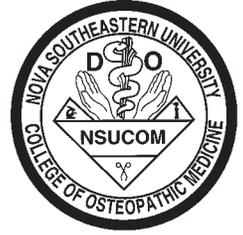


# Medical Education Digest



Volume 14, Number 1

Published six times per year by NSU College of Osteopathic Medicine

January/February 2012

## Tackling the Taboo: Abortion Training for Physicians



One of the most common surgical procedures is abortion, with about one in three women having had an abortion by age 45. It is more commonly performed than a hysterectomy, sterilization, and cesarean delivery. With nearly one-half of pregnancies being unintended, half of these are terminated. Not surprisingly, legal, religious, social, and financial barriers affect the availability of abortion services.

In spite of its demand, those obstetricians/gynecologists who perform abortions are in the minority. In 1996, the Accreditation Council for Graduate Medical Education (ACGME) mandated that abortion training be part of the training in obstetrics and gynecology, a practice also endorsed by the American Congress of Obstetricians and Gynecologists. Prior to that, only 12 percent of residency programs in obstetrics and gynecology offered abortion training.

The Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, privately funded and founded in 1992, began to provide technical assistance to programs to meet the ACGME mandate. While residents have the right to opt out of this training for personal or religious reasons, they must learn how to manage its complications.

Currently, 51 percent of these residencies have routine abortion training, 39 percent offer such training as an option, while 10 percent do not offer such training. One of the most sought-after programs is the one-month externship for preclinical or clinical students to work in abortion clinics to improve their knowledge about abortion. There are 26 family medicine programs offering abortion training. Concerns have been voiced about mandatory abortion training, but no resident is forced to participate in abortion care.

Obstetricians-gynecologists 35 and under (22 percent) are more likely to perform abortions than those 36 to 45 (12 percent). The Coats Amendment, which is antiabortion legislation adopted by the U.S. Congress following the ACGME requirement, stated that residency programs that do not comply with abortion training requirements will not lose governmental funding.

*(Dragoman MV et al. Medical education in abortion: the roundtable question. Medscape. [www.medscape.com/viewarticle/753192\\_print](http://www.medscape.com/viewarticle/753192_print); November 15, 2011.)*

## Need for Medical Student Career Counseling

In times of oversupply or undersupply of physicians, there is a need for counseling on career preferences made by medical students and physicians as well as consideration of the factors influencing these preferences. The majority of medical students do not know the area of specialization they will pursue. Factors influencing them are

**ROLE** models

**JOB** opportunities

**FINANCIAL** rewards

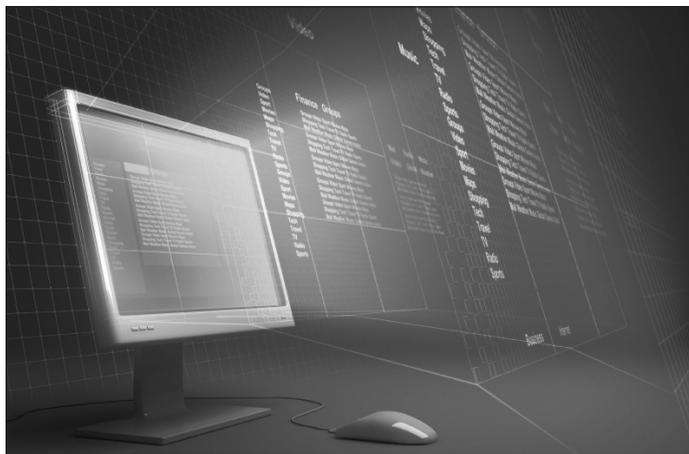
**INTELLECTUAL** challenges

**RESEARCH** opportunities

**ADVICE** from peers

*(Neer G. Career counseling among medical students: an urgent need. Journal of Community Medical Health Education; November 15, 2011.)*

# Biomedical Informatics Curricula for Medical Students



It is likely that biomedical informatics (BMI) will emerge as a core component of medical education. However, in the Association of American Medical Colleges Medical School Objectives Project, only a few schools have stated objectives, and fewer assessed competencies in medical informatics.

BMI is the scientific field that deals with biomedical information, data, and knowledge and their storage and retrieval as well as optimum use for problem solving and decision making. Physicians and policymakers are turning to BMI to support biomedical research and improve the health care system.

A BMI curriculum at the University of Arizona College of Medicine–Phoenix extends over the first three years of the curriculum. The first year centers on data acquisition, storage, manipulation, and visualization, while the second year focuses on decision making. The third year incorporates both data and decision making into sessions on efficiency, safety, and quality. A one-month elective is offered in the fourth year.

The BMI curriculum is clinically focused, with even the first year providing instruction by considering a specific disease employing both small- and large-group activities. A new subspecialty preceded by a fellowship has been approved by the American Board of Medical Specialties and administered by the American Board of Preventive Medicine to physicians who have primary specialty certification.

Training medical students to understand and use BMI, including the recognition of its strengths and limitations, is important so they will become better equipped to address information management challenges included in the practice of medicine. The dependence on BMI by medicine is increasing to support safe, efficient, high-quality and to support the creation, validation, and dissemination of knowledge.

*(Silverman H, Cohen T, Fridsma D. The evolution of a novel biomedical informatics curriculum for medical students. Academic Medicine. 87:84-90;2012.)*

# Satisfaction of Part- Time Medical School Faculty Members

An Association of American Medical Colleges study collected data from four U.S. medical schools, including 63 part-time faculty members, early in 2011 to acquire information about the faculty members' experiences and job satisfaction. It examined their reasons for part-time status, overall satisfaction, and concerns as well as sought suggestions for improvement.

