



Academic Health Centers and the Foot & Ankle Surgeon: A Beneficial Partnership

Approved by the ACFAS Board of Directors, July 2011

The American College of Foot and Ankle Surgeons (ACFAS) has over 6,300 members who are board certified or board qualified to treat disorders of the lower extremities. ACFAS members are dedicated to advancing their competency and care of their patients. Therefore, foot and ankle surgeons should be an integral part of our nation's academic health centers (AHCs).

Background: Quality, access and efficiency of care are never fully realized by an education system that trains health professions in silos, notes an August 2010 *Health Affairs* article titled "Educating Health Professionals Collaboratively for Team-Based Primary Care."

ACFAS agrees that collaborative models that educate multiple practitioners together are needed to create a new generation of health professionals able to work in efficiently functioning teams. Changes in professional cultures, organizational structures, clinical partnerships, research activities, admissions, accreditation, and funding models will be required to support the expansion of collaborative education effectively. Expansion of a collaborative and integrated academic model is the key to create an efficiently functioning team that generates clinical benefits and ensures patients will receive high-quality care.

Reforming healthcare education has also been on the agenda of the Institute of Medicine (IOM) since 2002, and operationalizing the agenda set out in the IOM's *Quality Chasm* report has important implications for current and future health professionals. The report, "Health Professions Education: A Bridge to Quality," sets out a vision for all programs and institutions engaged in clinical education, recommending the implementation of a core set of competencies and targeting a mix of approaches including leveraging oversight organizations, fostering enhanced training environments, and initiating public reporting. The report utilized the ideas of 150 interdisciplinary experts who attended an IOM summit on health professions education and contributed ideas about educational reform.

Current AHC Definitions: An AHC is defined as an accredited, degree-granting institution of higher education that includes a medical school; one or more other health professionals' schools; and has an owned or affiliated relationship with a teaching hospital, health system, or other organized healthcare provider.

Academic health centers may be private or public institutions; they may also be university-based or freestanding. Two prototypical organizational models typically dominate today: (1) the fully integrated model, where academic, clinical and research functions report to one person and one board of directors; (2) the split/splintered model, where academics and clinical/health systems are managed by two or more individuals reporting to different governing boards (as defined by the Association of Academic Health Care Centers). ACFAS members need to be part of the fully integrated model where foot and ankle surgeons can participate as peers in the academic, clinical and research functions of an AHC.



Podiatric Medical Schools: There are nine podiatric medical schools in the United States. Seven of the nine podiatric medical schools in the U.S. are affiliated with colleges or universities, while the others are independent academic institutions. The programs that are affiliated with medical schools issuing a MD degree are:

- Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University (AHC)
- Temple University School of Podiatric Medicine

The programs that are affiliated with medical schools issuing a DO degree are:

- Des Moines University College of Podiatric Medicine and Surgery
- Arizona Podiatric Medicine Program at Midwestern University
- College of Podiatric Medicine at Western University of Health Sciences (AHC)

How foot and ankle surgeons can advance themselves within an AHC:

- Become full or part-time faculty (academic appointment or employee)
- Active participation in basic science, clinical research and clinical care participation (e.g., emergency room call, active privileges, establishing a block of operating room time, etc.)
- Become or continue as credentialed and privileged
- Active participation in the medical staff committees and other volunteer opportunities (e.g., strategic planning/business strategy task forces and committees, voluntary clinical appointments, etc.)
- Establish collegial and professional relationships with other subspecialties (vascular surgery, orthopaedics, plastic surgery, trauma, endocrine, internal medicine, family medicine, etc.)
- Support and integrate current residency programs
- Establish new residency programs and/or increase slots in current ones
- Establish fellowship programs
- Advance and fulfill evidence-based research opportunities
- Establish research funding/grant opportunities
- Explore patient volume/income generation of podiatric surgery specialty
- Assist in establishing podiatric benchmark figures
- Increase utilization of AHC ancillary services, surgical-medical services, cross-referrals, etc.
- Establish podiatric centers of excellence in surgery, trauma, sports, pediatrics, limb salvage, and diabetic foot
- Participate fully when external accreditors are at the member's facility. Specifically encourage all subsection chairs to attend the post-briefing given by the Joint Commission surveyors at the conclusion of the accreditation survey.
- Connect ACFAS leadership with the AHC's administration and faculty

ACFAS recognizes that the time is now to involve foot and ankle surgeons in AHCs and stands ready to assist its membership with integration into these academic healthcare settings. *NOTE: These recommendations were prepared with AHCs in mind, but can be applied with success to other settings in which ACFAS members practice and want to build influence.*