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# Remediation in the U.S.A.: 2064

## **William A. Norcross, M.D.**

Clinical Professor of Family Medicine  
UC San Diego School of Medicine  
Director, UCSD Physician Assessment and  
Clinical Education (PACE) Program

# The PACE Participant

- Why me?
- Why now?

## Remediation...a thematic review. Hauer KE, et al. Acad Med 2009; 84: 1822-1832

- Undergraduate medical education: 7 studies
- Graduate medical education: 2 studies
- Physicians in practice: 4 studies, all Canadian
- World literature on remedial education five years ago: 13 studies
- The only studies on actual patients were the 4 on physicians in practice

# Remediation

- “The act or process of correcting a fault or deficiency.” ~ *The American Heritage Dictionary, 4<sup>th</sup> ed.*
- **Think about this:** When applied to medical education, remediation implies a reasonable knowledge or expectation of what level of competence or performance the learner should demonstrate

# Remediation

- The United States spends over one trillion dollars annually on healthcare, yet has not produced a single study of practicing physician remediation
- Why?

# Qualities of Remedial Education: Hauer, et al (2009)

- Initial assessment using multiple tools
- Diagnosis of problems; development of plan
- Provide instruction including deliberate practice, feedback, and reflection
- Reassessment and certification of competence

# Dr. S

- 59 year-old infectious disease specialist referred to PACE by his lawyer because of issues with chronic disease diagnosis and management
- Dr. S told us that he had been offered a job in an HIV Medicine clinic in California and would like to devote the remainder of his career to the care of HIV-infected patients



# Dr. S Assessment

- ABIM (1994); infectious diseases (2008); geriatric medicine (1995)
- H+P skills could have been more thorough
- He seemed to be in good health
- OCE in HIV Medicine: “good basic knowledge, but significant gaps”
- Chart creation: good
- NBME test performance: acceptable; did well on Mechanisms and fair on Internal Medicine Clinical Subject

# Dr. S Assessment

- Phase II: Five days in UCSD Owen Clinic (HIV Care)
- Phase II is both summative and formative- like all medical education
- “Dr S is a dedicated and competent physician.”

# Dr. S Remediation

- Better medical records: flow sheets, problem lists, medication records
- Routine use of POC apps/tools for drug interactions, clinical information (e.g., Epocrates, etc.)
- Access and learn from several web-based CME programs and medical journals in HIV Medicine
- Participate in Pacific AIDS Education and Training Center (AETC) through Owen Clinic

# Dr. S Remediation

- What else should be done for Dr. S?

# Dr. S Remediation: critiques

- Received knowledge, but did not appear to be observed to perform deliberate practice
- Was not reassessed, although he was certified to be “competent”
- The ideal remediation would have included assessment of performance in practice for some period of time

# Dr. L

- 52 year-old GP; medical license revoked in 2003 following pleading guilty to 3 counts of criminal sexual contact in the fourth degree (2003)
- Attempting to regain license; had been out of practice for 7 years
- Has been receiving psychotherapy and attended courses in professional boundaries and professionalism

# Dr. L Assessment (“very nervous”)

- One year of Ob-Gyn residency
- GP from 1985 to 2003
- Performed disorganized H+P
- OCE in general practice: good
- Chart creation: satisfactory
- NBME tests: low scores
- Phase II: generally good feedback; some knowledge gaps
- SP Encounters: some gaps in physical exam, clinical decision-making

# Dr. L Remediation

- Practice monitor: monthly visits and chart review
- Intensive medical study to improve knowledge in primary care: *Conn's Current Therapy*; Medscape; AAFP journals, meetings, and online resources
- Work on performing a thorough and organized history and physical examination: Practical Guide to Clinical Medicine:  
<http://meded.ucsd.edu/clinicalmed/rest.htm>



# Dr. L Remediation

- What else should be done for Dr. L ?

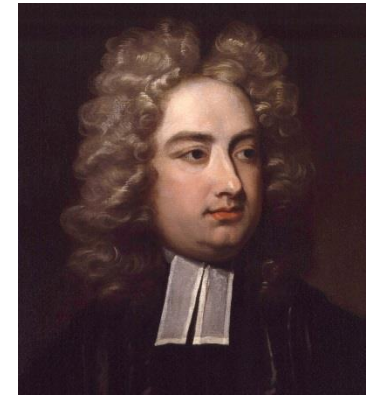
# Dr. L Remediation: Critique

- More deliberate practice, feedback, and reflection, especially in performing H+P
- He will be followed by a practice monitor, but we do not know the qualifications, expertise, or level of effort the monitor will put into this process
- Reassessment and “certification” of competence

# Dublin

- Oscar Wilde (1854)
- George Bernard Shaw (1856)
- William Butler Yeats (1865)
- James Joyce (1882)

# A Modest Proposal



- Institute a multimodal, multilevel assessment of clinical competence and performance for *all medical students, residents and physicians in practice*
- Of course, this proposal would be based on the assumption that we understand the specific expectations for clinical competence and performance for all these groups

# A Modest Proposal

- These assessments would be standardized, consistent, reproducible and individualized by both level of training and practice environment

# What a PACE doc once taught me

- Fast, cheap, good
- You can have two, but not all three

# Assessment tools (assess all core competencies)

- Self-assessment/survey intake data
- Chart review/chart-stimulated recall
- Health assessment
- Continuous measurement of specific clinical outcomes at the individual, team, and group levels
- 360° assessment (like PULSE)
- Off-site simulated patient exams
- Stealth patients
- Peer on-site monitoring and mentoring and assessment (like Medical Board of New South Wales)

# A Modest Proposal: 2064

- Powerful programs of assessment and remediation will exist at the level of the health system and they will share processes and data with each other, perhaps even at the international level
- Such programs will be populated with personnel from different backgrounds with specific training and qualifications to do this work



# A Modest Proposal: 2064

- Many U.S. medical and nursing schools will host fellowship programs in clinical assessment and remediation
- “Near” real-time feedback will be given and accepted at the level of the individual physician and team

# Remediation: 2064

- Peer assessors will be held in high esteem and include professionals from various backgrounds
- Technological advances will result in more realistic, and less expensive, simulation and robotics

# Remediation: 2064

- The American Tea Party will have held power in the United States for over 40 years, raising paranoia about individual and physician privacy issues, limiting the vigor of potential assessment opportunities
- Under-documentation will be gone, but over-documentation and general discrepancies between the medical record and actual clinical performance will remain an issue

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# Six Sigma

- Motorola 1986
- GE Jack Welch 1995
- Set of processes to improve quality, diminish variation, resulting in products that are 99.99966% perfect
- Usually applied to goods, but can be adapted to services, too

# DMAIC (Inspired by Deming)

- Define goals and objectives
- Measure clinical performance
- Analyze the system and processes; when defects or deficiencies found, discover root cause
- Improve the process (remediate)
- Control the improved process so the improvements “stick;” maintain quality upgrades; strive for perfection

# Remediation: 2064

- All physicians accept assessment and remediation as a natural part of medical practice and one of the highest callings of the profession
- Healthcare approaches perfection
- People live too long
- HMO's begin mailing free boxes of cigarettes to patients over 80
- Advent of the cyanide pie (2070)
- The *Today Show* debuts a daily segment recounting "cyanide pie parties" for all citizens reaching 115

# Questions?

