

# Educating a New Generation of Healthcare Professionals with a Lifelong Commitment to Quality of Care

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This is a time of evolution and some turmoil within continuing medical education. Physician continuing professional development is coming under increasing scrutiny by a number of regulatory authorities both within the profession and external to it. A number of areas are receiving especially focused attention. These include the need for continuing professional development to be based on demonstrated needs of the physician and to result in demonstrable positive outcomes. The increased empowerment of the consumer and heightened expectations about quality care and evidence-based practices are also an influencing factor.

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Increased physician accountability is expected to ensure positive outcomes. The influence of commercial entities on continuing professional development is closely monitored and scrutinized. Physicians and educators are challenged to successfully incorporate technology and electronic resources into healthcare and continuing education. Educators throughout the continuum of medical education are challenged to include training designed to augment the skills of learners in interacting effectively with patients.

Furthermore, new entrants into healthcare professions are being trained in paradigms that differ somewhat from the training received by those currently in practice. These new

methods emphasize the use of interdisciplinary teams in healthcare, evidence-based practice and best practices, quality improvement initiatives, and the use of medical informatics as a tool for healthcare performance improvement. These are recent developments that will substantially impact the care rendered by new providers entering practice. They may bring a set of skills that may not be entirely congruous with traditions of practice developed by more seasoned and experienced clinicians. One of the challenges for educators involved in continuing professional development will be the need to incorporate training in these newer methods into their offerings. Continuous learning and development are important, first and foremost, to improve the healthcare rendered to, and the health of, those patients we serve.

We must embrace a system of practice-based continuing professional development that encourages physicians to: extract data from their practice, understand how these data relate to evidence-based best practices, design a system for conscious evolution of medical practice that is relevant to the community of patients served, incorporate technology and interdisciplinary healthcare teams into the provision of patient care, and finally, to assess the outcome of appropriate interventions and changes in patient care. Physicians must be both supported in and rewarded for such practice-based, patient-centered, and community-focused educational and practice initiatives. In the near future, it seems likely that physicians will be responsible for accounting for more than just “seat time” at continuing medical education (CME) events as they demonstrate their commitment to the ongoing maintenance of certification and continued competence.

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We are fortunate in North Carolina to have a number of organizations committed to the education of our healthcare professionals. These include, but are certainly not limited to, the North Carolina Medical Society, various specialty and sub-specialty associations and societies, regulatory authorities, third-party payors, the academic health centers, and the North Carolina Area Health Education Centers (AHEC) Program. There are a large number of important initiatives, frequently involving collaborative efforts among these various organizations, currently underway. Many of these initiatives could impact medical practice in very fundamental ways. All of these initiatives require that physicians be skilled in the precepts of lifelong learning and committed to making changes in practice. Lifelong learning and continuing professional development must start with the physician being focused on enhancing the health of those we serve, and never end.

## When Does Lifelong Learning Begin?

All clinical professionals evolve in their depth of understanding and knowledge in their areas of expertise. Ideally, the evolution of a professional's learning would begin while a student and continue throughout his or her professional life. Medical educators at the four medical schools in North Carolina continue to modify and refocus programs in the areas of interdisciplinary practice, computer-based learning, and evidence-based standards of care.

### As examples:

- The Wake Forest University School of Medicine (WFUSM) provides a problem-based medical education. The medical curriculum is called the "Prescription for Excellence: A Physician's Pathway to Lifelong Learning." The curriculum initiates the learning process of the medical student by integrating the basic and clinical knowledge of medicine with current technology while building upon a foundation of ethical professional behaviors. The curriculum is organized to meet the five specific goals: (1) proficiency in self-directed learning and lifelong learning skills; (2) appropriate core biomedical science knowledge, clinical problem solving, and reasoning skills; (3) interviewing and communication skills; (4) information management skills; and (5) professional attitudes and behaviors. Across the five phases of their four-year curriculum WFUSM students study the basics of clinical sciences in an integrated fashion utilizing a variety of educational methods including small groups and problem-based learning. Community-based clinical experiences begin in the first year and focus on general population health. Issues of professionalism and humanism in medicine

are addressed longitudinally throughout the four years. Information technology is integrated with a laptop computer issued early on and a Personal Digital Assistant (PDA) provided during their clinical rotations.

