

## Highlights from the WiNC GME Consortium Planning Team

- The WiNC GME Consortium Development Team, through the Rural Wisconsin Health Cooperative, submitted an application for a HRSA Rural Health Care Services Outreach Program grant. If awarded, this grant would provide \$200,000/year for 3 years to help fund the start-up of the Consortium. A response to the application is expected in late April/early May.
- A Proposal/Funding Workgroup is preparing a secondary plan for development and sustaining funds for the Consortium. Importance is being placed on a shared funding model across health systems, medical schools, businesses, community partners, and grants.
- The Workgroup is also engaged in the following:
  - Finalizing the development and operating budget
  - Drafting affiliation agreements
  - Preparing communication pieces to explain and invite participation in the WiNC GME Consortium

## Doctors as Teachers

Written by: Lisa Dodson, MD

Since the days of the Flexner report in 1910, medical education has been largely conducted in settings that are at best removed from connection with the community, and at worst from ivory towers into which the general population has no access. Over much of the mid to late 20th century, medical education has been viewed as the province of basic science and clinical experts and was conducted largely without particular regard for the diversity of applicants, the specialties they pursue, or for where they practice.

In the last several decades, however, there has been a movement to create regional campuses, community-based residencies, enact holistic admissions policies that have increased diversity in our medical school classes, and alternative educational models that offer the opportunity to **consider the needs of the community as a greater priority during medical education**. While many of these changes are welcome and may one day increase the number of physicians who are well-equipped to meet the needs of the populations they serve, they come with a price for community physicians who have been increasingly asked to participate in the education of residents, medical students, and many other kinds of learners, in their practices and community hospitals.

As community-based physicians struggle through workforce shortages, adoption of EHR, consolidation and reorganization of health system, and political battles over the future of the US healthcare system, we have also asked them

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# WiNC Word

An update of the Wisconsin Northern & Central Graduate Medical Education (WiNC GME) Consortium Development Committee.

MARCH 2018

### Upcoming Meetings

PROPOSAL/FUNDING WORKGROUP  
March 20, 11:00a-12:00p via WebEx

FULL PLANNING COMMITTEE  
April 19, 11:00a-12:00p via WebEx  
May 17, 10:00a to 2:00p—Onsite  
(Location TBD)

**If our goal is to better prepare medical students and residents for... the 21st-century healthcare system, our learners will need more exposure to community-based medicine.**

**Together, create the best regional physician workforce in the country.**

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to step up as teachers of the next generation. **Many current physicians, like generations before them, have accepted the challenge and regularly give of their time and talent in training medical students and residents.** An increasing number, however, find that they cannot contribute this time given all of the other responsibilities that they must address each day. Many health systems contribute to these challenges by failing to acknowledge or reward education as a core value of their organization.

If our goal is to better prepare medical students and residents for the realities and challenges of a 21st-century healthcare system, our learners will need more exposure to community-based medicine. The responsibility for ensuring that this happens lies with many sources. Medical schools and residencies must continue to develop regional campuses, creative curricula, and admissions policies that increasingly meet the need of the population. Communities must identify their healthcare needs, including producing a workforce responsive to those needs, and insist that steps are being taken to address them. Health systems must reward, rather than punish, physicians who engage in community-based education. Physicians must prioritize training the next generation in settings that represent the community need. Insurers must accept some of the responsibility for educating the next generation of physicians who will care for their clients. Accreditors must increase flexibility in training programs that allow new models of education to flourish.

**There are many potential methods for increasing the participation of the key stakeholders.** Providing physicians who teach with academic value units for teaching time (similar to RVUs for patient care time), engaging health systems in utilizing medical student and resident education as a recruiting tool, providing insurance bonus payments for teaching activities, supporting curricular redesign with an emphasis on community based care, restructuring residency education to improve the balance of generalist and specialty needs are just some of the ways that multiple stakeholders can add value to medical education. Finding cost-effective approaches to medical education to increase flexibility, affordability, and encourage a more diverse applicant pool is also of importance.

Our ability as a nation to train physicians who contribute to affordable, universal, comprehensive, and readily available care will require the participation of all stakeholders. I encourage you to engage with Wisconsin's two medical schools and other healthcare training programs to help us develop programs that increase community-engaged education, while honoring our community partners and all that they can bring to the experience of medical education for students. **Teaching learners is an investment, a down payment on our future health care needs in Northern and Central Wisconsin.** If you would like to help WiNC GME address these issues, contact us to find out how.

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