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When asked to name the greatest hurdles in starting a medical school, we tend to touch on the obvious ones—securing funding, hiring top-notch faculty, designing a curriculum, seizing the opportunity to innovate while meeting the standards of the Liaison Committee on Medical Education (LCME). We even may mention the less obvious ones—crafting handbooks and bylaws, building physical plants, and tending to all their fine points, from architectural design details to information technology systems to interior decorating decisions, right down to where to place electrical outlets.

We believe our greatest challenge, however, lies in managing the expectations of our many stakeholders. When the last large group of new LCME-accredited medical schools opened in the 1970s and early 1980s, they tended to be state-funded schools in underserved regions, often with a focus on primary care. Today, the prevailing need is to grow the physician workforce in both primary care and subspecialty areas. Yet the impetus for starting each of the 17 schools now in some stage of accreditation has differed, and so has the pressure on those schools.

No two schools have the same founding story; our visions, philosophies of need, and funding sources all vary. States, corporations, philanthropic individuals and groups, hospital systems, universities, and institutes have mixed and matched their support of these startup institutions. (Whatever the unique motivations, as founding deans, we are grateful.) Our central challenge, then, has been in fulfilling the visions of these various stakeholders, while creating accredited, 21st-century medical schools.

Virginia Tech Carilion School of Medicine (VTCSOM), for example, is organizationally a 501(c)(3), the result of a public-private partnership between Virginia Tech University and Carilion Clinic. Each partner had an overarching reason for entering the relationship. Virginia Tech wanted a medical school with a research-rich curriculum, in line with the university's mission to "invent the future." Carilion Clinic, on the other hand, had just reorganized itself into a clinic model of health care delivery. With the institution's long history of educating students, residents, and fellows—and with Jefferson College of Health Sciences as a successful program under its auspices—Carilion Clinic leaders realized that adding a medical school to the portfolio would strengthen all of Carilion's educational and clinical programs.

Another principal stakeholder for VTCSOM is the Commonwealth of Virginia, as the medical school rents space in the artfully customized building that also houses the Virginia Tech Carilion Research Institute, a biomedical science initiative that serves as an educational partner for the school. Not surprisingly, the Roanoke community, which is home to the school and the research institute, regards both as potential economic engines. In a recently released report on the economic impact of publicly funded research, the consulting firm Tripp Umbach confirmed that academic health centers are economic drivers in their communities. Yet while VTCSOM certainly carries an enormous societal and economic value, its start-up costs countervail its immediate economic impact in the community.

Following a different model, the Oakland University William Beaumont School of Medicine (OUWB) is a privately funded academic unit of a public university that is affiliated with Beaumont Health System. Oakland University leaders envisioned a medical school to complement the university's schools of nursing and health sciences. Beaumont's leadership believed that a medical school would accelerate the institution's evolution from three community-based hospitals and multiple regional clinics with a 50-year tradition of training medical students, residents, and fellows into a highly integrated and comprehensive academic health care system with health care delivery science as one of its major research themes.

The new medical school sparked expectations in the region that it would not only help reduce the emigration of academically gifted youth outside Michigan, but also would contribute to economic diversification and recovery in southeast Michigan after the near-total collapse of the automotive industry in 2008. While it will take time for OUWB to drive economic diversity, some students who had left the state did indeed return to Michigan to pursue medical education in the school's charter class.

Founding institutions and local communities are not the only stakeholders for new medical schools. The American medical education community is a stakeholder as well. What does it expect of the new schools? If the last generation of new schools focused on primary care, the current generation is characterized by a diversity of organizational models and missions. For example, the Virginia Tech Carilion Research Institute has complemented VTCSOM's innovative educational program and afforded the school the research-rich environment so integral to its mission. OUWB's mission and vision guided the development of its learning environment, carefully designed to resemble a high-achieving liberal arts college, with an emphasis on the "hidden curriculum" of the school's humanistic culture of scholarship and service.

In writing about colleges and universities, Ernest Boyer, a former U.S. commissioner of education, wrote, "What we are calling for is diversity with dignity in American higher education—a national network of higher learning institutions in which each college and university takes pride in its own distinctive mission and seeks to complement rather than imitate the others. While the full range of scholarship can flourish on a single campus, every college and university should find its own special niche." If we substitute "medical school" for Boyer's "college and university," our colleagues in academic medicine may view each of the 17 new medical schools as making a significant contribution to medical education and health care.

Over the past several years, we have learned the critical importance of managing expectations in a politically sensitive and fully informed fashion. With transparency and open communication, not only can we reassure our many stakeholders—including our colleagues in medical education—that their concerns are being heard and addressed, but we also can instill confidence in our ability to create and deliver excellent medical education.

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