Medical Education Digest, Vol. 14 No. 6 (November/December 2012)

Nova Southeastern University

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NSUWorks Citation
University, Nova Southeastern, "Medical Education Digest, Vol. 14 No. 6 (November/December 2012)" (2012). Medical Education Digest. 54.
https://nsuworks.nova.edu/hpd_com_med/54

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Physicians Needed to Avoid Shortages in Care

Following Massachusetts as the states that had the most physicians per population were Maryland, New York, Connecticut, and Maine. Mississippi, which has the fewest physicians per population, was followed by Arkansas, Utah, Idaho, and Texas.

Generally, states with the lowest median income had the fewest physicians per capita, while those with the highest median income had the most physicians per capita. In addition, the states with the lowest physician-to-patient population typically had a shorter life expectancy compared to those with the higher physician-to-doctor ratio that had the longer life expectancy.

Medical schools and the government are trying to address the growing physician shortage. This includes attempts to expand enrollment and attempts to provide incentives to physicians who practice in underserved areas for designated time periods.

(Weigle S, Alexander EM, Sauter MB. Doctor shortage could take a turn for the worst. State Physician Workbook Data Book. Association of American Medical Colleges; October 24, 2012.)

Multiple Schools Affect MCAT Scores and Acceptance Rates

The Association of American Medical Colleges released the results of a recent analysis that indicated a lower mean MCAT exam score as well as lower acceptance for those applicants who attended multiple undergraduate schools.

The analysis also showed that the quality of the school applicants attended was more important than the number of institutions they attended.

Physician Challenges Medical Students to Make Change

Pedro Greer, Jr., M.D., founder of the Florida International University Herbert Wertheim College of Medicine in Miami, tried to convince medical students to “save the world.” Dr. Greer, a 1993 recipient of a MacArthur Foundation genius award as well as the 2009 Presidential Medal of Freedom, suggested to the students that they not wait for either Washington or the state capitol to make great change.

He provided as an example his efforts to start the Camillus Health Concern and St. John Bosco Clinic, which both assist Miami’s poor population. These efforts included a resistant City of Miami, which allowed the homeless to sleep on a broken sidewalk but not to walk across it to receive health care.

Dr. Greer, founder of the FIU Wertheim College of Medicine’s Department of Humanities, Health and Society, is responsible for developing a curriculum on the ethical foundations of medicine. In addition, he remarked that students need to take the lead in promoting ethics and values in health care.

(Group Prevents Future Doctors from Smoking)

A study conducted in Turkey at the Ankara University Medical School indicated that physicians are role models and should not smoke. The Turkish medical school found that about a quarter of its medical students smoked and that the rate was even higher (35 percent) in the final year of medical school.

The study said 60 percent of the smokers began using tobacco after they were admitted to medical school. Of the smokers, 44.4 percent stated they wanted to quit, with 28.6 percent asking for help to do so.

A cigarette fighting group that included students, academic staff, nurses, psychologists, and a social worker addressed non-smoking medical students in an attempt to reduce the rate of smoking by trying to convince them not to start.

For the whole group, smoking rates declined to 10.4 percent and by the sixth year to 8.8 percent.

(Humanities Offer Health Professionals Creative Midcareer Renewal)

Faculty members from Pennsylvania State University College of Medicine believe it is becoming clear that physicians and other health care professionals later in their careers are looking for ways to move beyond their traditional responsibilities to include other ideas and activities outside the discipline of medicine.

Between 30 and 40 percent of physicians experience burnout that affects professional and personal performance.

The investigators believe this restlessness and frustration could be mitigated through an innovative medical humanities curriculum. Both the medical school and the Milton S. Hershey Medical Center piloted a series of annual mini-courses open to faculty and staff members throughout the school.

The prototype for the mini-courses was the Penn State Hershey Physician Writers Group, which comprises physicians who expressed their interest in working on original, reflective, and creative writing that offered more meaningful integration of the science and art of medicine.

