

Obsolescence vs Adaptability: An Analysis of the Veterinary Clinical Education Paradigm

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It is an age-old adage, worn and clichéd, but for better or worse, always true: change is inevitable. In an ever-shifting world, the demands of the veterinary profession often outpace the flexibility of the veterinary curriculum. Change is an enduring controversy in veterinary education, including the debate over traditional teaching hospitals versus distributed clinical models. In this case, the adaptation of a distributed clinical model potentially offers many benefits for the veterinary profession.

Allan (2022) outlines advantages and risks of both education models, assessing factors such as financial risk and scalability.¹ While a traditional teaching hospital ensures that clinical education aligns closely with academic goals, the distributed model offers a higher degree of academic flexibility in terms of expanding the size of the teaching program and tailoring the program toward specific veterinary fields and changing demands in the industry. For the schools, a distributed model offers more predictable and often smaller operating budgets, allowing schools to recuperate net losses incurred from maintaining a teaching hospital while still offering students a quality clinical experience.

A major criticism of teaching hospitals is that the majority of the caseload is not representative of a true clinical experience, tending toward secondary- and tertiary-levels rather than the primary encountered by most practitioners.^{1,2} Conversely, distributed models offer exposure that more closely mirrors the environment of most practices, presumably advancing students' "Day One competencies" better than a teaching hospital.³ A distributed model may also better promote the equally relevant but frequently overlooked practical skills such as professionalism, communication skills and willingness to engage and assist in a real-world clinical setting, characteristics ranked highly by both supervisors and students as desirable and necessary for the transition to clinical learning and important aspects of the overall profession. Multiple studies analyzing student performance also show high scores across all competencies and no significant differences in students' clinical skills between the two models, suggesting that the distributed model is equally effective at providing an excellent clinical education.^{2,4-6}

However, the distributed model necessarily excludes many practices from student consideration for rotations. While an Internet search estimates between 28,000-32,000 veterinary hospitals in the U.S. alone, only 244, 267, and 247 clinical sites were approved for Western University's 4th-year student rotations during the 2010-2011, 2011-2012, and 2012-2013 academic years.⁶ While each site is carefully selected based on rigorous criteria,^{5,6} this approach still limits the potential exposure of students to different clinical environments of their choosing. Allan (2022) asserts that adding clinical sites only requires identification of suitable sites, offering a high degree of scalability,¹ but not every clinical site that a student might wish to collaborate with will pass the university's inspection under the distributed model – but would theoretically be available to the student under the teaching hospital setting. Additionally, in a fully distributed model, private practitioners are responsible for providing education to students rather than trained faculty, and private practices may not always have the time or resources to foster an ideal learning environment.⁷⁻⁹ A survey of practitioners who operated as clinical educators for UCVI revealed doubts about their abilities to adapt to different students' learning styles and balance teaching with their clinical caseload, indicating that teaching ability may vary enough to result in significant disparities in learning between students.⁷ To the contrary, teaching hospitals are tailored toward teaching first, allowing all students access to the same level of education.

Another aspect that almost every source I consulted omitted from consideration is students' well-being: not how well they performed in the educational environment, but how it would affect them personally, including their attitudes toward their school. In November 2022, University of Melbourne announced plans to close its veterinary teaching hospital despite opposition from many stakeholders, especially students.⁸ Many worried about receiving a subpar education with the transition to a distributed clinical model; others felt betrayed, especially those who had specifically chosen the school for its teaching hospital. Needless to say, the less appealing the veterinary curriculum, the fewer the students who will want to pursue a veterinary career, and the more the profession suffers. Personally, I would find the distributed model too stressful, financially and emotionally, and despite my love for the field, would not have chosen this path if I did not have the stability of a teaching hospital.

The veterinary teaching hospital is not obsolete. While I do not advocate for forcing schools to maintain a teaching hospital if it is not within their means, neither should the profession attempt a full-scale conversion to the distributed model. Instead, a more flexible, practical approach may be for schools with existing teaching hospitals to adapt their curricula to offer more opportunities for students to learn in private practice settings during their third and fourth years. For schools committed to a distributed model, they could require their students to spend a certain number of "core" blocks at another university's teaching hospital. Allan (2022) also introduces the idea of an embedded distributive model in which faculty employed by the veterinary school participate in clinical site placements, oversee learning, and otherwise monitor students, which enhances learning and could counteract concerns about practitioners' lack of alignment with academic values and standards.¹ Adopting a mixed-paradigm approach would afford all students, regardless of their school, the opportunity to benefit from both education models. As in the case of the University of Melbourne, where universities struggle to maintain their teaching hospitals, the veterinary community as a whole could do more to support them, including advocating for increased government funding or allocating grants from various veterinary organizations to provide specific revenue streams for hospitals.

In some ways, the adaptation of the distributed model is positive no matter its outcome as a teaching modality because even if it fails, then the veterinary community can learn from the experience and move forward with other ideas that may prove more successful. Despite this, it is crucial that each veterinary college carefully weigh their options and utilize a curriculum that will yield the most benefits for their students, staff, and community.

References

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