HOSPITALS NEED HELP

At this time, the educational muscle of the nonuniversity hospital system is so weak that it is difficult or impossible for it to handle its presently assigned tasks in education. If it is to become the cornerstone and functional arm of the Regional Medical Program, then the nonuniversity hospital needs a great deal of help. This help must be twofold: (1) an informational campaign that stresses the importance of an educational foundation to underlie all patient care activities so that the boards, administrators, and medical staffs of our hospitals assign proper recognition and importance to the educational activities of their institution; and (2) direct financial support to establish the skeletal framework of facilities and personnel necessary to support the educational functions.

The first of the requirements for help to the nonuniversity hospital in education is well under way. The publications of the Regional Medical Program division of the National Institutes of Health place constant stress on this area. Programs within other portions of the government are designed to stimulate the medical colleges and organized medicine to a more active recognition of continuing education as unquestionably the most important portion of the spectrum of undergraduate, graduate, and continuing health profession education.

Accediting organizations and institutional groups, such as the American Hospital Association, should play a more important role in the stimulation of interest in the educational function of hospitals; they are just beginning to evidence interest in this activity. The Association of Hospital Directors of Medical Education, composed of key individuals in stimulating and directing continuing education, continues to increase its voice, competence, and activity. Continuation and expansion of these initial activities on the part of all the interested groups and organizations will assure proper emphasis to a function that will produce more good patient care in the future than any other single area of endeavor.

The second need, that of funding support, becomes increasingly important as more emphasis is placed on continuing education. The initial direction of funding in the Regional Medical Programs and in the comprehensive community planning programs properly has been toward the commitment of monies for integrated planning of an approach to the problem of opening the communications pipeline between medical education and research and medical care. Once these groups have planned to communicate effectively, we still are faced with the problem of a bride and groom who are geographically separate, and who, therefore, must be provided with the means to communicate appropriate to their desire to do so.

FACILITIES AND EQUIPMENT

Funds must be provided for educational facilities and equipment in nonuniversity hospitals. Facilities include most importantly, auditorium and conference room space and their accoutrements, library facilities and materials, audio-visual materials and departments, and areas specifically designed for educational demonstrations in patient care. These require brick, mortar, and equipment funds, which most hospitals simply cannot supply from monies currently available in their communities, the Hill-Harris program, or as a result of their patient care efforts. These are the very basic facilities that all hospitals must have to adequately perform their task in educating their staffs and personnel. They are multiuse facilities and, thus, can serve for the continuing education of allied health professionals as well as physicians.

Design and construction of facilities may occupy a considerable period of time; thus, their funding should be of first priority. Concurrently, however, funding should be available to ensure proper and complete utilization of these educational facilities. To make these new facilities really functional will require two additional factors: (1) investigation and measurement to assure the most productive content of the programs they will house; and (2) adequate numbers of educationally competent personnel to assure the productive application of the identified curriculum content and the facilities.

Two of the greatest problems for individuals with practical experience in continuing education are curriculum design and content and the motivation of the practicing physician who is the student. These two factors are inextricably interwoven with a need to know patterns of medical care and physician func-