



OHSU Interinstitutional Reentry Program

Putting Theory into Practice

Elizabeth A Bower, MD, MPH
Assistant Professor, Department of Medicine
Assistant Dean, Continuing Medical Education

Objectives

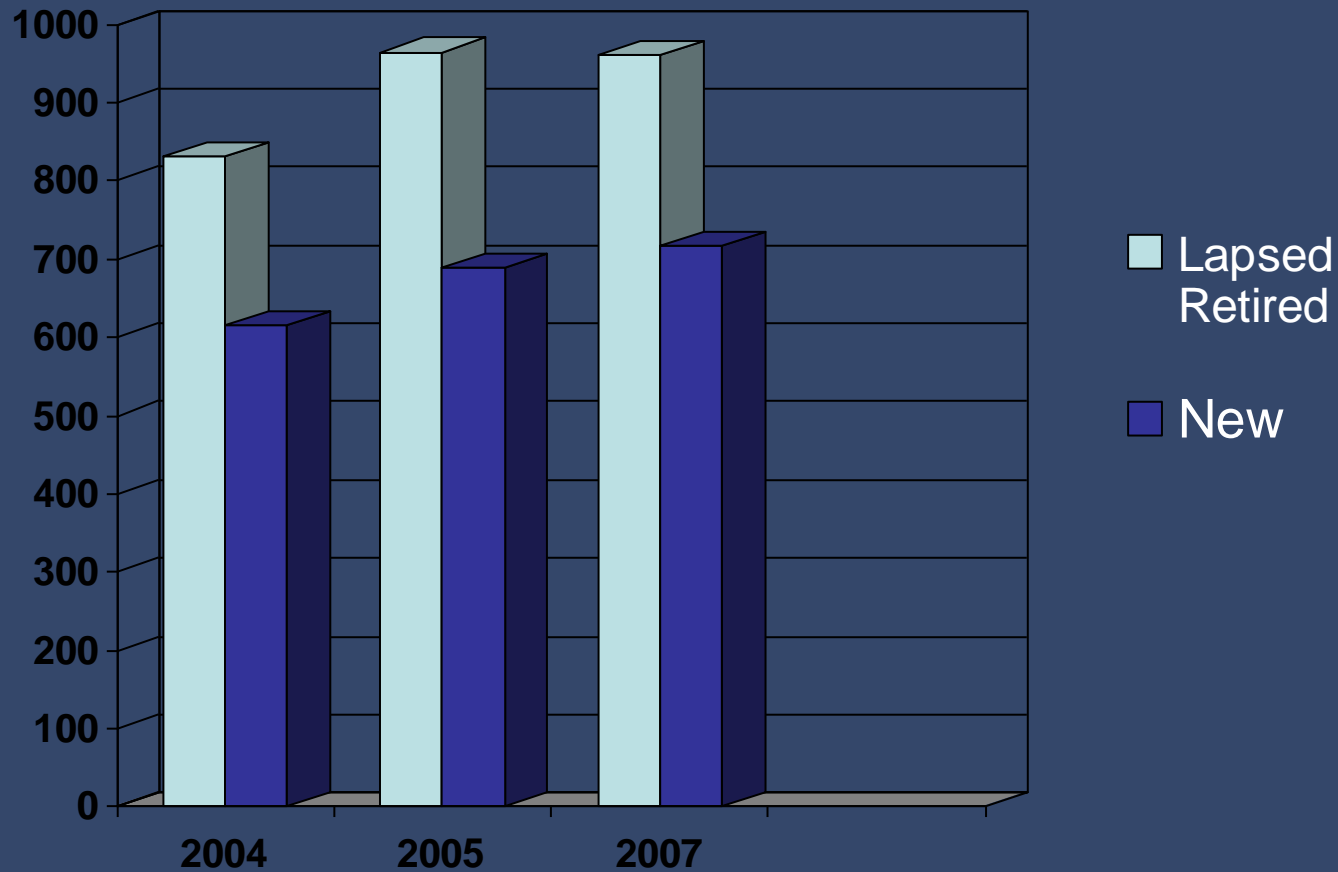
- Review the origins of the OHSU Reentry Program
- Describe the current OHSU program
- Review results of the OHSU program
- Describe the unique attributes of OHSU's reentry program

Help Wanted: More U.S. Doctors
*Projections Indicate America Will
Face Shortage of M.D.s by 2020*



Association of
American Medical Colleges

Oregon Data



Will bylaws' clash change physicians' admitting privileges?

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"There is just no way to vouch for somebody's competence without observing them deliver care," said Dr. Whitcomb.

