affiliated school

In what year did African American medical students have the LEAST ACCESS TO TRAINING?

- A 1895
- B 1925
- C 2000

19th Century Models

- Problems:
  - No admission standards
  - No length of training standards
    - No equipment or laboratory standards
  - No curricular standards
  - No financing uniformity
- Benefits
  - Diverse training possibilities
  - Wide ranging content available

Meanwhile, at the University of Pennsylvania…..

- Who was the first Dean of the College of Medicine?
  - Benjamin Rush
  - Benjamin Franklin
  - John Morgan
  - Ichabod Wright

The School of Medicine created a Paradigm Shift (in the 1870s) by:

- Paying faculty to teach courses
- Integrating community service into the curriculum
- Building its own teaching hospital
- Accepting women

Medical Education at University of Pennsylvania

- Medical School created at the 'College of Pennsylvania' in 1765
  - Creating the 'University of Pennsylvania"
    - John Morgan the first Dean
    - Medical faculty distinct from College Faculty
  - Clinical work at Pennsylvania Hospital (1751)
- West Philadelphia campus move 1870s
  - HUP the first teaching hospital built FOR the Medical School

Dawn of the 20th Century

- Scientific advances influence practice
  - Vaccination
  - Antisepsis
  - Public sanitation
- Call for inclusion of more science in training
- In 1904, AMA created the Council on Medical Education
  - Commissioned a survey on Med Ed

The Title of that Survey was:

- The Flexner Report
- The Harford Commentary
- The Osler Analysis
- The Roosevelt Commission

The Flexner Report

MEDICAL EDUCATION
IN THE
UNITED STATES AND CANADA

A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

BY
ABRAHAM FLEXNER

WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION

BULLETIN NUMBER FOUR

Recommendations from Flexner

- Students learn by doing
  - Critical of lecture dominated learning
  - Advocated for active and contextual learning
    - The Hospital as laboratory
    - Science laboratories used in training
  - Multiple pedagogies
    - Bedside teaching, case work, laboratories
  - Life long learning
    - Literature skills

Flexner -2

- School/hospital
  - School should own the hospital
  - Hospital size and resources adequate to size of school
  - Staff should be faculty of school
  - Dean should have control of school and hospital
  - Department Chairs should be service chiefs at Hospital

Flexner 3

- Standards
  - Admission: at least 2 years of college, knowledge of chemistry, biology, and physics
  - Curriculum
    - 2 years of basic sciences, 2 years of clinical sciences
- Financing
  - Endowments for facilities
  - Donated teaching time for faculty

Relevance to Today's Training

- Admission standards
  - Move to added training prior to admission
- Curriculum
  - Reconsideration of 4 year duration
  - Growth of training in out-of-hospital sites
  - Growth of humanism elements of curriculum
- Financing
  - Increased importance of fed supported loan programs
  - Ever increasing tuition costs

Costs of Medical Student Clinical Training 2016

- In-Hospital
  - Number of beds available
  - Training space, equipment
    - Multi-headed stethoscopes/microscopes, SIM centers
  - Teaching time across the spectrum
  - ? Productivity
- Out of hospital
  - Space
  - Teaching time
  - Productivity
    - FM study: med Students in primary care office
      - Increases length of workday
      - Increases costs by $100-$200/day – Anthony et al

Who should bear the costs of this training?

- Students?
  - Already paying tuition for clerkship year
  - Mean approx. $55,000/year tuition and fees
- Medical Schools?
  - For owned practice sites?
  - For outside practice sites?
    - VA/non VA
- Government sources?
  - Taxes? Revenue(Medicare)
- Insurance payors?

Physician Clinical Teachers

- “Moral and professional” duty to train future generations of physicians
  - Many physicians self-employed
  - ‘Luster’ on a practice to serve as a teacher
- Free standing hospitals
  - ?Incentives to teach
- Physician employees
  - Concerns about productivity from physicians and systems

Incentives Available

AAMC 2014

- Faculty positions
  - New tracks to accommodate
- Professional development opportunities
- Library access
- Public recognition

Additional Barriers to Training Sites

AAMC Survey 2013

- Legal requirements
- Security requirements
- Training and orientation of practice faculty/staff
- Greatest limitation in pediatrics, ob/gyn, and primary care
- Respondents more concerned about competition from US schools than off-shore

Competition elements

AAMC Data

- More medical schools
  - Since 2002, 16 new MD, 7 new DO, 57 new NP programs
  - More trainees
    - 18% increase at MD, 96% increase at DO,
    - More disciplines
      - 215% increase in enrollment in NP programs
      - Nursing, Pharmacists, Rehab specialists
    - Similar challenges in Veterinary Schools
- Increased pressure on clinical training sites

