

Lifelong Learning for the Hand Surgeon

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Hand surgeons are faced with the impossible task of mastering a rapidly expanding pool of knowledge and surgical techniques. Dedication to lifelong learning is, therefore, an essential component of delivering the best, most up-to-date care for patients. Board certification, participation in continuing medical education and maintenance of certification activities, and attendance at national meetings are essential mechanisms by which hand surgeons may foster the acquisition of essential knowledge and clinical skills. This article highlights the history, current status, and emerging needs in continuing medical education for the hand surgeon. (*J Hand Surg Am.* 2014; ■(■): ■—■. Copyright © 2014 by the American Society for Surgery of the Hand. All rights reserved.)

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“If the license to practice meant the completion of his education how sad it would be for the practitioner, how distressing to his patients.”
Sir William Osler, July 4, 1900¹

SIR WILLIAM OSLER IS WIDELY KNOWN as the Father of Modern Medical Education. His efforts transformed medical education in the United States from a passive, didactic experience to one in which medical students were taught at the patient’s bedside and physicians were encouraged to become motivated, self-directed learners. Not only was he the first Chief of Medicine at Johns Hopkins University School of Medicine, but he established the modern-day residency training system and wrote the widely read and revolutionary textbook, *The Principles and Practice of Medicine*.² Furthermore, he organized the first medical journal club,³ became the first President of the Postgraduate Medical Association,⁴ and was the first to prioritize lifelong learning for the physician.⁵

Since Osler’s time, advances in science, medicine, and technology have increased exponentially; even a visionary could not have foreseen these remarkable developments. Surgical care is changing at such a rapid pace that contemporary surgeons are faced with the impossible task of mastering an ever-expanding pool of knowledge and surgical techniques. As such, it is imperative that the surgical community focuses on education and training throughout one’s professional career to foster the acquisition of knowledge, skills, and facility with state-of-the-art techniques.⁵ The purpose of this article is to outline the history, current status, and emerging trends in continuing medical education (CME) for the hand surgeon.

HISTORY OF CME IN THE UNITED STATES

In the early 20th century, medical education was a for-profit venture, churning out a surplus of inadequately trained physicians.⁶ Abraham Flexner, in a 1910 report entitled *Medical Education in the United States and Canada*,⁷ criticized the poor quality of curricula and facilities used to train future physicians; this report led directly to the closure or merging of nearly half of all 155 North American medical schools. Although the Flexner report was directed at medical student training, achieving these new benchmarks also demanded professionalism in posttraining medical practice. Therefore, physicians were now, more than ever, expected to have cognitive expertise, technical skills, and an unwavering commitment to altruism and public service throughout their careers.⁸

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TABLE 1. Requirements for Lifelong Learning

Accreditation Council for Graduate Medical Education 6 Core Competencies for Quality Patient Care

- Patient care
- Medical knowledge
- Practice-based learning
- Systems-based practice
- Professionalism
- Interpersonal and communication skills

MOC 4 Essential Components

- Professional standing
- Cognitive expertise
- Commitment to lifelong learning and self-assessment
- Evaluation of performance in practice

Any attempt to meet these standards required dedication to lifelong learning.

Recognizing changes on the horizon, the Association of American Medical Colleges stated, in 1932, that “the time may come when every physician may be required in the public interest to take continuation courses to ensure that his [her] practice will be kept abreast of current methods of diagnosis, treatment, and prevention.”⁸ The following year, the American Board of Medical Specialties (ABMS) was formed to bolster posttraining education and, to this end, later recommended recertification at regular intervals. In 1969, the American Board of Family Practice was the first specialty board to institute time-limited board certification with recertification requirements at 6-year intervals (now a 10-y interval). The American Board of Surgery followed suit in 1976, the American Board of Orthopaedic Surgery in 1986, and the American Board of Plastic Surgery in 1995, all with 10-year recertification cycles. Today, all 24 members of the ABMS require successful completion of recertification examinations to maintain board certification.

In 1999, a joint effort between the ABMS and the Accreditation Council for Graduate Medical Education led to the development of the 6 core competencies and the 4-part maintenance of certification (MOC) process (Table 1).⁹ The 6 competencies are: patient care, medical knowledge, practice-based learning, systems-based practice, professionalism, and interpersonal and communicative skills. The 4-part MOC process evaluates: professional standing, cognitive expertise, lifelong learning and self-assessment, and practice performance. Professional standing is satisfied through current medical licensure, credentialing, and peer letters of support. Cognitive expertise is shown using a computer-based

examination. Lifelong learning/self-assessment is demonstrated through CME hours and self-assessment modules. Practice performance assessment varies by specialty, but it may include peer- or self-evaluation of cases, participation in a surgical outcomes database, review of a benchmarking report for comparison to peers, and completion of an action plan for improvement.

HAND SURGERY: A NEW SUBSPECIALTY CERTIFICATION IS BORN

Over the course of the 20th century, the knowledge and skill set required to be a hand surgeon expanded and evolved sufficiently to command recognition independent of one’s original specialty training whether general, orthopedic, or plastic surgery. In 1982, the American Society for Surgery of the Hand (ASSH) and the American Association of Hand Surgery requested that the American Board of Surgery, American Board of Orthopaedic Surgery, and American Board of Plastic Surgery recognize board-certified surgeons with subspecialty qualifications in hand surgery.¹⁰ In 1989, the first Subspecialty Certification Examination in Surgery of the Hand (formerly Certification of Added Qualification Hand) was offered to candidates completing a 1-year Accreditation Council for Graduate Medical Education–accredited fellowship in hand surgery. As with board certification, this Subspecialty Certificate is valid for 10 years.

CURRENT STATUS OF CME IN HAND SURGERY

Annual meetings of the ASSH, American Association of Hand Surgery, American Academy of Orthopaedic Surgeons, and American Society of Plastic Surgery provide exceptional tailored educational opportunities for hand surgeons. These organizations also provide topic-specific online CME activities for credit. For example, the Review component of *The Journal of Hand Surgery* provides monthly CME offerings and the ASSH creates rotating CME Webinars on special topics. Furthermore, the ASSH-developed Self-Assessment Examination is available each year for CME credit and offers a unique educational tool that helps gauge clinical knowledge. The American Academy of Orthopaedic Surgeons offers hand- and wrist-related CME courses through their *Orthopedic Knowledge Online Journal*. The American Society of Plastic Surgery has created the Tracking Operations and Outcomes for Plastic Surgeons database for outcomes data collection. Plastic surgery-trained hand surgeons may claim Patient Safety CME credit for entering information into this

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