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Let's Redefine Continuing Medical Education

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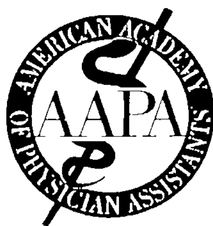

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Let's Redefine Continuing Medical Education

Michael P. Pagano, PhD, PA
Chicago, Illinois

In 1977, after graduating from the University of Oklahoma PA program, I successfully completed the National Commission on Certification of Physician Assistants (NCCPA) entry level examination and became a PA-C. In Oklahoma, where I practiced as a PA for the next 15 years, national certification was not required for state certification and thus not reimbursed financially or with time off by employers. Therefore I diligently maintained and logged my 50 hours of CME per year (which was reimbursed) but did not take the NCCPA recertification examination every 6 years. When I moved to Illinois and needed to nationally recertify for state certification, the punishment for my previous behavior was dictated by the NCCPA—I was required to take not the recertification examination but rather the entry level examination (15 years after I had graduated).

■ TESTING OR TEACHING?

As a health care educator, I am extremely conscious of both the positive and negative roles objective tests play in higher education; however, as a health care provider I also am frequently reminded by others that the PA profession is alone in its requirement for recertifying using a standardized test. Other professions are trying to develop new methods for evaluating competencies to replace standardized, objective tests.

It could be argued that the NCCPA is trying to lessen the punitive nature of the recertifying examination (in terms of time away from work and travel to a testing site) using the Pathway II process. Such a change, however, will still cost PAs hundreds of dollars and require countless hours of taking tests that are given without any educational feedback.

I propose instead that we use the time and money to offer courses that will teach the latest discoveries in health care and skills in patient evaluation. I think the future of continuing education for our profession may well rest in the answer to a single question: are we more interested in testing or teaching?

■ A NEW DIRECTION

If we as a profession are genuinely concerned with maintaining our knowledge of the rapid changes in contemporary health care (the aspect of recertification that should be most crucial to our employers, patients, and state and federal regulators), then let us not require more tests but instead mandate an in-depth continuing education program every 5 or 6 years. *Tests do not teach.*

I propose that the American Academy of Physician Assistants, the Association of Physician Assistant Programs, and the NCCPA join in a cooperative venture to promote continuing educational programs at PA departments nationwide. These courses could be taught by the clinical and didactic faculty already at these institutions and developed so that the latest health care discoveries, diagnostic evaluations, treatment plans, and patient-related skills for various fields would be covered by different programs (that is, Duke might offer an update on geriatric medicine,

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Yale on general surgery, the University of Southern California on pediatrics, Oklahoma on primary care, Alderson-Broaddus on emergency medicine, and so on). The programs where courses would be offered could rotate so that every region of the country and every interested institution would be used. In addition, PAs in specialty areas would be able to stay current in their disciplines and not be limited to acquiring generalist knowledge, as is the case with the current recertifying examination.

PAs who wanted to change specialty areas would have a mechanism for retraining.

Further, this type of advanced continuing education would be beneficial in a variety of ways. First, certified PAs would learn of advances in health care at institutions with programs designed solely to educate PAs. Second, certified PAs who wanted to change specialty areas (who currently have great difficulty acquiring knowledge and skills in a different specialty) would have a mechanism for retraining. Third, PAs who had not worked for a period of time would have a means to retool their knowledge and skills in an educational environment instead of at the bedside as is currently the procedure. Fourth, PA programs would be able to use current faculty, computers, and patients, for courses and, in so doing, would both promote their own programs and generate additional revenues for their departments.

I would hope that these advanced, postgraduate courses would not be structured like a typical CME conference or a first-year PA class but more like graduate seminars that demand active participation rather than complacent listening. In addition, I would expect that such courses would use current and future computer software and audiovisual equipment to encourage more participant interaction while challenging and informing attendees. Finally, I would anticipate that discussions of various health care topics would be so diverse as to include the latest in patient evaluation, treatment, and examination techniques, as well as current theories and practices of risk management, medical ethics, and communication.

If PAs want to be a driving force in health care reform, especially in the area of professional education and continued learning, they need to move away from the antiquated testing approach and toward an interactive, educational process that is rewarding, not punitive, in nature. We should reject meaningless tests and demand up-to-date and useful education and training in exchange for our hard-earned money and our precious time. ■

***Author's Note:** To lessen any bias, this paper was written and submitted before the receipt of my examination scores.*

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