

Practice makes perfect: Physician refresher/re-entry courses

A long-standing cardiologist on the medical staff hasn't been performing up to par. The chair of the cardiology department meets with the physician and explains which areas the medical staff's peer review committee has determined the physician needs to improve. What's next?

"It is different everywhere you go," says **Kathy Matzka, CPMSM, CPCS**, a medical staff consultant in Lebanon, IL. Many times, Matzka explains, the responsibility of finding appropriate resources for physicians who have been deemed deficient in certain areas falls to the medical staff office or to the physicians.

Refresher courses are one way medical staff offices can ensure physician competency. One such resource is the Drexel Medicine Physician Refresher/Re-Entry Course, which is designed for physicians who have left medicine and wish to return, physicians who want to change specialties, and physicians who simply need to brush up on their technical skills.

Nielufar Varjavand, assistant professor of medicine at Drexel University College of Medicine (DUCOM) in Philadelphia, says international physicians who have moved to the United States and need to learn the nuances of the healthcare system are also enrolling in the program.

Launched in 1968, the refresher/re-entry program was originally designed for women returning to medicine after leaving to start families, but program administrators soon learned that men and women leave their practices for a variety of reasons, including retirement, medical leave, and military service, and they need a systematic method to get back in the swing of things when they return.

"If you are a musician and you don't practice for a day, you notice the difference. After a week, your family members notice the difference. After a month, the audience notices the difference. The same goes for physicians," Varjavand says.

Getting started

Typically, physicians voluntarily attend the Drexel Medicine Physician Refresher/Re-Entry Course or they

are referred to the course by their state's medical board. Varjavand says medical staff offices are beginning to refer physicians as well.

Fatih Ramazanoglu, MD, a pediatrician who participated in the program, says the New Jersey medical board required him to attend a refresher course when he returned to the United States after practicing overseas for several years. "Also, when I applied for privileges at South Jersey Medical Center, I was told that it would be good to go through the program because it would make my application stronger," Ramazanoglu says.

Before starting the refresher/re-entry course, a participant takes a standardized exam to gauge his or her strengths and weaknesses. Then, each participant discusses what he or she wants to get out of the program with a program administrator. The program administrator then develops a specific curriculum to target the participant's needs.

Physicians who participate in the refresher/re-entry course may choose from one of two programs: the structured preceptorship or the medical update curriculum and assessment, Varjavand says.

Structured preceptorship

The structured preceptorship is an intensive course offered in six-week blocks. Participants may choose a full-time or part-time schedule in one of four subspecialties: internal medicine, pediatrics, OB/GYN, and surgery. Depending on the physician's needs, he or she might choose to participate in more than one block.

Regardless of which track a participant chooses, he or she follows a standard curriculum that includes didactics; inpatient rounds on the general medicine floors, ICU, or critical care unit; activities in outpatient clinics; regular one-on-one meetings with a preceptor; assessments; and practice assignments based on physician needs. These assignments are centered on interactive software programs designed to address physician-patient communication

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skills and clinical reasoning (You can find these programs at www.doc.com and www.DxR.com.) Although the curriculum is structured, the program is designed to be flexible enough to accommodate each physician's needs. Further, depending on those needs, his or her curriculum may also involve honing presentation, research, computer, and clinical skills. Throughout the course, during which participants cannot treat patients, participants meet daily with their assigned preceptor, who monitors the participant's performance and offers guidance.

"I was with the preceptor and the residents in the morning during rounds, and then I shadowed the preceptor as he put notes in the files for the patients. We had a chance to sit down and discuss patients and any questions I had," Ramazanoglu says.

Cynthia Johnson, assistant dean for continuing medical education (CME) at DUCOM, says each six-week preceptorship is the equivalent of a full-time job; participants start at 7 a.m. and finish at about 5 p.m.

Since DUCOM is accredited by the Accreditation Council for Continuing Medical Education, participants can earn Category 1 credit toward the AMA's Physician Recognition Award and American Osteopathic Association Category 2A credits, Johnson says. Participants in the structured preceptorship can earn up to 35 CME credits.

To gauge the effectiveness of the program, each participant retakes the standardized exam and evaluates standardized patients (trained actors who are assigned various symptoms) at the end of their preceptorship. The histories and physicals (H&P) written from those standardized patient experiences are then compared to the H&Ps the physician wrote at the start of the course.

When participants complete the program, Varjavand explains, program administrators provide them with a plan to stay up to date through a variety of resources, including scholarly journals. "There is ongoing teaching through the American Academy of Pediatrics, and that is what we recommended for one of our pediatricians who wasn't aware of that resource," she says.

