

A Major Health Professions Education Challenge in the 21st Century: Maintaining and Developing NEW Clinical Training Sites

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Objectives

- I. Discuss the issues related to a paucity of clinical training sites for health professions students
- II. Identify new strategies and incentives in retaining clinical faculty and clinical training sites
- III. Discuss the future alternatives in clinical education



Known Fact

There is a **growing** paucity of clinical training sites for health care professionals that is compounded by a **growing** number of new health professions education programs



The Facts (Medical Education)

- Medical school enrollment has grown 25% since 2002-2003 and 30% by 2017-2018
 - 185% increase in DO schools
 - 55% increase in MD schools
- 50% of all medical schools report concerns about their students ability to find residency positions (up from 35% in 2012)
- 85% of all medical schools report concern about the number of clinical training sites and the supply of qualified primary care preceptors
- 72% express concern about the supply of qualified specialty preceptors

~AAMC
April 2016

The Facts (cont'd)

- 44% of all medical schools are feeling “pressure” to pay for clinical training slots, even though the majority of schools do not pay
- *ENROLLMENT EXPANSION ALONE* will not resolve the expected shortage of between 61,700 and 94,700 physicians by 2025
- Medical schools will soon reach the 30% goal in enrollment growth, but ACGME accredited entry-level residency positions will grow at a rate of only 1% per year

Who is Paying for Student Placements?

- DO Schools – Average 71%
- MD Schools – Average 15%
- N.P. Programs – Average 4%
- PA Programs – Average 20%



~2013

Who “Fronts” the Payment?

1. Program reallocation
2. Increase tuition
3. Increase student fees
4. Other



~2013

I. “The Tsunami of Students with No Where to Go”

- Caribbean – based medical students
- New Health Professions Program (significant growth in DO Schools and MD, NP, and PA Programs)
- Increasing class sizes in medical Schools
- Focus on patient numbers in health care delivery systems “risk of slowing down because of a student”
- Sites accepting fewer students
- Competition for sites exploding
- Heightened sense of territoriality or unwillingness to collaborate because of competition

II. Priority Challenges

- Primary care needs are growing
- Payment expectations are growing
- Need to Identify nonmonetary incentives and alternate solutions
- Identify new strategies and incentives in retaining clinical faculty and clinical training sites

- 2014 AAFP

“Recruiting and Maintaining U.S. Clinical-Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey”

II. Priority Challenges (cont'd)

- With monetary incentives who pays? ... The student ultimately ...
- More time and effort must be exerted by universities to work with preceptors and new clinical sites



III. Strategies to Explore

- Strong identifiable recognition of clinical preceptors
- Increased number and diversity of clinical sites
- Changes in the location, type, and timing of student experiences and placements



IV. New Innovation Partnerships

- 1) **Community and Governmental agencies at the county or State level** – provide case management services for special populations or provision of wellness clinics in housing projects
- 2) **Academic – corporate partnerships** – provide opportunities for interprofessional clinical education in such settings as proprietary home health agencies.
- 3) **Community – education partnerships** – to provide student clinical experiences in community service agencies, health departments, hospitals, schools, local health care providers and community residents (wellness clinics, homeless clinics, urgent care centers, senior centers, etc.)



Strategies (cont'd)

- A. Examine the expansion of ambulatory care within tertiary care domains
 - Homecare
 - Community health centers
 - Urgent care centers
- B. Explore and develop new models of clinical education
 - New partnerships
 - New paradigms
- C. Persuade and reward in different ways agencies/sites of the mutual benefits and added value of forming partnerships with educational organization

V. A Shifting Perspective for Clinical Education

- A. Population health experiences vs. personal health perspective
- B. Interprofessional experiences in health centers, schools, community clinics, state and county health departments, etc.



VI. Cautionary Challenges

- With the shift to the population health approach, sites usually accommodate fewer students than traditional hospital settings
- Students will be placed in more diverse and geographically varied settings
- A process for guiding, mentoring, and assessing students from afar will need to be outlined

VII. “Ideas to Consider”

- A. Students rotate their clinical experiences within one health care system but across the continuum of health care delivery from community clinics to inpatient care to home health
- B. Student rotations in retirement communities
- C. Student rotations in wellness clinics in housing projects
- D. Other rotations:
 - School health
 - Programs for pregnant teens
 - Senior centers
 - Adult day care
 - Programs for persons with intellectual and developmental disabilities

Solutions (I)

- Rotate Students on a 24-7 basis using night shifts
- Simulations (review of studies)
- More community involvement with private/office-based practitioners
- Creation of an “office of community physician faculty engagement (NV)”
- Assists preceptors with:
 - Scheduling training slots
 - Completing evolution forms
 - Dealing with student performance issues

Solutions (II) (cont'd)

- Pair students in the care of a single patient
- Increase clinical unit observation



Solutions (III) – for Clinical Preceptors

- Payment (ranges from \$500/week for six (6) weeks to \$3,000 for a one-month rotation)
- Free CE/CME programs
- Free or reduced course options leading to a degree
- Computer access via the University for emails
- Free online library access
- Faculty Position
- Public recognition
- Retreats or dinners
- Offer computer or other tech resources

The Future

- More research is needed in simulation-based performance assessments and evaluations
- Goal for simulation: Optimal student learning for high quality patient care
- Increased use of computers such as avatars
- Comparative and private practice partnerships
- Emphasis on population (health vs. individuals)
- Think outside the box for academic in situation and accrediting agencies

The Future (cont'd)

“ “The future is already here - it's just not evenly distributed” ”

William Gibson

The Future (cont'd)

- Interprofessional clinical education/rotations
- Independent/non-clinical rotations
- Telehealth
- Go outside the boundaries (radius)



Where are we going?

- Leading healthcare change
- Traditional clinical instruction versus clinical simulations?
- How much is enough
- Future trends
- New thinking outside the box



References

- AACN, AACOM, PAEA, AAMC. Recruiting and Maintaining U.S. Clinical Training Sites (Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey.)
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- Jeffries, P.R. Clinical versus simulation: Outcomes, the evidence, and current research. Baltimore: John Hopkins Univ presentation. May 25, 2012

Questions and Discussion