Outside U.S. Medical Schools and Training

- Proprietary Medical Education
  - DeVry Corporation owns 2 Caribbean schools
    - Ross, American U of the Caribbean
    - Operating income for health care ed in 2011: $111 million
  - Higher student indebtedness (2010)
    - U.S. $170,000 for college and medical school
    - AUC students for medical school $253,072
  - Higher student numbers – 200-300 per class, 2-3 classes per year
  - Very limited clinical training sites

Innovation: Pay U.S. Sites for Clinical Training

- Money to sites to 'host' trainees
  - Medical Schools MD 15% paying in 2013, DO 71%,
  - 4% NP programs
- Kern Medical Center (Ca) and Ross
  - $35 million over 10 years for 100 rotations/yr.
    - $35,000 per slot per year
- St. George and NY Health and Hospital Corp
  - $100 million over 10 years for 600 medical student rotations/yr. at the 11 public hospitals
- NY Nassau University Med Center and AUC
  - $19 million over 10 years for 64 students/yr

Consequences Reported

- Stony Brook lost peds and gyn rotations to AUC
- 80% of MD and DO granting medical schools report concern about the adequacy of training sites for students
- 67% of MD and 93% of DO programs report ‘moderate to high” pressure to provide financial compensation incentives for new clinical training sites in community-based settings

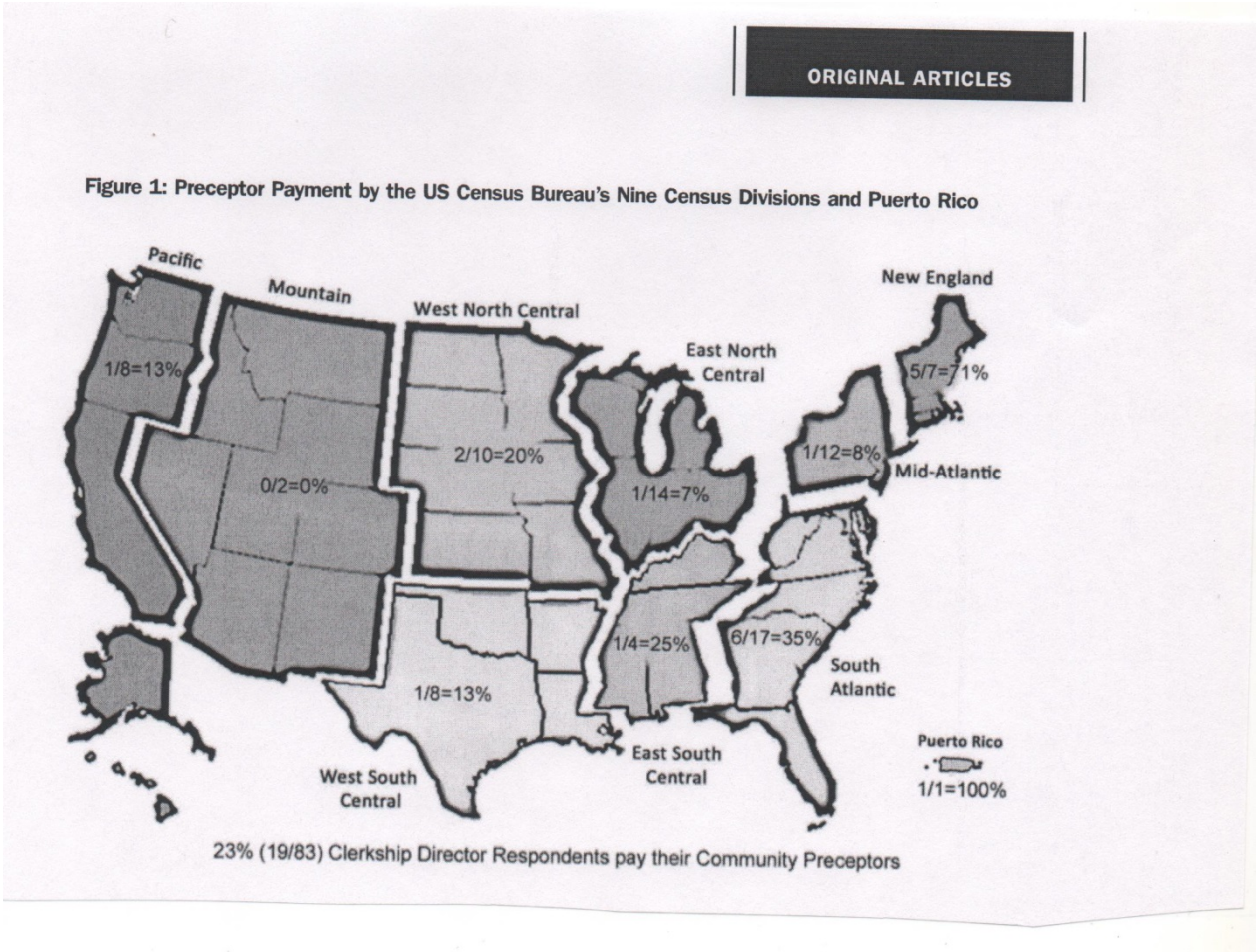
Family Med Clerkship Director survey 2012

- 23% of programs paying preceptors

  Range $20-$500/week/student

  - Median $170/week/student
  - 63% report that preceptors are paid for teaching other learners at those sites
- Of non-paying programs, 92% did not have funds
  - 76% stated they would pay if they did have funds

Where are FM preceptors paid?