According to <http://webcampus.drexelmed.edu/refresher>, tuition for the structured preceptorship is \$7,500.

Medical update curriculum and assessment

Participants may also choose the medical update curriculum and assessment, an online, didactic program launched this year containing about 115 modules for internal medicine physicians. Each module contains a lecture that participants can watch online, followed by assessment questions.

Participants have access to the medical update curriculum for one year and can earn about 88 CME credits, Johnson says. "We are updating this program constantly with new information and videos," she adds.

Varjavand says the medical update curriculum is a viable option for physicians who have taken only a brief hiatus from their practices or who simply need to brush up their medical knowledge. "They can do the course part-time and continue practicing," she says. Tuition for the medical update curriculum and assessment is approximately \$7,500.

Note: DUCOM is currently developing a third program, an online clinical skills curriculum and assessment, and tuition for that program is expected to cost about \$8,500. Tuition for physicians who wish to take all three tracks is approximately \$20,000.

Benefits for the community

Varjavand says a physician refresher/re-entry course, such as the one at DUCOM, can help the healthcare community in several ways. Such a course can:

► **Provide practitioners with appropriate and thorough training.** Varjavand says because accredited refresher courses aren't available everywhere, physicians who need to hone their technical skills sometimes try to build their own observerships in their communities. However, there are a lot of obstacles to overcome. For example, "Not everyone has a background in curriculum development and curriculum assessment," she says, and

that can prevent a practitioner from receiving the proper education.

In addition, not every hospital will have faculty members who are willing to dedicate the extra time to mentor another physician. DUCOM has trained a handful of faculty members to act as preceptors and compensates them for their efforts.

► **Help curtail the impending physician shortage.** Retired physicians might opt to return to practice to help meet their communities' healthcare needs, and a refresher course is a great way to update them on the most recent technologies and procedures, Varjavand says.

With the help of their state medical board, practicing physicians may switch specialties so they are able to provide care in areas where they are most needed, she adds. For example, if a particular state lacks primary care physicians, a pulmonologist in that state could brush up his or her primary care skills and begin practicing as a primary care physician, Varjavand says.

► **Provide returning or international physicians with a sense of confidence and security.** Returning to medicine after an extended period can be a frightening experience, Ramazanoglu says. "It requires courage to come back, especially if you have been away for years," he adds.

Practicing in another country can be just as daunting, because the practice of medicine in the United States is different from other countries, Ramazanoglu explains. "The program gave me a sense of security, encouragement, and support, and that helped," he says.

► **Help avoid malpractice lawsuits.** Physicians who participate in a refresher course might feel a greater sense of security practicing medicine after a hiatus, as the education they receive might help them prevent an adverse medical event.

"In the field of medicine, doctors are walking in a mine field with the legal implications. Therefore, this course provides protection against medical malpractice," Ramazanoglu says. ■

Helpful resources

Have a physician who needs to brush up his or her technical skills? Need to refer a physician looking to return to practice after an extended absence?

The following are several programs to help physicians get back in the game:

► **The American Academy of Family Physicians**

(AAFP): The AAFP offers a variety of clinical courses to keep doctors up to date, including Essentials of Musculoskeletal Care and Geriatric Medicine for the Family Physician. Self-studies, board review courses, and online continuing medical education (CME) credits are also available. Visit www.aafp.org/online/en/home/cme/aafpcourses/clinicalcourses.html.

► **The American College of Cardiologists (ACC):**

The ACC offers various courses covering cardiology-related competencies throughout the year. Visit www.acc.org/education/programs/programs.htm.

► **The American College of Obstetricians and Gynecologists (ACOG):** The ACOG offers nationwide live events, in addition to Webcasts covering topics from

ICD-9-CM coding to new surgical approaches to incontinence and prolapse. Visit www.acog.org/postgrad.

► **The Center for Personalized Education for Physicians (CPEP):** The CPEP's Clinical Practice Re-Entry Program helps physicians return to medical practice after an extended absence. Physicians first go through a clinical skills evaluation and then begin the practice-based learning and re-entry process. Visit www.cpepdoc.org/re-entry-program.cfm.

► **The St. Louis University School of Medicine:** The St. Louis University School of Medicine's CME program offers conferences and symposia; workshops; self-studies; internal activities, including grand rounds and departmental scientific meetings; and CD ROM, Internet, and Web-based activities. Visit <http://medschool.slu.edu/cme>.

► **The American College of Surgeons (ACS):** The ACS offers several CME courses for surgeons, including Surgeons as Leaders: From Operating Room to Board Room and Ultrasound for Surgeons: The Basic Course. Visit www.facs.org/meetings_events/cmeevents.html.