

MEDICAL EDUCATION DIGEST



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MEDICAL EDUCATION HIGHLIGHTS FOR PRIMARY HEALTH CARE

Emergency Medicine Clerkships Offered by Many, Not Yet Required by All

About half of the 128 allopathic medical schools require students to complete an emergency medicine clerkship, according to a recent survey of clerkship directors. Students who complete the clerkships receive supervision from both residents and attending physicians. While the evaluations are assessed by written clinical performance evaluations and end-of-rotation written tests, 53 percent of assessors used direct observation as an assessment tool. Almost 79 percent of the emergency medicine rotations were four weeks in length and most commonly in the fourth year, by just less than 40 percent of the students. The curriculum in emergency medicine clerkships includes the following

- a mean of 18 hours of lecture
- incorporation of simulation (75 percent)
- simulation that is primarily diagnosis and management (90 percent)
- teaching of procedures (61.3 percent)
- percent of programs where full-time faculty members provide lectures (31.6 percent)
- percent of programs where residents provide lectures (49 percent)
- percent of programs providing residents instruction in lecturing (44.2 percent)
- percent of programs providing residents instruction in adult learning theory (28.8 percent)

While almost 90 percent of residents are involved in teaching, only 45.5 percent are trained to do so. A new National Board of Medical Examiners EM Advanced Clinical Examination was introduced in 2013. While the clerkship directors in emergency medicine have attempted to standardize emergency medicine education at the undergraduate level, universal adoption has yet to have been achieved.

(Khandelwal S, et al. State of undergraduate education in emergency medicine: a national survey of clerkship directors. Academic Emergency Medicine. Society for Emergency Medicine. (21):1, pp92-95; January 2014).



Interprofessional Collaboration Evaluates Care of the Discharged Elderly Patient



A 2003 Institute of Medicine report stressed the importance of education and management of chronic diseases in interdisciplinary teams. If all members of the team understood their mutual roles in patient care, they would be more effective and promote patient safety. Third-year medical students from Emory University School of Medicine complete a monthlong, Web-based module designed to educate them about the role of members of the health care team through interprofessional collaboration during the post-discharge period.

Through roleplaying, students communicate as primary care physicians with members of the health care team, coordinating the care of patients. The teamwork includes clinical, functional, and social needs that must be addressed post discharge. The program included 128 medical students who indicated their appreciation for the roleplay and simulation of the interaction between a physician and members of a home health team.

After being presented with patients' histories, patients are followed for a month and their health needs are reviewed. By involving members of the health care team, the student acts as a physician evaluating the patients' evolving needs. Family support is solicited and the best health care setting for each patient is recommended.

At the end of the one-month experience, a final workshop reviews the highlighted teaching points regarding the needs assessment of patients and roles of members of the health care team followed by a vote by participants on the most appropriate disposition for the patient.

(Oluabunwa U, Flacker J. Interprofessional collaboration and care coordination in the care of the discharged elderly patient. MedEdPORTAL. www.Mededportal.org/publication/9821;2014).

UC Davis Uses Grant to Address the Primary Care Physician Shortage



The American Medical Association (AMA) provided a \$1 million-dollar grant to the University of California Davis medical school to shave off a year from the traditional medical school program to students who guarantee that they will enter primary care. Accelerated Competency-Based Education in Primary Care provides a curriculum that removes summer vacations, electives, and the residency search. Up to \$60,000 of a student's educational debt can be eliminated. Early in their first year of medical school, students interact with patients at Kaiser Permanente in Sacramento, California. Tonya Francher, M.D., program director, said the program addresses the huge shortage of primary care physicians. UC Davis indicated that the Affordable Care Act is expected to compound the need for primary care physicians. Both the AMA and the Association of American Medical Colleges support three-year medical school initiatives.

(Bartolone P. Fast track for primary care docs at one California university, KHN Kaiser Health News; August 2014).

Team Approach Offers Solution to Primary Care Physician Shortage



Perry A. Pugno, M.D., M.P.H., vice president of education for the American Academy of Family Physicians (AAFP), said the nation's workforce is already inadequate to deal with the demand for primary care. In Massachusetts, which has had universal coverage since 2006, only 51 percent of family physicians and 45 percent of internists are accepting new patients. Nationally, the increase in access to health care under the Affordable Care Act will exacerbate the demand for primary care.

AAFP policy says the nation needs more family physicians and a team setting is the most efficient way to provide such care. Physician assistants (PAs) and nurse practitioners (NPs) will be able to mitigate the impact of the demand. While almost all family medicine graduates practice primary care, only between two percent and six percent of internal medicine graduates will pursue primary care, according to Dr. Pugno.

