

SHIM 2009
Breckenridge, Colorado
February 21 - 26, 2009

2009 SHIM Educational Program:
Assuring the Public that they have a Competent Caregiver

President Richard Allen, MD

Meeting Objectives

At the conclusion of this CME activity, physicians should be able to:

1. Describe new medical education paradigms.
2. Relate new medical education paradigms to improvement in patient care.
3. Discuss the impact of Maintenance of Certification on physicians' practice of medicine.
4. Project the future of medical education in the United States and globally.

Meeting Program

Sunday AM

February 22

8:00 - 11:00 am

Moderator: Richard Allen, MD *An Overview of the Program*

Speaker: David Leach, MD

Title: *From Qualified to Competent: A Look Back on the Competency Movement in Medical Education*

Objectives: At the end of this lecture participants will:

- 1) Have a clear understanding of the history of the competency movement in medical education;
- 2) Understand the Dreyfus Model of Skill Acquisition;
- 3) Understand the deeper dimensions of competency.

Synopsis: In September, 1997 the ACGME committed to the use of educational outcome measures as an accreditation tool. Two years later six general competencies had been identified and adopted by ACGME and its 26 Residency Review Committees and by ABMS and its 24 member boards. Assessment tools were developed and eventually a learning portfolio established and used as an interactive professional development tool. Lessons learned from this major national initiative include: 1) Competency is a habit; it is not enough to demonstrate that you can do something, rather the key question is what do you do on a daily basis; 2) Competency is more than knowledge and skill, it involves adapting to ambiguity and uncertainty, it involves fidelity to values as well as effectiveness; 3) Competency proceeds along a continuum from novice to master. This continuum is a very helpful organizing principle for individual growth; 4) It is best to work with rather than against human nature; 5) Context is important; 6) Three things are inextricably linked: the formation of health professionals, the quality of patient care; and the quality of system performance. These and other lessons will be reviewed in this 40 minute lecture followed by questions and answers.

Discussant: Roger Harms, MD

Sunday PM

February 22

4:00 – 6:00 pm

Moderator: Richard Allen, MD

Speaker: Darrell G. Kirch, MD

Title: *Rediscovering the Human in the Making of the Doctor*

Objectives: At the conclusion of this session, the participant will be able to:

- 1) Identify the discontinuities that have been constructed in the process of the education of a physician over a lifetime.
- 2) Understand emerging strategies for creating greater continuity in the process of lifelong enhancement of specific competencies in medical practice.
- 3) Conceptualize new approaches to physician education and assessment based on achieving the ultimate goal of patient-centered care.

Synopsis: Although nearly 100 years ago the Flexner Report served to restore medicine to its fundamental scientific foundation, and to link that foundation directly to supervised clinical learning, the resultant system of American medical education appears to suffer from several limitations. These include an emphasis on cognitive skills and the retention of factual knowledge, as well as a somewhat rigid progression of fixed testing “gateways” and isolated compartments of learning, all of which may inadvertently lessen the emphasis on more humanistic qualities in physicians. The net result is that, while medical educators speak of “the continuum of medical education,” the fact is that, in practice, the process of becoming a physician has a tendency to be relatively discontinuous and rigidly “one size fits all” in nature, rather than embracing human diversity in the individuals who pursue medicine. The discussion will focus on innovations, especially in the arena of premedical and undergraduate medical education, which are breaking this pattern and moving medical education toward a true continuum that is more adaptable to the needs of the diverse individuals becoming doctors. In particular, the identification and cultivation of humanistic qualities in future physician will be a focus of the session. Issues of premedical “requirements,” medical school admissions assessment, and humanistic experiences in the curriculum will receive particular attention.

Discussant: John Stobo, MD

Monday AM

February 23

8:00 – 11:00 am

Moderator: Peggy Shepard, MD

Speaker: David Leach, MD

Title: *Creating a Culture of Humanism: Reconnecting Soul and Role (PJP)*

Objectives: At the end this lecture the participants will:

- 1) Enjoy some poems;
- 2) Reflect on the role of context in the development of humanism; and
- 3) Describe interventions designed to humanize our educational environments.

