The Role of Community-Based Medical Education in Promoting Primary Care

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Introduction

• Supply & Demand Issues in Healthcare
  – (Primary Care Physician deficit, Baby Boomers, ACA newly insured)

• Affordable Care Act (ACA) passed in 2010 → Health Care Reform (HCR)
Current Status of Health Reform

- ACA Upheld in June, 2012 amidst constitutionality controversy
- Health Care System structure already fundamentally changed in many ways
- 2012 Presidential Election – President Obama re-elected
- 2013 Government Shutdown – Highlighted ACA Contention

ACA: emphasis on serving a more diverse patient population

What does community-based training offer regarding the insufficient supply of primary care providers?
Background

- Community-based training is the norm in Osteopathic Medical Schools

- Regional campuses → primary care specialization (Brokaw et al., 2009)

- CBT is emerging in MD settings; academic medical center model still predominates (hospital rounds with attending, residents, students)

Methodology for the Present Study

Instruments

- Demographic Questionnaire (10 items)

- Role Ambiguity (5 items; Rizzo et al., 1989)

- Self-Efficacy (10 items; Jerusalem & Swarzer, 1991)

- Goal Commitment (6 items; Hollenbeck, Williams, & Klein, 1985)
  - Commitment to Degree (3 items)
  - Commitment to Specialty Choice (3 items)
Statistical Methodology

- Counterfactual analysis and case-matching (Rubin, 1973)
  - This method controls for extraneous variables when random sampling is not feasible
  - Establishes causal relationships between variables

Surveys, Samples & Demographic

- Surveys
  - Distributed on-line (email)

- Samples
  - 15 Medical Schools (both DO and MD; Convenience sample)
  - Mean Response Rate = 26%, N = 1,531
  - Follow-up emails & Gift Cards raffle
  - Y1-Y4 medical students (no exclusion criteria)

- Demographic similarity to the national population of medical students → Generalizability
Sample
Future physicians in two unique types of training environments

- Community-based training (N = 294)
- Non-community-based training, within a large academic medical center (N = 1,188)

Theoretical Lenses

Ryan and Deci’s (2000) Organismic Integration Theory
- Provides understanding of community integration among primary care physicians

Locke’s (1968) Goal-Setting Theory
- Goals drive medical student motivation
Psychological Variables (Goal-Oriented Moderators)

- **Role Ambiguity**
  - Uncertain/Unclear Roles/Duties as medical students
  - CBT students reported 7.6% less role ambiguity

- **Self-Efficacy**
  - Confidence toward success in medical education goals
  - CBT students were 2.0% more self-efficacious

- 9.3% more likely to be committed to primary care specialties
- 3.6% less likely to be committed to non-primary care specialties.
Discussion

- Unique and timely influence of CBT training

- The reasons behind a given student’s motivation may change.
  - The environment of learning may play an important role
  - Traditional training environment may be associated with Non-Primary Care (i.e., extrinsic rewards like prestige and financial benefits)

- Community-based training environment seems to foster intrinsic motivation
  - Relatedness: keeping future physicians connected to the people that they intend to serve
  - Hospital-based training environment of a large academic medical center may foster the determinants and influences to enter specialty medicine
Discussion

- Intrinsic versus Extrinsic Motivation (Ryan & Deci, 2000)
  - CBT: original, intrinsically-motivated ideals to help others
  - Non-CBT: extrinsic shaping the student’s motivation to practice medicine

- Self-Selection or Implicitly Systemic
  - Extent Unknown
  - Promotion of CBT culture and values remains the emphasis of the findings.

- What aspects of CBT culture influence specialization?
  - Values / Attitudes of Attending, Fellow Residents?
  - Community Connection vs. Hospital Disconnect?
  - Pace of Business?
  - Patient Behavior?

Future Research

- A Focus on Primary Care

- Larger Osteopathic student sample

- Other students and practitioners in related health professions (PA, FNP, nurses)

- New variables → Greater variance explained

- How well do commitment levels → post-residency practice
Conclusion

- CBT environments could bolster the PC workforce during a time of need.

- These findings regarding increased PC specialization likelihood support the increased implementation of CBT and other community-oriented training formats within medical education.

Commentary and Discussion: Q&A

- How viable is a Community-Based Training Solution?