Furthermore, even in pediatrics, only half of pediatricians practice primary care. The AAFP claims that 40,000 family practice physicians will be needed by 2025. The need for primary care is being driven by the aging of the U.S. population. Since most subspecialties are based on procedures that generate three to five times as much income per hour, medical students are being driven to non-primary care fields in large numbers—as is the case for PAs and NPs.

Accountable Care Organizations (ACOs) built on a patient-centered medical home model take advantage of the team approach that should expand the capability to provide primary care to the population. The community is growing and aging faster than the creation of ACOs, however. Dr. Pugno said the solution is to pay primary care providers like proceduralists, which will result in medical school graduates gravitating to primary care careers. While a number of initiatives have increased the interest in primary care by 10 percent in the last five years, there needs to be more support for primary care, better payment, and a primary care health care system.

(Peckham C, and Pugano PA. *The impending PCP shortage: how bad is it?* www.medscape.com; September 17, 2013).

Harvard Medical School Renews Focus on Primary Care



Since the 2006 Massachusetts-based health care reform expansion of health insurance, Harvard Medical School has renewed its focus on primary care. The school's Center for Primary Care established an Academic Innovative Collaborative (AIC) in partnership with its local academic medical centers (AMCs) in 2012. The AICs focused on

- high-functioning interprofessional teams
- proactive management of populations
- identifying and providing tailored care to medically and psychologically complex patients
- promoting patient engagement and empowerment

In the first year, the AIC created and engaged an active learning community. All sites worked in teams to address population health needs more effectively. The Patient-Centered Medical Home Assessment validated self-report tool was used to track progression toward patient-centered care. In 2012, a resident curriculum at Harvard's Center for Primary Care was established for the AICs. It identified the following objectives in the primary care residency

PGY-1

- describe the role of primary care in health care delivery
- describe the basic principles of the patient-centered home
- describe the specific transformation work at their AIC site and outline the process by which the transformation is taking place

PGY-2

- describe principles of quality improvement
- complete a quality-improvement project in their clinical practices

PGY-3

- residents proactively coordinate and manage care of complex patients
- residents educate others, extend their impact, and solidify their learning by presenting their work

AMCs must position themselves to lead society to achieve better population health at a cost that will be sustainable.

(Bitton A, et al. *The Harvard Medical School academic innovations collaborative: transforming primary care practice and education.* *Academic Medicine.* 89:1239-1244; 2014).

Exposure and Experience Needed to Alleviate Shortage of Geriatricians for Nursing Homes



A recent study asked nursing-home geriatricians why they chose the specialization of geriatrics, what they thought were the reasons medical students don't choose a career path in geriatrics, and what advice they had for medical students interested in geriatrics and working in nursing homes. Some of the data collected from geriatricians addressed the reason students choose or do not choose to be geriatricians, whether they wanted to work in nursing homes, and suggestions for medical students interested in the specialty and in working in nursing homes.

Among the reasons geriatricians chose their specialty was their personal background such as family relationships and the culture they experienced. Others said it was a growing field, while some referred to the challenges in the geriatric population. Among the reasons geriatrics was not attractive to current medical students was that it might be considered an unattractive area combined with relatively low reimbursement.

In addition, students often have not had quality contact with older people. Some geriatricians enjoyed working in nursing homes. They also said they enjoyed working with hundreds of nursing-home patients and are able to visit them many times to improve their patients' health. Others noted students regard nursing homes as a place to die and felt they could not make significant change in a patient's life.

The geriatricians recommended students receive formal education to gain skills and knowledge for taking care of older patients and follow mentors who would help medical students learn what it is like to take care of older adults. Geriatricians emphasized that family culture and student personalities lay the foundation that predisposes them to geriatric medicine even before medical school. A negative family culture, on the other hand, could be a deterrent to future medical students selecting the specialty.

In American health care, more geriatricians need to be trained to meet the clinical needs of the aging population and geriatrics research. There are still many medical schools that do not require geriatric training, resulting in physicians who are unfamiliar with nursing-home settings. Geriatricians strongly encourage students to work with a good mentor and become certified in geriatrics.

(Lee WC, Dooley KE, Ory KE, and Sumaya CV.

Meeting the geriatric workforce shortage for long-term care: opinions from the field. Gerontology & Geriatrics Education. 34 (4).pp 454-371; 2013).

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