

Trend or Tried and True – The Distributive and Teaching Hospital Models in Veterinary Schools

by Morgan Weed



It is easy to achieve consensus regarding the main goal of veterinary schools -- to prepare students academically, professionally, and clinically to succeed in the field of veterinary medicine. It is not, however, as easy to achieve consensus in precisely how that goal is to be attained. The traditional model of veterinary schooling involved a teaching hospital at each veterinary school, particularly those schools maintaining or seeking accreditation. In 2007, The Association of American Veterinary Medical Colleges reached the following conclusion, “Although some clinical experience could be obtained in private practice, the emphasis on education and the degree of advanced experience in these teaching hospitals may be required for accreditation” (Willis et al, 2007). In the last decade, however, several veterinary schools have shifted to a distributed clinical education model under which students receive much of their clinical training offsite, either at other universities or in private practices. In deciding

my opinion regarding whether this change has been positive, negative, or inconsequential and whether I believe veterinary schools should still be required to operate teaching hospitals, I examined 16 research articles regarding why the trend to move away from teaching hospitals began and the benefits and challenges of the contrasting models.

When researching the origin of the trend to move to offsite clinical training, I repeatedly found funding as the main reason veterinary schools abandoned onsite teaching hospitals. Even though I read about some benefits of private practice clinical training, including observing and participating in animal healthcare decisions that might not occur in teaching hospitals and participating in clinics offering a variety of locations with clientele representing differing socioeconomic groups and differing backgrounds regarding needs and beliefs that might not be found in a teaching hospital (Fingland et al, 2021), I was often sidetracked by the initial reason these institutions moved to offsite clinical training – money. Even when offering support for veterinary schools that were, in 2011, described as upstarts and pioneers because of their move to offsite clinical training, Dr. Peter Eyre warned about the effects of decisions on either side that were based on money, “When competition for dollar trumps the profession’s best interests, we take a big risk; we have not asked ourselves honestly whether the colleges’ actions benefit students and their careers” (Eyre, 2011). After describing the distributive model as opening a path for the future of veterinary education, researchers continued by describing the model as feasible and economical, and stated, “(It) will not be the answer to all of the challenges the future of veterinary education faces, but it does provide an option that can be used to bridge gaps in funding and faculty positions” (Gordon-Ross et al, 2014). The distributive model does have the advantage of saving institutions money and decreasing the amount of required faculty, but there are disadvantages that go along with these savings. These include mentors who are distracted and do not have sufficient time to teach, mentors who might be very skilled veterinarians but lack teaching skills, and the inconvenience of having to relocate for clinical training (Lane and Strand, 2008). Still, admission coordinators at these institutions are meticulous in their search for students who have characteristics that fit in with their paradigm, including working in problem-based learning models, the ability to balance independent work and working with mentors and small groups, and even preference for offsite clinical models (Fuentealba et al, 2011). Even though the original intent might have been to save money by outsourcing clinical training, the model does have benefits other than solving the funding issue, and some students enjoy and even seek out these benefits by specifically searching for veterinary schools offering the distributive model. The word, trend, in itself has two differing connotations, one being a movement or change in inclination, and the other being “a practice or interest that is very popular

for a short period of time” (Merriam-Webster, 2003), so even the question posed regarding whether this trend will have a positive, negative, or inconsequential effect on the industry has the weight of which connotation to append -- a pioneering solution or a passing fad. In my opinion, it is too early to tell. There are both advantages and disadvantages to the model, but I believe that students and faculty have the right to choose the model that works best for them, and, as long as the institutions pass the rigorous requirements of accreditation, the students should be receiving an excellent education that prepares them for the future; however, since the distribution model is still fairly new, it will take time to determine its long-range effects on the industry.

The advantages of teaching hospitals, on the other hand, are well-documented and long-standing. They include offering participation in the clinical setting for pre-clinical students, providing opportunities for volunteer and even paid activities, careful supervision by doctors and other colleagues who are extensively trained to teach not just provide animal care, integration of specific coursework with clinic experiences, clinical faculty who have had more experience with all types of learners, residents and interns who act as role models, a focus on learning how to learn, special equipment that might not be available in private clinics, onsite laboratories, and the unique learning experiences gained through necropsies (Smith & Walsh, 2003). In my opinion, all of these advantages overwhelm the benefits of the distributive design, and I would recommend teaching hospitals as the best model. Nevertheless, I believe that students and institutions should be allowed to choose the paradigm that is the best fit for them, so teaching hospitals should not be absolutely required. The goal is always the same, to prepare students to be excellent veterinarians. I trust the accreditation process to ensure that, and I trust my fellow students to make the choice that will make them the best veterinarians.

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