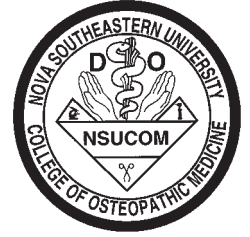


Medical Education Digest



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Physicians Needed to Avoid Shortages in Care



The Association of American Medical Colleges predicts a shortage of 90,000 physicians by 2020. This phenomenon is a result of the aging of the baby boomer generation, the anticipated one third of doctors planning to retire this decade, and the enactment of the Affordable Health Care Act.

Each of the states was assessed to determine the ratio of patient care physicians to the population. The state with the lowest number of physicians per 100,000 citizens was Mississippi; Massachusetts had the highest ratio. This was significant because states with the most physicians per capita tended to be healthier.

For example, of the top 10 states in physicians per population, 9 were in the top 10 for lifespan. Similarly, all but 2 of the bottom 10 had shorter life expectancies. Attempts to address this issue include expansion of medical school enrollment and incentives by states for physicians to practice in underserved areas.

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.

(Analysis in brief: The relationship among undergraduate educational pathways, MCAT, exam scores, and acceptance rates for U.S. medical school applicants. Association of American Medical Colleges. September 2012.)

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.

(Robeznieka A. Doc urges students, educators to lead change, “save the world.” Modern Healthcare.com; October 7, 2012.)

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.

(Nelson R. Preventing future doctors from smoking: a success story. www.medscape.com; October 3, 2012.)

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.

(Center for Workforce Studies. 2012 Physician Specialty Data Book. Characteristics of active physicians in the United States Association of American Medical Colleges; 2012.)

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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