"Physicians who sit on credentialing committees have the responsibility to continue to renew physicians' privileges on observed skills—or skills and competencies observed by a reliable intermediary."

Guiding Principles

- Designed to prepare eligible physicians to re-enter the workforce
- Individualized, intensive learning experience
- Immersion in clinical activity
- Structured and supervised learning environment
- Focused on identified goals

Target Audience

- Physicians in good standing
 - No disciplinary restriction/action
 - No major malpractice issues
- Returning to the professional activity/clinical practice for which they have been trained, certified, or licensed
- After a period of (extended) absence from clinical practice

Process

- Initial contact and screening
- Application/Admissions committee
- Needs assessment
- Determine curriculum and cost
- Status at the university
- Evaluation

Initial contact and screening

- Candidates referred to the program by:
 - Hospital credentials committee
 - Oregon Board of Medical Examiners
 - Self referral
- Initial discussion with Assistant Dean CME
 - Review goals, background, credentials
 - Determine eligibility

Application and Admissions Committee

- Application submitted with administrative fee
- Selective admissions process
- Reviewed by admissions committee comprised of faculty from OHSU and partner institutions

Assessment

- Admissions committee and program director determine appropriate assessment
- Standardized examinations, simulated patients and/or procedures, and/or observed clinical encounters
- Curriculum and preliminary length of training are proposed

Curriculum Planning

- Learner and program director design a customized program based on the learner's needs including: goals and objectives, curriculum, duration of training, expected outcomes, and cost
- Curriculum and cost are approved by the admissions committee and contract is signed

Status

- Applicants who are accepted are assigned “special fellow” status
- They are covered by the same restricted institutional license and liability coverage as other OHSU trainees
- Special fellows are not a part of the GME program’s ACGME-approved complement

Curriculum

- Residency model of training is used
- Curriculum begins at a basic point and responsibility progresses as the learner demonstrates competency
- Reentry trainees work with the same faculty as residents and fellows

Feedback and evaluation

- Feedback provided regularly throughout the training process
- Trainee meets with Asst Dean of CME monthly
- Written evaluation provided at conclusion of program

Cost

- Varies with type and duration of training
- Range has been \$1000 to \$2200 per 1.0 FTE per week

Case Study

- 59 year old general surgeon from Hawaii
- Suffered traumatic injury to lower extremity complicated by compartment syndrome
- Out of practice for 9 years
- Has now fully recovered from injury
- Would like to return to practice

Case Study

- Has not been active in CME x years
- No active medical license
- Life time certification in general surgery

Case Study

- Initial assessment
 - Surgery in-service exam
 - Simulation lab
 - Participation in grand rounds and M&M
 - Interviewed by multiple surgical faculty

Case Study

- Four senior surgeons identified as mentors
- One week blocks with scheduled time for independent reading and study of cases encountered during clinical blocks
- Tuition only during the blocks of study at our facility

Case Study

- Formal evaluation at six weeks (written, oral, and technical skills examination) to determine:
 - Readiness to assume the independent practice of surgery
 - Need for further study
 - Whether long interval without practice to presents an insurmountable barrier to resuming active practice

Case Study

- Round with the surgical team and participate as a full functioning member in rounding and clinical assessments
- Scrub on cases as the teaching faculty member with the residents performing the operations and the senior faculty member on hand to supervise and evaluate performance

Results

- Reviewed 30 applications from 5 states
- 5 applications currently in review
- All accepted were physicians in good standing whose licenses or hospital privileges had lapsed
- Most common reasons were illness or investment in family

Results

- 11 individuals accepted (3 in training)
- Age ranged from 33 to 65 years
- All 11 in primary care specialties (4 OB/GYN, 2 PED, 1 IM, 3 FM, 1 Gen Surg)
- Time range of training 2 to 3 months

Results

- All 8 completed training successfully and received medical license and or practice privileges
- 6 of 8 graduates are women
- All 8 currently practicing
- 5 of 8 practice in non-urban areas

Program evaluation

- Exit interviews with trainee and faculty
- Long term f/u
 - Phone survey of reentry program graduates
 - Written survey of employers

Unique Features

- Centralized in the School of Medicine
- Combined CME/GME model
 - Educational model
 - Liability coverage
 - License
 - GMEC approval

Unique Features

- Individualized curriculum
- Experienced faculty
- Hands-on learning (not an observer-ship)
- High success rate at getting learners back into practice

For further information, please contact:

Elizabeth A Bower, MD, MPH

Director, OHSU Interinstitutional Physician
Reentry Program

Oregon Health & Science University

3181 SW Sam Jackson Park Road, L602

Portland, OR 97239

503-494-6552

bowerb@ohsu.edu