

DAGMEC: Dayton Shares Resources for Innovative Graduate Medical Education

by: Mark Willis

As the scope of medical knowledge and public expectations for hospital care burgeoned over the past fifty years, graduate medical education (GME) expanded accordingly. Traditional hospital internships grew into multi-year residencies in an increasing range of medical specialties. Residency training intensified to balance the house staff needs of hospitals with the educational requirements necessary for specialty board certification.

The balancing act is no less challenging today. A host of factors, from public policy initiatives to market forces, are squeezing the resources that support GME. According to many medical educators, hospital-based training needs to evolve even further to prepare residents for the changing landscape of medical practice.

Health care leaders in Dayton have recognized that changes are inevitable in GME. In order to position Dayton to manage those changes effectively, they formed the Dayton Area Graduate Medical Education Consortium (DAGMEC). The consortium includes seven teaching hospitals -- Children's Medical Center, the Dayton Veterans Affairs Medical Center, Franciscan Medical Center, Good Samaritan Hospital and Health Center, Kettering Medical Center, Miami Valley Hospital, and the USAF Medical Center at Wright-Patterson Air Force Base -- and Wright State University School of Medicine.

DAGMEC is the first allopathic GME consortium in Ohio. On November 15-17, DAGMEC will host representatives from the nation's 40 other GME consortia at the first National Symposium on Graduate Medical Education Consortia. It is also expected to draw educators from across the country who want to organize new consortia. Underscoring the importance of this trend to the future of medical education, the symposium's keynote speaker will be Jordan Cohen, M.D., president of the Association of American Medical Colleges (AAMC).

Issues to be discussed at the conference indicate the extent to which GME has become a focal point for implementing public policies for the overall health care system. How can hospitals maintain high-quality levels of service with impending cutbacks in Medicare and Medicaid funding for residency training? What should be the balance between generalist and specialist residency slots? What is the optimum number of residency positions for a region, a state, and the nation?

"We're all likely to experience reductions in the resources needed to support GME," says Al Painter, Psy.D., DAGMEC executive director. "In Dayton we've decided to work together to plan a regional approach to externally mandated changes in the GME system. DAGMEC wants to develop win-win scenarios so that no one turns out to be the big loser when reductions are made.

"The institutions that support GME in Dayton are embedded in the community. They are not islands unto themselves," Dr. Painter continues. "DAGMEC's larger goal is working together to maintain a broad spectrum of advanced medical training that meets our region's health care needs."

Another goal is guiding GME in Dayton toward comprehensive "practice education," according to Dr. Painter. "DAGMEC is not about managing money. It's about developing innovative educational programs."

Practice education involves preparing residents for varied practice settings, including ambulatory care and managed care, beyond the traditional inpatient service. In addition to diagnosis and acute care intervention, it embraces training in health promotion and disease prevention. Like other hospital services, residency training is branching out to into other community venues, according to Dr. Painter.

"We have a very rich, diversified GME system in Dayton," he says. "Our residents have access to thousands of patients in all types of settings. DAGMEC wants to make sure we capture all the educational opportunities we can throughout the system."

In the past year DAGMEC organized the Dayton area's first leadership workshop for chief residents. Other educational programs provided training in risk management policies and recent Health Care Financing Administration (HCFA) regulations on reimbursement of teaching physicians. DAGMEC plans to sponsor half a dozen programs a year on information and skills needed by residents in all specialties at all of Dayton's teaching hospitals.

DAGMEC is developing its own Internet information site. The site will offer potential residents an array of details about the Dayton area and its residency opportunities. Practicing physicians will be able to tap the site's calendar of continuing medical education programs scheduled throughout the region. The DAGMEC Internet site will go on-line later this year.

DAGMEC's investment in information technology will lead eventually to a resident tracking system that will streamline management of residents' hospital rotations throughout the region. "We all have to report where residents work and what they do," Dr. Painter says. "It will help to identify more residency training opportunities that can be integrated across our GME system."

DAGMEC's effectiveness as a consortium grows out of the Dayton community's long-standing tradition of collaboration in medical education, according to Kim Goldenberg, M.D. "At Wright State we know that providing high-quality, innovative GME requires shared vision, effort, and resources throughout the community. Because GME is so closely linked to emerging trends in medical care, DAGMEC offers practicing physicians in the community an opportunity to further guide the future shape of medical practice here."

For more information, contact the Dayton Area Graduate Medical Education Consortium at 937/228-6011.