



## Drexel Programs Smooth Path for Physicians Seeking Re-Entry to Clinical Practice

BY AMY ROTHMAN SCHONFELD, PhD

Addressing the needs of physicians wanting to return to clinical practice after extended periods of absence has been a long-standing priority at Drexel University College of Medicine (DUCOM). Part of Drexel's heritage is the Women's Medical College; back in the 1970s, programs were initiated by that institution, then the Medical College of Pennsylvania, to help women physicians who took time off for child-rearing return to practice.

In actuality, after putting in so much effort to become physicians, fewer women physicians than anticipated actually took time off, said Barbara Schindler, MD, Vice Dean for Educational and Academic Affairs at DUCOM. There remained, however, a growing call for physician re-entry programs (PREPs) to help other physician cohorts, including administrators seeking to return to clinical practice, specialists looking to change fields because of disability or change of heart, or clinicians whose skills may have become rusty after taking leaves due to illness, choice, or special circumstances (such as caring for an elderly parent). Increasing demand has also come from foreign medical school graduates wishing to learn more about the American medical system. "Our programs are a way of bringing more people back into the practice of medicine and also addressing physician shortages," said Dr. Schindler, who had a long-standing relationship with the re-entry program when it was sponsored by the Medical College of Pennsylvania.

Referrals also come from state medical boards or hospital credentialing committees if a physician is found to be deficient in interpersonal or clinical skills. "Physicians who are cited for practice deficiencies have limited places to go for academic remediation. We give them that opportunity," said Dr. Schindler.

### A National Trend

At the 2008 American Medical Association

Annual Meeting, the Council on Medical Education issued Report 6, which gave high priority to the issue of physician re-entry. It states, "Physician re-entry into clinical practice is fast becoming an issue of central importance. While few empirical studies on this issue have been conducted, existing data show that increasing numbers of physicians are taking a leave of absence from practice at some point during their careers and this trend is expected to continue" ([www.ama-assn.org/ama1/pub/upload/mm/15/cme6a04.doc](http://www.ama-assn.org/ama1/pub/upload/mm/15/cme6a04.doc)). A call for further study of the issue was joined by specialty societies, the Accreditation Council on Graduate Medical Education (ACGME), the American Board of Medical Specialties, and the Federation of State Medical Boards.

The report said that between 2003 and 2004, 94 physicians in North Carolina moved from inactive to active in-state practice, and 47 physicians moved from retired to active in-state practice. In Arizona, 4.6% ( $n = 604$ ) of 13,215 licensed physicians re-entered clinical practice between 2003 and 2006.

The report targeted a number of barriers that make it difficult or prohibitive for physicians seeking re-entry. The lack of access to PREP programs was identified as a signifi-

cant barrier. This reflects the scarcity of PREP programs, lack of a comprehensive database of programs, associated costs, medical liability concerns, and time pressures.

The report also listed a set of Guiding Principles for a PREP system. Table 1 lists these principles. The report stresses that the Guiding Principles were created on the assumption that physicians do not necessarily lose competence in all areas of practice with time, and thus PREP programs should be individualized to address specific deficiencies.

In creating their report, the AMA acknowledged that they drew from the groundbreaking work of the American Academy of Pediatrics (AAP) Physician Re-entry into the Workforce Project ([www.aap.org/re-entry](http://www.aap.org/re-entry)). This project includes the establishment of four different workgroups (Assessment and Evaluation; Education; Credentialing, Licensure, and Maintenance of Certification; and Workforce). A joint AMA/AAP conference on physician re-entry issues is planned for September.

### Drexel's PREP Program Follows the Guiding Principles

In the late 1990s, DUCOM decided to revitalize its physician re-entry program, drawing

### Table 1. Ten Suggested Guiding Principles for a PREP System

The PREP system should be:

1. **Accessible:** by geography, time and cost
2. **Collaborative:** to improve communication and resource sharing
3. **Comprehensive:** to maximize program utility
4. **Ethical:** based on accepted principles of medical ethics
5. **Flexible:** in structure in order to maximize program relevancy and usefulness
6. **Modular:** to be individualized
7. **Innovative:** to allow programs to offer state-of-the-art learning and meet the diverse and changing needs of re-entry physicians
8. **Accountable:** to have mechanisms for assessment and evaluation
9. **Stable:** with a financially stable funding scheme
10. **Responsive:** able to make refinements, updates, and other changes when necessary

Source: AMA Council on Medical Education Report 6

on new technologies, many of which were first devised at the school. Nielufar Varjavand, MD, became Program Director at DUCOM in 2006. Although she is not a pediatrician, Dr. Varjavand was invited to be one of the co-chairs of the AAP task force on re-entry issues. "This program fulfills a tremendous need. I get five to 10 calls a day. Some stories are so sad. I hear of physicians working in bookstores and construction sites," Dr. Varjavand said.

The Drexel Medicine® Physician Refresher/Re-entry Course consists of three modules. The first module, launched in 2006, is a structured preceptorship available in six-week block rotations. Students often enroll for more than one rotation. Participants work in teams or clinics, alongside DUCOM interns, residents, and fellows. During the preceptorship, conducted on-site at DUCOM, participants attend patient rounds, present cases, and learn current US medical practices. They are given the opportunity to attend grand rounds, conferences, and lectures alongside DUCOM students and hospital staff. They are also given access to DUCOM's extensive library resources, as well as on-line lessons in clinical reasoning and medical communication.

