Objective: The U.S. Department of Veterans Affairs (VA) is the largest single provider of medical education in the United States and is often the preferred training site for medical students and residents. However, changing priorities of patients and the marketplace are forcing medical schools and the VA to consider new ways of practicing medicine and relating to each other. This article reviews the value of that relationship.

Methods: The authors describe a VA and Department of Defense sharing agreement and the development of a federal medical center as well as the involvement of a local medical college and the impact on education.

Results: The federal medical center will provide more clinical services to veterans, active duty service members, and their beneficiaries. Trainees see a variety of young adults of both genders and are exposed to behaviors and pathology not commonly seen in typical general adult inpatient VA psychiatric units.

Conclusion: The federal facility will provide accessible, high quality health care for active duty and veteran patients. It benefits trainees by enriching their training experience and allowing students and residents to receive a comprehensive clinical experience by caring for diversified patients with a wide range of pathology.

The U.S. Department of Veterans Affairs (VA) is the largest single provider of professional medical and health education in the country (1, 2) and, because of its educational mission and commitment to providing educational resources, is often the preferred training site for medical students and residents (2, 3). The VA’s adoption of education as a critical mission and its commitment of resources to support this academic mission are quite appealing to many medical schools. The affiliation also allows clinical access to diverse and medically complicated populations, and is cost-effective in sharing clinical and research resources (2, 3). Public Law 79–293, enacted on January 3, 1946, created the opportunity for formal affiliation relationships between U.S. VA hospitals and academic medical centers.

As described in Dr. John Clarkson’s (4) 2002 testimony, the 1946 VA publication “Policy on Association of Veterans’ Hospitals with Medical Schools,” which detailed that the VA would retain full responsibility for the care of patients and that the school of medicine would accept responsibility for all graduate education and training, further codified the relationship between the VA and academic medicine. The policy declared that the intent of the affiliation was to provide “the veteran a much higher standard of medical care than could be given him with a wholly full-time medical service.” This policy still guides VA-medical school affiliations today.

The American Association of Medical Colleges (AAMC) data reflect that 107 of the nation’s 125 accredited allopathic medical schools are currently affiliated with Veterans Affairs Medical Centers (VAMCs). The 1946 Policy Memorandum No. Two also called for the establishment of Dean’s Committees for each affiliation. The Dean’s Committees remain active, vital components of the medical school-VAMC affiliation and are composed of senior medical faculty from the appropriate departments and divisions of the affiliated medical school. The Dean’s Com-

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Background

A year-long study, which considered ways to increase collaboration between the two agencies, was undertaken by a working group chartered by the U.S. Department of Defense and the VA executive council. After several internal reviews, a partnership and an agreement to share resources was formed in 2002 between the North Chicago VAMC and the Great Lakes Naval Hospital, with total integration as the ultimate objective—a significant opportunity because the institutions are located less than 2 miles apart. Under this agreement, the Navy agreed to construct a new ambulatory medical facility for outpatient services, and the VA agreed to provide surgical and inpatient mental health care at the North Chicago VAMC.

The project is being done in several phases. Phase 1 began in October 2003, during which inpatient mental health at Great Lakes Naval Hospital was transferred to the North Chicago VAMC. In December 2004, the blood bank was relocated to the VA. Phase 2 began with a $13 million modernization of the North Chicago VAMC surgical and emergency care facilities. In June 2006, the Great Lakes Naval Hospital’s inpatient medical, surgical, and pediatric functions were transferred to the North Chicago VAMC. Navy physicians became staff at the VA and started treating Navy patients and dependents as well as veterans.

The final phase includes building a state-of-the-art federal ambulatory care clinic located on the medical center’s campus and named Captain James A. Lovell Federal Health Care Center. The Department of Defense will fund the $130 million facility with military construction money. This will be a three-story clinical addition with a ground floor attached to the North Chicago VAMC inpatient facility, with completion expected in 2010. It will operate under a single line of authority, overseen by a board of directors, with one combined Navy/VA medical staff.

Advantages to Collaboration

The agreement has proved advantageous for the VA and the Department of Defense as well as the medical school. It expands services at the North Chicago VAMC by providing previously unavailable surgical services in the newly renovated operating rooms and emergency services to veterans and Department of Defense beneficiaries. The addition of obstetrics and gynecology and pediatric services for the Navy expands training opportunities for students from medical and other health professional schools.

Further, by eliminating the need for dual administrative structures, this agreement also has significant fiscal advan-

VA AND NAVY HOSPITAL COLLABORATION

The VA Merit Review funding program has led to the development of innovative and internationally recognized programs that focus on the clinical problems of special importance to veterans, including the alcohol research center at the Portland VA, the multiple sclerosis center at the Baltimore VA, and the spinal cord center at the Bronx VA (7). In addition, the VA research program has led to discoveries that have helped veterans and nonveterans alike, such as the development of the implantable cardiac pacemaker, CT scanner, and nicotine patch (3). Close cooperation between the medical school dean and the director of the VAMC has resulted in the development of numerous outstanding VAMC research programs. Joint faculty appointments have allowed medical schools and the VAMC to recruit outstanding physician-investigators, teachers, and administrators who are essential to the quality of their academic departments (4, 8, 9). As a result of long-time construction policies that favor VAMC sites near existing medical schools, many of the nation’s medical schools see VAMCs as indispensable partners in achieving their missions of education, research, patient care, and community service (4, 10).

Although there have been occasional concerns about the equality of these partnerships (7, 11), changes now occurring throughout health care are adding new challenges to the VA/medical school affiliation. The VA remains committed to education, but the demands on physicians for patient care are increasing, funding sources are tighter, and there is an increased scrutiny of faculty time and resident supervision. The changing priorities of patients and the marketplace are forcing medical schools and the VA to consider new ways of practicing medicine and interacting with each other (3, 11). The North Chicago VAMC and Rosalind Franklin University of Medicine and Science, who have been partners in education for over three decades and share the same campus, find themselves at the forefront of yet another novel relationship that has been and will be significantly influential.