One of the concerns centered on the perception of negative attitudes from colleagues and administrators about their commitment and work ethic. They also expressed concerns about unclear expectations for promotion. Study participants suggested that institutions begin advocating that they be acknowledged by members of the school community.

One part-time faculty member remarked that being valued and mutually respected by the school in a much more deliberate way would be mutually beneficial. Part-time faculty members suggested that development of clearer policies and expectations would greatly mitigate their concerns.

It was reminded that medical schools invest heavily in recruiting and retaining talented faculty members to accomplish their mission—and the use of part-time faculty is one way to facilitate this. Finally, it was suggested there should be a cultural change that includes a continued acceptance of part-time faculty members in the institutional fabric.

*(Bunton SA and Corrice AM. An exploration of the satisfaction and experiences of part-time U.S. medical school faculty. Analysis in Brief. Association of American Medical Colleges. 11(9);December 2011.)*



## Research Activities: Incentives for Clinicians



While it is hoped that clinicians participate in research-related activities in their clinical environment, there is an absence of incentives to do so, resulting in a major challenge. Primary care physicians who may be seeing patients every 15 minutes are increasingly

being challenged to take on additional activities, especially if they could face a loss of compensation.

This also is the case in the academic health center, where even the institutional mission includes research. There are virtually no incentives for clinicians

to engage in research, and thus such activity is almost nonexistent. Faculty members at Ohio State University Medical Center and the University of Cincinnati College of Medicine propose the development and adoption of the relative research unit (RRU).

The RRU model would provide compensation for research time based on the time spent for such activities. For example, if a clinician collects certain data that would not be needed during routine clinical care, that data could result in RRU credit, which could be converted into relative value units (RVU), which today is the heaviest consideration for clinical productivity.

RRU funding sources would be the sponsors of the research funding. Health care payers also are a potential source for such funding, such as the Patient Protection and Affordable Care Act, which stipulates that clinical effectiveness research be funded by payers.

*(Embi PJ and Tsevat J. The relative research unit: providing incentives for clinician participation in research activities. Academic Medicine. 87:11-14;2012.)*

## Beliefs About Osteopathic Manipulative Treatment by Osteopathic Medical Students



A broad spectrum of opinions was espoused by osteopathic medical students regarding osteopathic manipulative medicine (OMM). The Student Doctor Network reported on the opinions of students currently enrolled in U.S. osteopathic medical colleges.

A fourth-year osteopathic medical student remarked that many of his classmates have wrestled with aspects of OMM. He stated that many are nonusers and some are extremely skeptical of it. But he followed his remarks with a statement that it does not mean they have repudiated osteopathic philosophy. He believes that those students who do not want to have anything to do with osteopathic principles and practice tend to be those who could not get into allopathic medical school, concluding that those students are not well regarded.

He reported on a patient with chronic pain who had a lumbar fusion and said he would have killed himself if he had not had OMM. The student, who will

soon be entering a dually accredited family medicine residency through the University of Wisconsin School of Medicine and Public Health, indicated he does not plan to prescribe opiates for patients with chronic pain, believing that OMM often helps such patients.

Another student, the recipient of a scholarship from the U.S. Navy, claims to be a proponent of OMM and is heading toward a residency in pediatrics. However, he remarked that while being supervised in a clinical rotation in a rural hospital in Aberdeen, Washington, none of the osteopathic physicians were using OMM on a regular basis.

*(Schierhorn C. The DO. www.do-online.org/TheDO/?p=84091&q=print.)*

# Medical Schools Augment Marketing Efforts

Major advertisers for faculty members and students are the medical schools of the Mayo Clinic, Mount Sinai, and New York Presbyterian Medical Center, which spent 20 percent more on marketing during the first half of 2011 than the same period the year before.

During the same year, Vanderbilt University Medical Center bought sponsorship time on CNN, Fox News, and NPR. While focusing on the advances they have made in patient care, these institutions

claim their goal is to help attract students and faculty members. Other academic medical centers have tried to raise their national profile as well, such as the University of Pittsburgh Medical Center with a multimillion-dollar campaign that began in 2005, and the University of Michigan Health System, which has been on NPR and in advertisements in the *New York Times Sunday Magazine*.

The University of Texas M.D. Anderson Cancer Center launched its first national

advertising campaign in 2009. Joel English of the Milwaukee-based marketing firm BVK believes these ads are really focused on attracting patients due to reductions in Medicare and Medicaid reimbursements. University of Houston marketing professor Betsy Gelb remarked that 20 years ago, the aforementioned academic medical centers did not have the word “marketing” in their vocabulary.

*(Farmer B. In tight times, medical schools market themselves. WLPN/NPR; January 4, 2012.)*

## American Medical Student Association Medical School Conflict of Interest Rating

The American Medical Student Association (AMSA) issued its fourth annual report rating medical schools on how they police conflicts of interest. While the new report for 2010 was an improvement over the year before, only half of the schools were scored A or B compared to 30 percent the year before.

Nineteen of the 152 allopathic and osteopathic medical schools received a grade of A, while three of them—Des

Moines College of Osteopathic Medicine, Tufts University, and the University of South Dakota—advanced from a D to A. Among the 11 items considered was whether a school forbids faculty members from accepting gifts or bars payments by companies for consulting and speaking.

In 2002, the AMSA started its Pharm-Free Project to get medical schools to address conflicts of interest (COI). Since then, half of the medical schools have strong

COI policies. Harvard Medical School, which received an AMSA COI rating of B, announced strong COI policies but fell short of an A in the areas of pharmaceutical company gifts, disclosure of faculty relationships, and the school’s relationship with industry sales representatives.

*(Knox R. Medical schools make progress on conflicts of interest. NPR; December 15, 2011.)*



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

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