Synopsis: Higher education has a side effect: it systematically diminishes the subjective in favor of the objective. The heart is thought of as a source of bias and unreliability, and yet, good physicians know that their work depends on truths revealed by the human heart as well as good science. Things like respect, altruism, practical wisdom, compassion are developed by learning how to harvest the truths of the heart using a disciplined approach. These skills are crucial to becoming an authentic professional. The professional’s journey is a journey to authenticity, and the professions claim to authenticity is dependent on recognizing and fostering authenticity in our practitioners and in those learning the profession. Interventions designed to help in this task will be reviewed and individual experiences will be shared during this 40 minute lecture followed by questions and answers.

Discussant: Rudi Ansbacher, MS, MD

Monday PM

February 23

4:00 – 6:00 pm

Moderator: Peggy Shepard, MD

Speaker: Darrell G. Kirch, MD

Title: *In Search of an Ethical Imperative*

Objectives: At the conclusion of this session, the participant will be able to:

- 1) Identify the core ethical principles that form the foundation of medical practice and, in turn, are the basis of professionalism for physicians.

- 2) Assess the degree to which providers and others behave in an ethical manner in the context of delivering health care in the current model existing in the United States.
- 3) Describe the ramifications of attaining better alignment between the behavior of physicians and these core ethical principles, and the potential corresponding impact on the continuum of medical education.

Synopsis: Most expositions on medical ethics identify a set of four core ethical principles undergirding the profession. These are beneficence, non-maleficence, autonomy, and justice. Case studies of medical ethical dilemmas typically involve an assessment of alternatives based on the degree to which they advance these core principles.

The personal dilemma faced by physicians in the United States turns on the fact that, despite their professed adherence to these ethical imperatives, they work in a system that is rife with contradictions and, in many cases, demonstrably violates one or more of these principles.

The session will focus on the tension which exists between core tenets of medical professionalism and a health system driven by market forces and which, among other paradoxes, leaves tens of millions of citizens vulnerable due to their lack of insurance. A particular focus will be on the tendency of physicians to reconcile this tension by focusing on the integrity of their interactions with individual patients, while assuming that larger societal injustices are the responsibility of other parties. The implications of this situation for the preservation of humanism in the profession will be discussed.

Discussant: Steven Ory, MD

Tuesday AM

February 24

8:00 – 11:00 am

Moderator: Linda Wahby, MD

Speaker: Murray Kopelow, MD

Title: *CME as a Bridge to Quality*

Objectives: At the conclusion of this session, the participant will be able to:

- 1) know how accredited CME as a Bridge to Quality supports the practice based learning of professionals

Synopsis: The construct of ACCME CME/CPD in the United States – which is based on a published model (Regnier, K, et al, JCEHP, 2005) places continuing education in the support of the continuing professional development of individual or groups of professionals. This model is integrated into the ACCME's accreditation requirements – which describes an educational journey – that starts with questions in practice and ends with the application of new strategies, in practice. It is a QI model. The motivations of the individual learners to make this journey are being enhanced through newer incentive-based programs such as the ABMS' Maintenance of Certification® Program and medical licensures' initiatives on maintenance of licensure and through the ACCME's accreditation requirements. This construct is evidence-based and derived from learning- and knowledge management theory. It supports practice-based life-long learning and improvement. Although accredited CME is only a portion of all the 'learning' events that professional participate in to maintain their abilities, but it is substantial. In 2007 there were about 11 million physician and about 6 million non physician registrants, over 160,000 'Activities' and over 1 million hours of engagement with learners. Revenue to CME surpassed \$2.5 Billion in 2007. Accredited CME was available to physicians and non physicians in all 50 states as well as Guam, Puerto Rico and the Virgin Islands. Activity formats included Courses, Regularly Scheduled Series, Internet (Live), Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, Internet (Enduring Materials), Other Enduring Materials, Learning from Teaching, Journal CME and Manuscript Review. Less than 20% of the physician participation reported by ACCME accredited providers is in 'courses.'