The program is designed to have the student "build a portfolio of accomplishments which documents activities completed and performance evaluations by faculty." By completion, a detailed record of the number of rotations, histories and physicals, presentations, examinations, and performance evaluations performed by the student is available.

One of the Guiding Principles is that a PREP program must be accountable, and mechanisms for periodic evaluation and feedback are built into the Refresher/Re-entry Program. Each participant is assigned a faculty preceptor who is expected to provide regular feedback. The program is small enough so that the director oversees each student's progress and assists when any barriers arise.

Students are evaluated for their history-taking and physical exam skills at the beginning and end of the preceptorship. Virtual (online) patients and standardized patients provide further opportunities for participants to practice their patient care skills.

The program can be individualized so that participants can choose a particular team—such as obstetrics/gynecology,



*Dr. Nielufar Varjavand, Program Director, and Cynthia Johnson of the DUCOM Office of Continuing Medical Education work on the Physician Refresher/Re-entry Course.*

pediatrics, or surgery—to work with based on their interests and needs or to suit a participant's work schedule.

Fatih Ramazanoglu, MD, a pediatrician from New Jersey, spent some time overseas and was asked by his state medical review board to take a refresher course before activating his license in New Jersey. He said that the course was flexible enough for him to be able to arrange to spend time in the pediatric intensive care unit and some specialty pediatric clinics. Completing the course satisfied the medical board, and he subsequently received admitting privileges at a local hospital. "If you are not in medical practice for a long time, it makes you a little uneasy to come back again. I think this course is a good remedy for that," he said.

Jonathan Levi, MD, a cardiologist from Michigan with a solo outpatient cardiology practice, wants to expand his practice to include inpatients. He believes that going through the preceptorship will have a major impact on his career. "I am currently not doing any inpatient medicine and I would like to resume," he said. "It is something of a problem, because hospitals want some kind of assurance that I can practice inpatient medicine. I am hoping that by assuring hospitals that I have had a lot of very intensive contact with inpatient medicine recently, it will bolster my case."

### Additional Modules

An innovative second module, the Medical Update Curriculum and Assessment, was launched in July 2008. This is an online learning curriculum that provides up-to-date medical information needed for clinical practice in areas of general internal medicine and subspecialties. Each lesson includes pre- and post-assessments. As a distance-learning tool, it allows this module to be accessible globally and around the clock, and relieves participants from the necessity of traveling to a specific learning site. Participants are given one year to complete this module.

The third module is still under construction. This is also a distance-learning program, but focuses on honing clinical skills using standardized patients. It includes individualized assessment and enhancement of skills in communication, history taking, physical exams, clinical reasoning, and patient management.

This module will utilize at least some material already developed for doc.com, a Web site created by educators at DUCOM in association with the American Academy of Communication in Healthcare (<http://webcampus.drexelmed.edu/doc.com>; a 15-day free subscription is available). Doc.com provides 42 "very exciting and very elegant" modules in patient communication, explained Dr. Schindler. It serves as an on-line textbook in communication for about 30 medical schools, including those at Stanford, Yale, and Johns Hopkins.

Lessons utilize text, media vignettes, and annotated videos. By watching physician

encounters with standardized patients, learners are able to “role model best practices” in communication skills. The videos can be interrupted, and the learner can “hear” the rationale behind what the physician is saying at different points throughout the interview.

The basic principles emphasized are that:

- ❖ Effective communication requires a set of core skills that underlie every aspect of clinical care.
- ❖ Better communication skills produce better health care outcomes.
- ❖ Communication skills can be taught, learned, maintained, and enhanced.
- ❖ In order to improve communication skills, students must be motivated, self-aware, and have a specific focus.

Some topics include Building the Relationship; Understanding the Patient’s Perspective; Responding to Strong Emotions; and Nonverbal Communication. Other modules are designed to help physicians manage specific situations, such as dealing with adolescents, substance abuse, and domestic violence.

These are important skills for all physicians, but they can be particularly useful for physicians who have encountered problems because of poor interpersonal skills or for

foreign graduates who may not be acclimated to American cultural norms.

#### Future Trends

Costs of the program range between \$7500 and \$8500 per module. The on-site program also involves transportation and housing expenses. Despite the expense, “the number of applicants we get is growing exponentially,” said Dr. Schindler. “As the program becomes known, we are getting more and more referrals.”

This growth is seen despite relatively modest advertising beyond its Web presence. Mailings are sent to state medical boards and past participants in Drexel University CME programs. Sometimes the program is exhibited at medical conferences. “We’ve even gone into blogs catering to foreign medical graduates,” said Cynthia Johnson, who handles the administrative details as part



Course participant Dr. Jonathan Levi discusses his program with Cynthia Johnson.

of the Office of CME at DUCOM.

“The program is self-funded,” said Dr. Schindler. In the future, I see that our ‘portable curriculum’ has an international market potential.” ❖