Nova Southeastern University
College of Osteopathic Medicine

MEDICAL EDUCATION DIGEST

Volume 15, Number 5 • Medical Education Highlights for Primary Health Care • September/October 2013

Some Residency Interview Questions Deemed Potentially Illegal

The Electronic Residency Application Service conducted a survey that included 7,028 applicants in the 2006-2007 National Residency Matching Program to determine if they were asked potentially illegal questions during residency interviews. It was reported that 4,557 or 64.85 percent of the applicants were asked at least one potentially illegal question. The types of inquiries deemed inappropriate included:

- Marital Status
- Number of Children
- Practice of Family Planning
- Ethnicity
- Gender
- Religion
- Age
- Sexual Orientation

Specialties included in the study were emergency medicine, general surgery, internal medicine, obstetrics-gynecology, and orthopedics. Marital status was the most commonly asked potentially illegal question (54.3 percent), followed by whether an applicant had children (27.4 percent), practiced family planning (15.3 percent), and gender (10.6 percent). Questions about religion amounted to 9.3 percent, while 8.6 percent asked about an applicant's age.

(Hern HG, Alter HJ, and Wills CP. How prevalent are potentially illegal questions during residency interviews? Academic Medicine. 88:1116-1121; 2013.)

Promoting Interprofessional Education in Primary Care Helps Create Better Physicians

The United States health care system needs to promote interprofessional collaboration, the value of primary care, and have health professionals learn from those in practice. Preparation, training, and continuing education for multiple health professions should begin on the first day of school by bringing students together from these disciplines and continuing throughout training. In an effort to demonstrate to its students the importance of continuing professional development, the University of Connecticut in Storrs, Connecticut, provides this training to graduates for free. On a regular basis, interprofessional grand rounds that emphasize primary care are provided so students become comfortable with team care. This experience sometimes leads to publications, presentations, and even grant proposals.

(Van Hoof TJ and Polifroni EC. A program to promote interprofessional collaboration in primary care. Academic Medicine.88:1056;2013.)

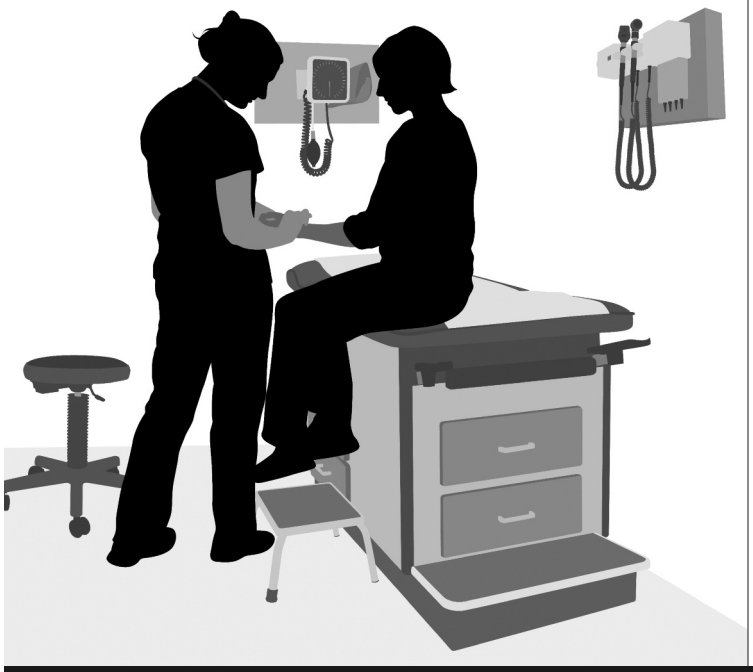
U.S. Senator Links Dysfunctional System to Insufficient Number of Primary Care Physicians

Senator Bernie Sanders of Vermont, chairman of the Subcommittee on Primary Health Care and Aging, remarked that health care costs twice as much per capita in the United States than in any other major country—with worse outcomes. Most countries have 70 percent of its physicians practicing primary care and 30 percent who are specialists.

In the United States, only 30 percent of physicians practice primary care. Senator Sanders suggested there is a need to substantially increase the number of primary care practitioners today and significantly more when the Affordable Care Act insures 30 million more people next year. Medical schools need to do more since only 7 percent of graduates chose a primary care career.

Medicare needs to place demands on teaching hospitals to increase the number of primary care physicians. Reimbursement rates must create incentives for medical school graduates to go into primary care, Sanders said. The senator also encouraged the expansion of the Federal Qualified Health Center program providing cost-effective affordable care to the medically underserved. Part of the needed revolution in primary care services is accessibility as well as a major expansion of the National Health Service Corps, including providing loan forgiveness and scholarships to medical students so they would choose to practice in underserved areas.