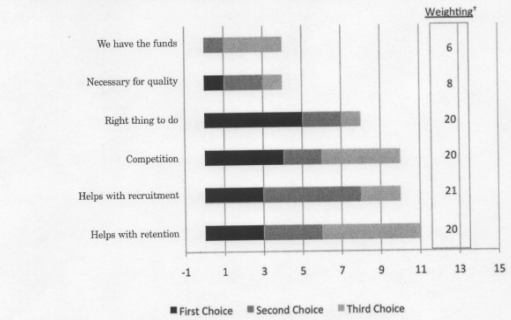


Why do programs pay preceptors? (select top reason)

- Helps with faculty retention
- Helps with faculty recruitment
- Competition with other training institutions
- Right thing to do

Why pay?

Figure 2: Reasons for Paying Community Preceptors by Order in Which They Were Selected by Paying Respondents*

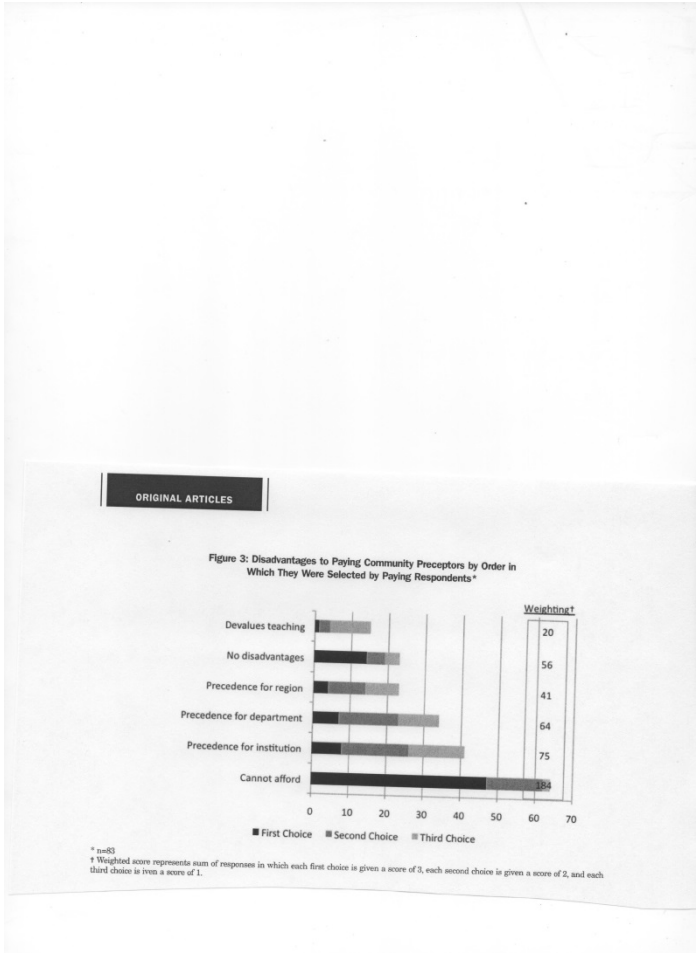


* n=18
† Weighted score represents sum of responses in which each first choice is given a score of 3, each second choice is given a score of 2, and each third choice is given a score of 1.

In FM programs NOT paying, why? (select top reason)

- School cannot afford
- Don’t want to set a precedent for other departments at the school
- Don’t want to set a precedent for other schools in the area
- Devalues teaching as a part of professional practice

Why not?



ORIGINAL ARTICLES

Figure 3: Disadvantages to Paying Community Preceptors by Order in Which They Were Selected by Paying Respondents*

* n=83
† Weighted score represents sum of responses in which each first choice is given a score of 3, each second choice is given a score of 2, and each third choice is iven a score of 1.

106 Years Post Flexner

- Science is part of curriculum
- Most schools make use of adult learning techniques
- The student body is diverse
- Life long learning is a reality
- BUT
  - Widening rift between clinical training sites and schools
  - Push towards proprietary training is returning

Change?

Figure 10. Dr. Adolf Lorenz operating on a patient with clubfoot at the Good Samaritan Hospital. Photo reprinted from Rosser CM. *Doctors and Doctors. Wise and Otherwise.*

A packed conference room with faculty, fellows, residents, and medical students.

Summary

- Increased competition for training spots will continue
- For School Owned Sites
  - Triage may be easier
  - Range of compensations wider
- For Independent Sites
  - Financial compensation likely to win out
  - Schools may need to look harder at dispersal of tuition
  - Is payor/grantor pressure likely????

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