Discussant: Duncan Neilson, MD

Tuesday PM

February 24

4:00 – 6:00 pm

Moderator: Linda Wahby, MD

Speaker: M. Roy Schwarz, MD

Title: *Global Perspectives on Medical Education*

Objectives: At the conclusion of this session, the participant will be able to:

- 1) Appreciate the formation of the global village through the four forces of globalization
- 2) Understand the Global Minimum Essential Requirement (GMER) project and its' experimental implementation in China
- 3) Appreciate the implications of outcome oriented learning for the future of global medical education.

Synopsis: This speech will discuss the global village that is emerging through the four forces that are driving globalization of the world. These include a global economy, a global language, global communication system and a global transportation system.

This global village is crying out for global standards in all areas of human endeavor including medical education. One attempt at establishing such outcomes standards for the world is the Global Minimum Essential Requirement Project (GMER). This project defined the minimum core competencies that every person graduating from medical schools anywhere in the world must have, developed methods to test for these competencies, conducted a field test of the standards by examining for the competencies in the graduating classes of eight of China's best medical schools, set global performance stands for the exam for students and for individual medical schools and presented quantitative performance report cards to each student who took the exam, to each school whose students participated in the trial and to the Ministers of Health and Education of the PRC's government of the collective performance of all schools.

Implications of global, outcome oriented medical education will be discussed including a new "outcomes" world where outcomes become the constants of medical education and time and methods become the variables in the educational experience.

Discussant: Dennis K. Wentz, MD

Wednesday AM

February 25

8:00 – 11:00 am

Moderator: Michael Plante, MD

Speaker: Richert E. Quinn, MD

Title: *COPIC's 3Rs Program: an Early Intervention Designed to Resolve Unanticipated Outcomes While Enhancing the Patient/Physician Relationship*

Objectives: At the conclusion of this session, the participant will be able to:

- 1) Understand that transparency and honesty trump defensiveness and poor communication when there is an unanticipated medical outcome.
- 2) Appreciate how a malpractice carrier can help salvage the patient/physician relationship after patient injury.
- 3) Learn how many such patient injury situations can be resolved without attorney involvement and with satisfaction for all parties.

Synopsis: Most physicians and patients share the opinion that the traditional tort system is largely inefficient and ineffective in resolving medical injury. We will give some background for this statement and then discuss the genesis of an alternative early intervention program launched in 2000 by COPIC Insurance Company, a physician-run malpractice carrier domiciled in Colorado. We will share significant data from a large volume of cases and lessons learned about communication, expectations, and resolution of these matters. The program, called "3Rs", has attracted some attention from other insurers and a number of specialty societies. Satisfaction rates exceeding 95% have been achieved on both the provider and consumer side. Enhanced communication and apology, where appropriate, are coupled with reimbursement for uncovered expenses and loss of time when an unanticipated outcome occurs. This is done without any judgment as to negligence, with certain exclusions. We will discuss the necessary legal and regulatory environment, in our opinion, for such a program to be effective. We would be quite interested in the opinions of SHIM members about our approach.

Discussants: Jeff Sippel, MD

Mark Earnest, MD PhD

To follow: **Business Meeting**

Wednesday PM

February 25

4:00 – 6:00 pm

Moderator: Michael Plante, MD

Speakers: David Leach, MD
Rita Lee, MD
Richert Quinn, MD
M. Roy Schwarz, MD
Rachel Swigris, MD

Panel Title: *Looking at Outcomes and the Future of Medical Education*

Objectives: At the conclusion of this session, the participants will be able to assess outcomes and the future of medical practice.