(Sanders B. Politico. Politico.com. May 7, 2013.)



Simulation Institute at University of Washington Builds Multifaceted Medical Experience

Cow tongues, video games, and mannequins are being used at the Institute for Simulation and Interprofessional Studies (ISIS) at the University of Washington in Seattle, Washington. The use of the video simulations and mannequins as well as fake body parts allows students, physicians, and other health care providers to learn how to respond to emergency and nonemergency situations.

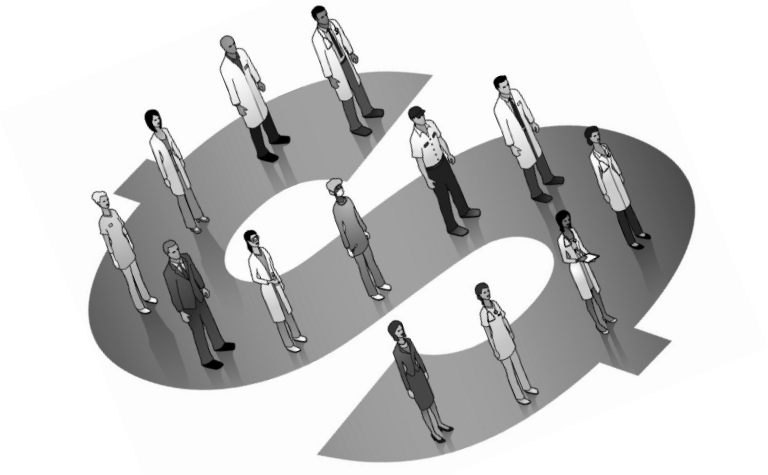
Simulation facilitates training without jeopardizing the health and safety of real patients. Each year 10,000 trainees utilize the facilities of the ISIS. The institute's director, Brian Ross, met with people at the Boeing Company, an aviation manufacturer, because the first medical simulators were constructed by aviation manufacturers who had made flight simulators.

There are multiple ways that simulators advance medical training. Second- and third-year residents learn laparoscopic skills by manipulating small graspers that move blocks while the trainees look through cameras. Another device can be used to simulate bronchoscopic examinations and colonoscopies. Cow tongues are used to simulate the repair of an episiotomy.

Plastic babies lubricated with vegetable oil are delivered through a plastic pelvis with parts that move as they should. Other types of simulations are used to learn how to communicate with nurses and patients in an emergency situation.

(Zhang S. Medical students at UW learn practical skills with unique tools. The Seattle Times. August 18, 2013.)

Improving Physician Shortage Tied to Successful Outcomes at Graduate Medical Education Institutions



Since 1965 when Medicare was passed into law, graduate medical education (GME) has been publicly funded. In 2009, this amounted to $9.5 billion (about two-thirds going to 200 hospitals training the most residents) with an additional $3.18 billion from Medicaid. The funding is the largest public investment in U.S. health workforce development. Despite the billions of dollars invested, shortages of primary care physicians, general surgeons, and psychiatrists persist nationwide, particularly in rural and underserved areas.

As recently as 2011, advisory bodies recommended the accountability of GME to public health needs. The Patient Protection and Affordable Care Act mandates that the Council on Graduate Medical Education develop measures and guidelines to longitudinally evaluate GME programs. A George Washington University Department of Health Policy study has led to the proposal of a method to measure workforce-relevant outcomes of GME by sponsoring institutions and primary care teaching sites.

The study largely excludes osteopathic medical residency programs because of the separation of the accreditation process between allopathic and osteopathic medical schools in the GME system. This may change in the future through collaboration with the American Osteopathic Association and the American Medical Association, which maintain similar databases.

Despite the major funding of GME by Medicare, physician workforce shortages continue, especially in specific specialties and locations. The George Washington study indicated that outcome measures in key workforce areas at the institution and hospital level are achievable for use in development of an accountability system and in evaluating the results of changes in the GME system.

(Chen C, Petterson S, Phillips RL, Mullan F, Bazemore A, and O'Donnell SD. Toward graduate medical education (GME) accountability: measuring the outcomes of GME institutions. Academic Medicine. 88:1-14;2013.)

Increase in Primary Care Graduates Fails to Meet Future Demands of Health Care

A 2013 census performed by the American Academy of Family Physicians (AAFP) indicated that 2,938 medical graduates from allopathic and osteopathic medical schools entered family medicine residency programs in 2013, increasing from 2,611 in the previous year. Perry Pugno, M.D., AAFP vice president for medical education, indicated that this is part of a trend that began four years ago with an increasing interest in a career in primary care. However, he cautioned that this change is not happening fast enough to meet the future demand that will be created by the introduction of the Affordable Care Act expanding insurance coverage as well as the growing population of the aged.

