CME INFORMATION

THE JOURNAL OF FAMILY PRACTICE CURRENT CLINICAL PRACTICE

Overview

The aim of *Current Clinical Practice* is to publish articles on quality and performance improvement, defining the methodology used to develop performance measures, outlining the evidence base identifying the organizations engaged in the improvement of health care, and describing the tools that can enable improvement. Topics in this issue focus on: insights from The Society of Thoracic Surgeons into quality improvements that can be achieved through practice feedback; an overview of the hospitalist model and how it can benefit primary care clinicians and their patients; insights from the dean of a nascent medical school about what will be required to train new physicians to practice the medicine of the future.

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Learning Objectives

After completing this activity, clinicians should be better able to:

- Describe the value of national databases in monitoring quality of care and patient outcomes against national benchmarks.
- Explain how databases can be used to compare risk models for clinical and surgical procedures with actual patient outcomes and mortality.
- Discuss the growth of the hospitalist movement in terms of its effect on primary care medicine.
- Summarize the benefits of the hospitalist model and enumerate some of the remaining issues in the interface between hospitalists and primary care clinicians.
- Explain some of the internal and external forces that influence how medicine is practiced today and how they will play a role in the medical practice of the future.
- Enumerate qualities and skills that will be required on future medical school graduates that will enable them to practice medicine in a changed system.

Target Audience

Family practice physicians and internal medicine specialists.

CME Accreditation

The University of Cincinnati designates this educational activity for a maximum of *2.0 AMA PRA Category 1 credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. This CME activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of the University of Cincinnati College of Medicine. The University of Cincinnati College of Medicine is accredited by the ACCME to provide continuing medical education for physicians. There is no fee associated with this activity.

Financial disclosures and conflicts of interest

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The faculty has reported the following: Drs Fred H. Edwards, Laurence Wellikson, and Lawrence Smith report no financial relationships or conflict of interest with any company whose products are mentioned in this activity, or with the manufacturers of competing products.

Planning Committee: Kay Weigand, University of Cincinnati; Editor-in-chief Bernard Rosof, MD, Charles Williams, and Kristen Georgi, Dowden Health Media, have disclosed no relevant financial relationships with any commercial interests.

No off-label drugs or devices are discussed.

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CME REGISTRATION FORM (please print)

Participants who answer 70% or more of the questions correctly will obtain credit. Please indicate the total time you spent on the educational activity.

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SIGNATURE (I verify that I have completed this CME activity.)

Actual time spent on the activity: Hours _______ Minutes _______

CME PROGRAM EVALUATION FORM

Please circle the letter that best reflects your agreement with the statements below, using the following scale:

A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Does not apply

1. The activity objectives were fully met. A B C D E
2. The quality of the educational process (method of presentation and information provided) was satisfactory and appropriate. A B C D E
3. The educational activity has enhanced my professional effectiveness and improved my ability to:
   a. Treat/manage patients A B C D E
   b. Communicate with patients A B C D E
   c. Manage my medical practice A B C D E
4. The information presented was without promotional or commercial bias. A B C D E
5. The program level was appropriate for the intended audience. A B C D E
6. I intend to change my clinical practice as a result of the information presented in this CME program. A B C D E
7. Suggestions regarding this material or recommendations for future presentations:

CME POSTTEST

This test draws questions from 3 articles in the October 2008 *Current Clinical Practice* supplement to *The Journal of Family Practice*. The articles identified in this posttest are presented in the order in which they are mentioned on the cover and in the table of contents. You must be a family practice physician or internist to receive CME credit. A score of 70% or higher is required to receive a CME certificate.

Select the single letter response that best answers the question or completes the sentence.

How one medical specialty society's use of measures and reporting dramatically improved patient care (p. S6)

In The Society for Thoracic Surgeons' database, risk models

a. Compare "apples to apples" by stratifying patient records into subsets with similar operative risk
b. Are peer reviewed and therefore do not require review for statistical accuracy
c. Allow comparisons only within a narrow geographic area

The ability to analyze data about unintended consequences of surgery is due to

a. Restrictions on the age of patients included in the database
b. Selection of only the highest- and lowest-performing hospitals
c. Having a database that contains in excess of 3 million patient records

In coronary artery bypass grafting, the use of the internal mammary artery in patients ≥75 years of age

a. Devascularizes the sternum
b. Traumatizes the phrenic nerve and interferes with breathing
c. Is a procedure that has been shown through use of the database to be linked with unwarranted concerns

The hospitalist model: How it benefits you and your patients (p. S10)

Primary care physicians (PCPs) initially expressed all of the following concerns about the hospitalist model EXCEPT

a. Loss of income if they did not provide inpatient care
b. A preponderance of hospitalists serving too few patients
c. A decline in patient satisfaction

In the hospitalist model, which of the following is routinely the responsibility of the PCP?

a. Completing and signing the admission form
b. Providing information about the patient's known medical history, medications, and pain threshold
c. Meeting in person with the hospitalist within 12 hours of admission of a patient

Remaining concerns to be worked out in the hospitalist model regarding patient discharge include all of the following EXCEPT

a. The delivery of inpatient test results postdischarge
b. Complete medication reconciliation upon discharge
c. The reluctance of the hospitalist to return patients to the care of the PCP

The future of medical training: Back to basics in a new world (p. S14)

Which of the following is NOT listed as a force that is shifting the perception of what it means to be a doctor?

a. The interest of medical organizations and specialty societies
b. Policies of the payers of health care
c. A disproportionate number of elderly in the population

The traditional hands-on apprenticeship model of medical training

a. Is a high-risk model that is dated and no longer applicable
b. Is the legacy of countless clinicians who are willing to teach the next generation of doctors as part of their routine duties
c. Has been replaced by simulations that will one day remove the need for direct patient contact

As stated in the article, the physician of the future will be

a. An empathic healer who is part of a team of caregivers delivering efficient, high-quality care
b. An expert in multi-ethnic alternative healing modalities
c. A solo practitioner who uses technology to customize pharmacotherapy for each patient

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