The group, which convened every other week for three months in the fall of 2009, explored writing personal reflection essays, imagist poetry and haiku, free verse poetry, sonnet or villanelle, flash fiction, and commentary on medicine in the arts. The objectives of the Physician Writers Group were

- to teach participants the finer details of a new discipline through experiential learning
- to provide an outlet for introspection and creative expression
- to create a safe space for open discussion of professional issues that have personal consequences
- to foster new skills that would enhance the physicians’ practice of medicine and job satisfaction
- to extend the professional community by writing high-quality literature worthy of publication in medical journals

(Meyers KR and George DR. Humanities mini-course curricula for midcareer health professionals at the Penn State Milton S. Hershey Medical Center. Academic Medicine. 87(8), 1132-1137; 2012.)
Students Express Multiple Opinions on Affordable Care Act

A study of 850 Minnesota medical students revealed that less than half understood the 2010 Affordable Care Act. The lead author, Tyler Winkleman, M.D., who is a resident at the University of Minnesota in Minneapolis, also worked with the Mayo Clinic in Minnesota so his online survey included 1,235 medical students. He also reported in the *Archives of Internal Medicine* that he had a 68 percent response.

The resident found 40 percent of respondents had no opinion about the law, stating that if students are not informed about health care policy then implementation may not be as successful as it could be. Of the about 47 percent of medical students who claimed they understood the law, 13 percent did not support it and 47 percent had no opinion; however, 69 percent felt that physicians were professionally obligated to help in its implementation.

Those students who indicated they were liberal were more likely to support the new law and those who understood it were also more likely to support it. The coauthor of *The Health Care Handbook*, Nathan Moore, a fourth-year Washington University medical student, remarked that medical students do not understand health care reform any more than they understand health care policy. Dr. Winkleman also recommended that medical schools expand their curriculum to include health care policy.

(Seaman AM. Med students lack knowledge of healthcare overhaul. Reuters Health Information; September 27, 2012.)

New Law Lifts Cap, Creates Residency Slots for Primary Care

The Resident Physician Shortage Reduction Act of 2012 would create 3,000 new residencies each year over a five-year period. The American Association of Colleges of Osteopathic Medicine (AACOM) endorsed this legislation, especially with its focus on primary care, which could comprise as many as 25 percent of the slots that would be created—some of which would be in general surgery.

Another part of the bill is the establishment of the National Healthcare Workforce Commission, which would study the physician workforce and identify specialty shortages. A study also is mandated under the comptroller general regarding strategies for diversity in the health care workforce as well as how to increase the number of health professionals in rural, underrepresented minority and lower-income communities.

The bill was introduced by U.S. Representative Joseph Crowley because of physician workforce shortages and the need to create 15,000 residency slots. It is essential that these residencies be created to provide medical school graduates with the ability to complete their education and enter community practice. This legislation would lift the outdated cap on the number of new physicians that can be trained.

(Fernando W. AACOM endorses legislation to increase number of GME slots. Press Release. American Association of Colleges of Osteopathic Medicine; September 28, 2012.)
ACGME Ranks Leading U.S. Physician Specialties

Of the almost 800,000 active physicians in the United States, 40.3 percent are 55 years of age or older. Almost 7 percent of practicing physicians are D.O.s, or a total of 55,269. In addition, there are more than 192,000 active physicians who are international medical graduates. It is interesting to note that almost half (47.9 percent) of physicians are practicing in the state where they completed their graduate medical education.

The specialty with the greatest proportion of osteopathic medical residents in Accreditation Council for Graduate Medical Education (ACGME) programs compared to those who are M.D.s is physical medicine and rehabilitation, which has 25.7 percent of all the filled positions (315 D.O.s vs. 1,226 M.D.s).