(Landen R. More residents entering family medicine, AAFP says. Modern Physician.com. August 21, 2013.)

Northwestern Memorial Hospital Intern *Boot Camp* Prepares Interns for Life-or-Death Issues

Mortality increases and efficiency decreases when new interns begin in July according to a 2011 study in the *Annals of Internal Medicine*. Northwestern Memorial Hospital in Chicago, Illinois, addresses the issue with a *boot camp* for its 81 new interns. Prior to commencing their internship, interns spend three days in June preparing for bedside assignments. The interns must pass a graded test in procedures and communications skills before they begin their program.

The preparation involves making life-or-death decisions while treating a robotic patient in a simulated intensive care unit. While the procedures are complicated, some students displayed more difficulty with bedside communication skills, such as talking to an actor who simulates a dying patient. In this case, the *patient* had a bowel obstruction and no further chemotherapy or surgery could be done for the man's colon cancer. The intern acknowledged that having a discussion with a dying patient was quite different than learning from a textbook.

(Johnson D. Chicago's intern "boot camp" is rehearsal for life-or-death medical issues. The New York Times. July 14, 2013.)

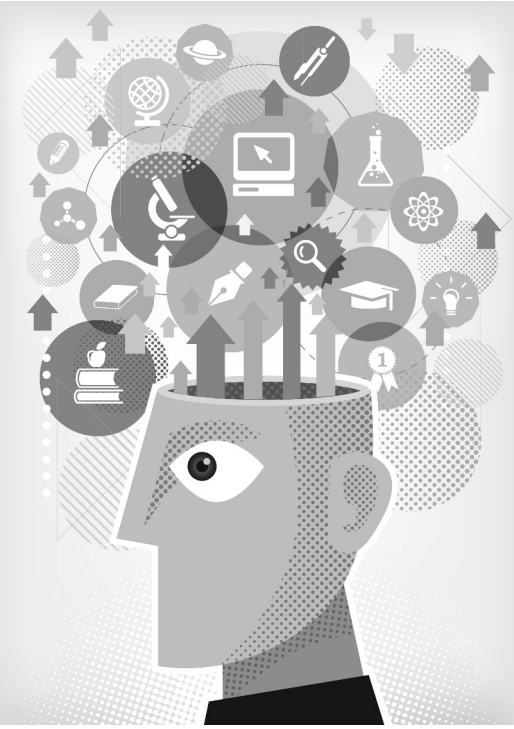
Advisory Committee on Primary Care Stresses Importance of Interprofessional Education

In July, the Advisory Committee on Training in Primary Care Medicine and Dentistry released a report on interprofessional education it had prepared for the Secretary of the United States Department of Health and Human Services. The report emphasized that trainees in various medical professions are typically taught in isolated silos and are often inadequately prepared for working in interprofessional teams. Medical professionals lack an understanding of each other's roles and are not trained for interprofessional collaboration, which results in barriers to working together effectively, the report said.

The advisory committee recommends funding for training focusing on competencies for primary care with interprofessional collaboration that is related to population health. Care should be patient-centered, include experiences for patients and families, have a focus on patient safety, enhance health throughout the population, and reduce costs.

The committee recommends the Health Resources and Services Administration provide grants in the Bureau of Health Professions to accomplish the goals of interprofessional education. Title VII training grants, as the vehicle for this support, should favor programs aimed at learners to achieve core competencies for interprofessional education integrated into their training. Models developed for the programs should be team-based in a variety of settings and use innovative educational techniques, including cutting-edge technology.

(Advisory Committee on Training in Primary Care Medicine and Dentistry. Interprofessional Education. Tenth Annual Report to the Secretary of the U.S. Department of Health and Human Services. July 2013.)



The Medical Education Digest is published bimonthly through the NSU-COM Office of Education, Planning, and Research.

Editor
Leonard Levy, D.P.M., M.P.H., Associate Dean

Editing
NSU-COM Office of Medical Communications and Public Relations

Graphic Design
Brandee Evans

NSU NOVA SOUTHEASTERN UNIVERSITY
College of Osteopathic Medicine
3200 South University Drive
4th Floor, Room 1495
(954) 262-1469
Fort Lauderdale, FL 33328-2018
http://medicine.nova.edu

50 NSU 1964–2014
NOVA SOUTHEASTERN UNIVERSITY
College of Osteopathic Medicine