Students are held accountable for embracing lifelong learning. The emphasis is upon the student gathering information and learning to think rather than simply memorizing factual information. The testing process also enhances the learning process with a focus on critical thinking skills rather than simply recalling factual knowledge. Thus far, the product of the Prescription for Excellence curriculum has been a well-rounded, generalist clinician who is prepared to embrace the evolving changes in medical practice with a focus on learning and self-assessment.

- The East Carolina University Division of Health Sciences, collaborating with Eastern AHEC, has a nationally renowned program for training new entrants into healthcare professions in the nuances of effective interdisciplinary practice. Students are challenged to develop and demonstrate the ability to work together as members of teams aimed at providing comprehensive, cost-effective, efficient, and compassionate care for patients with chronic medical conditions. They utilize the unique skills and knowledge of providers from a large variety of disciplines while simultaneously minimizing repetition, enhancing communication, and capitalizing on the synergy inherent in truly interdisciplinary care. Learners who participate in these programs have skills heretofore not taught in the educational programs in medicine.

- Medical and other health profession students at most, or all, of our universities in North Carolina are now required to utilize computers and electronic resources as an integral mechanism for learning. Real-time and "point-of-care" resources are being utilized by an increasing number of health professionals. It will not be long before physicians emerging from residency will be dependent upon electronic resources in the day-to-day provision of patient care. Many of these practitioners will also use electronic media as a primary learning tool. In our opinion, electronic media will never entirely supplant, nor should they, traditional face-to-face professional development. These events provide critical networking and socialization functions in addition to serving

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as many practitioners' preferred mechanism of learning. At the same time, these events need to be much more data-driven and tied to changes in practice by the participating physicians.

A project funded by The Duke Endowment is currently getting underway in Charlotte and Southern Regional AHECs, in collaboration with the North Carolina Child Health Improvement Initiative at the University of North Carolina at Chapel Hill, to improve asthma care among all pediatric and family medicine practices in those two regions. Ultimately, some 330 practices will be involved in the project. Participating practices will receive data on their practices, take part in learning collaboratives, and implement evidence-based practices to achieve better outcomes of care.

- The United States Medical Licensing Examination (USMLE) has recently incorporated a clinical skills test utilizing standardized patients. As of June 2005, all potential licensees within the United States will be required to take, as a part of the USMLE Step 2, an examination that challenges them to demonstrate an ability to interact effectively with a patient in the context of an authentic, realistic clinical encounter.

As evidenced by the American Board of Medical Specialties (ABMS) maintenance of certification initiative, certifying

boards are likely to expect practicing healthcare providers to demonstrate proficiency in some of these evolving skills to maintain their certification. It will take a sustained commitment among the many entities committed to improving patient health to effectively integrate new initiatives in continuing professional development. These organizations must work effectively and efficiently with physicians and other healthcare professionals to maximize the rational utilization of these new initiatives.

Equally important is the need for academic health centers, the North Carolina AHEC Program, Medical Review of North Carolina, third-party payers, and individual healthcare providers to accumulate and analyze data that will inform decision-making regarding the appropriate and effective utilization of emerging initiatives in healthcare and continuing professional development. While these critically important challenges are great, they are not insoluble. By capitalizing on the synergy of effective collaboration, we can meet these challenges and insure that the evolution in healthcare and continuing professional development results in improved health for those we serve. **NCMJ**

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## RESOURCES

- 1 Association of American Medical Colleges [www.aamc.org](http://www.aamc.org)
- 2 Accreditation Council for Continuing Medical Education [www.accme.org](http://www.accme.org)
- 3 American Board of Medical Specialties [www.abms.org](http://www.abms.org)
- 4 Accreditation Council for Graduate Medical Education [www.acgme.org](http://www.acgme.org)
- 5 Institute of Medicine, National Academies, Washington, DC. [www.iom.edu](http://www.iom.edu)

Information and Support  
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