The Challenges of Providing Continuing Medical Education at a Non-Teaching Community Hospital

Corresponding Author:
Dr. Henry Tulgan,
DME/CQO, Wing Memorial Hospital and Medical Centers, 40 Wright Street, 01069 - United States of America

Submitting Author:
Dr. Henry Tulgan,
DME/CQO, Wing Memorial Hospital and Medical Centers, 40 Wright Street, 01069 - United States of America

Article ID: WMC002005
Article Type: My opinion
Submitted on: 05-Jul-2011, 05:36:56 PM GMT Published on: 06-Jul-2011, 07:48:23 PM GMT
Article URL: http://www.webmedcentral.com/article_view/2005
Subject Categories: MEDICAL EDUCATION
Keywords: CME, Community Hospital, ACCME, MMS, MOL, Better Community Health

How to cite the article: Tulgan H. The Challenges of Providing Continuing Medical Education at a Non-Teaching Community Hospital. WebmedCentral MEDICAL EDUCATION 2011;2(7):WMC002005

Source(s) of Funding:
No outside funding sources

Competing Interests:
None
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Author(s): Tulgan H

My opinion

A necessary step leading to improvements in the health of individuals, communities and populations is the recognition of the critical role of Continuing Medical Education (CME) for practicing physicians. CME, a lifetime commitment, rightfully has taken its place as a full time partner with undergraduate and graduate medical education. A pressing issue at this time is to respond to the need for and implementation of accredited programs for physicians with busy practice schedules in non-teaching community hospitals. Shrinking resources have caused a number of these small institutions to cease their roles as accredited CME providers to the detriment of their staff members. However, recognition of the preservation of CME for its staff because of increasing emphasis in maintenance of certification and maintenance of licensure has led the leadership of WMHMC to take the opposite position. This will facilitate regular learning internally obviating the necessity for travel to academic centers, dependency on distance learning formats while allowing needed person to person interchange.

WMHMC is a 71 bed hospital based in Palmer, MA with 4 additional regional practice sites. 68 dedicated physicians consider it their primary affiliation. Although there is a fiscal relationship with the University of Massachusetts Memorial Health Center (UMMHC), the institution is not one of its medical school’s designated teaching affiliates. Nevertheless, at WMHMC, the continued provision of CME for the staff and other health care providers is recognized as a vital component of its mission. It is also one means of reducing a potential source of stress for its practitioners. WMHMC maintains its CME program in full accord with the definition of CME by the Accreditation Council for Continuing Medical Education (ACCCME). The definition includes identification, development and promotion for physician maintenance, competence and incorporation of new knowledge to improve quality care for patients and their communities. (1) This definition serves the needs of the staff of WMHMC and contributes to the care of its patient population. In addition to those members of WMHMC’s medical staff who dedicate time and effort to providing teaching for their peers, the existing fiscal relationship with UMMHC and its geographic closeness allows for excellent guest faculty, supplemented at times by additional invitees. Activities are developed to fulfill the highest level of AMA Category 1 CME. In recognition of the quality of its program, WMHMC received full accreditation as a state accredited provider of CME by the Committee on Accreditation Review of the Massachusetts Medical Society at its last site survey in 2008. Activities strive to provide quality education towards both maintenance of certification for the components of the American Board of Medical Specialties and for maintenance of licensure in the Commonwealth of Massachusetts which includes hourly requirements for Risk Management activities by its Board of Registration in Medicine (BRM) that are addressed. Not only has WMHMC continued to maintain its regularly accredited activities, in the past 12 months it has greatly expanded the numbers of them. They all fulfill identified specific practice gaps in accord with the 2006 ACCME criterion based system (2) and utilize the core competencies of the Accreditation Council for Graduate Medical Education (ACGME). (3). Physician staff satisfaction measured by attendance, activity evaluation and a yearly survey is overwhelmingly positive. Furthermore, having accredited CME at WMHMC has been a positive recruitment tool in a shrinking pool of available physicians.

Community physicians have mandated requirements for CME which at least in part can be successfully implemented in non-teaching practice locales at a time when there is decreased funding, projections of fewer physicians with fewer hours for them to seek CME opportunities requiring time away from busy practices. Physicians and parenthetically affiliated health care professionals are deeply appreciative of opportunities to receive significant portions of their CME internally. The ultimate outcome is projected to be better health in the communities served by a staff that receives a portion of its education largely directed to its specific gaps. Measurements of quality improvement will serve to validate the impact of the educational activities as will state and national public health data over time.
References

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