Family medicine/general practice programs rank second with 16.7 percent of the positions (1,606) in ACGME residencies held by D.O.s. Emergency medicine ranks third in the proportion of D.O. residents in ACGME programs with 11.9 percent of the total positions. ACGME programs with the smallest proportion of D.O.s are neurological surgery and otolaryngology, each having only 0.4 percent who are osteopathic physicians.


Northeastern Schools Revisit Primary Care

Harvard, Yale, Columbia, Johns Hopkins, and Cornell medical schools are revisiting family medicine because of the federal health law’s emphasis on primary care. Medical schools like Mount Sinai in New York had neither a department of family medicine nor staff family medicine physicians. The school, which ranked among the bottom 20 in producing primary care physicians, established a department of family medicine this past June and changed its mission.

The school’s dean stated that he wants Mount Sinai to be a leader in the education of primary care physicians. As a result, it established a network of 30 community clinics in New York called the Institute for Family Health. The newly named head of the institute, Neil Calman, believes the nation will go bankrupt if we continue to admit and readmit people to the hospital for conditions that could be prevented.

The government is offering bonuses to places that give patients better care for less money by upgrading primary care and managing chronic conditions so as to prevent hospitalizations.

(Gold J. The next frontier for elite med schools: primary care. National Public Radio; September 23, 2012.)

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Continuing Medical Education Credit Form

One (1) hour of continuing medical education credit may be obtained by reading the *Medical Education Digest* and completing the following evaluation that is being used to assess the reader’s understanding of the content. Please circle the answers you believe to be correct for all four questions located on this two-sided form. To acquire CME credit, physicians must mail, fax, or deliver the form (also available online at [http://medicine.nova.edu](http://medicine.nova.edu), including both the completed quiz and evaluation form by December 15, 2012 to: Office of Education, Planning, and Research, Nova Southeastern University College of Osteopathic Medicine, 3200 South University Drive, Fort Lauderdale, Florida 33328. Email: lspeiser@nova.edu; Fax: (954) 262-3536. Please complete and return the evaluation form attached on the reverse side by fax or email.

AOA or AMA No. ___________________________ Print Full Name ___________________________

The correct answers will be published in the next issue of the *Medical Education Digest*.

1. *Each of the following had the most physicians per population except:*
   a. Massachusetts
   b. New York
   c. Maine
   d. Texas
   e. Connecticut

2. *The Resident Physician Shortage Reduction Act of 2012 would:*
   a. Increase the number of medical students
   b. Provide loan forgiveness for medical residents
   c. Create additional residency slots in hospitals
   d. Provide a limited number of medical student scholarships
   e. Fund additional residency positions in shortage areas

3. *The specialty that has the greatest proportion of D.O.s in ACGME residencies is:*
   a. Physical Medicine and Rehabilitation
   b. Internal Medicine
   c. Family Medicine
   d. Emergency Medicine

4. *The percent of active physicians in the United States age 55 years and older is closest to:*
   a. 10 percent
   b. 20 percent
   c. 30 percent
   d. 40 percent
   e. 60 percent

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**Target Audience and Objectives**

The target audience includes physicians who have faculty appointments at a medical school or who train residents and fellows in hospital-based environments. It also is for non-physician faculty members who have the responsibility for teaching medical students and others who seek education in the continuum of medical education (e.g., residency, continuing education). Also, since residents are typically responsible during their training to train medical students, they too are part of the audience to which the *Medical Education Digest* is directed.

- To provide an overview from the world literature of medical education knowledge, concepts, and skills of contemporary, new, and innovative ways to facilitate learning among medical students, residents, and practicing physicians
- To identify sources of information regarding the medical education process
- To create curiosity among those responsible for the medical education process to read in depth some of those articles that are summarized in the *Medical Education Digest*. 

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Answers to the July/August 2012 CME questions: 1. (c) 2. (a) 3. (c) 4. (c)
In a continuing effort to fulfill your professional interests and to improve the educational quality of continuing education, please complete this form. Please darken bubble 

1) Your field / degree: MD DO/DOA #

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3) The contents of this issue will be useful in my practice.

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