

The Whole Object of Education Is...

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"The whole object of education is... to develop the mind. The mind should be a thing that works."

—Sherwood Anderson, American novelist and short story writer



At this time of the year, many young people are completing their education at one level or another and moving on to another grade or phase in life. As a lifelong educator, I see them as just beginning whatever comes next, while most of them view it as an ending. They are ready to move on and leave the trials of the last phase for the greener pastures of tomorrow. These students, residents, and fellows, like the athlete who has arduously trained for that moment of competition, are ready to put it all on the line. The athlete learns the best way to approach the nuances of the sport and the skills required to master it. Athletes keep up with all the physical needs of the sport by training regularly and studying the competition in order to maximize their own performance.

The difference is that the athlete lasts a few years at a sport, and then, if lucky and educated, finds something else to do. Most of us in real life prepare for the rest of our professional life, most likely to do the same work day in and day out. If we're lucky we find transitions to prolong our careers. However, most physicians love what they do day in and day out, and especially value the opportunity to interact with and help patients. Most also have learned the best ways to approach particular problems and pass that knowledge on to their colleagues. However, there is a potential problem in this kind of performance improvement if it doesn't include some critical review of outcomes.

For the athlete, the outcome is a win or a loss, as defined by straightforward measures with referees and judges to enforce the guidelines. In medicine, and especially orthopedics, the evidence basis for hard and fast rules is sometimes lacking. But there is the opportunity to review the literature and develop an approach based on the best evidence available. That requires the orthopedic surgeon to always have a mind that is analyzing and to not fall prey to the routine approach. When

your mind stops working, there is the risk you will not individualize treatment and you stop developing as a physician. Patients, payers, and accrediting institutions of every sort demand this approach from us.

The American Board of Orthopaedic Surgery (ABOS) has provided the Maintenance of Certification (MOC) program to help document this process of lifelong learning, and part of it will be to use literature and references to evaluate specific areas of practice to improve performance. The ABOS will require, as part of the self assessment process, an evaluation of a specific diagnosis or procedure in your practice. The first step will be to compare what you do to the best available evidence or guideline for that specific problem and to document the findings. The second step will be to institute appropriate interventions to effect any changes needed from the literature review, and to document what is done. Finally, a second practice review will be done to document the effects of the change in practice profile. This whole process will be called a Performance Improvement Module (PIM) and will carry with it a significant number of continuing medical education credits.

Just as we judge the athlete against the highest standard of performance of his competitors, we physicians will be judged against the published evidence of our peers. It will not be enough to provide patients with unsubstantiated opinion to guide practice decisions. The expectation will be that each of us will subject our practice to comparison with our peers. We are truly fortunate to have this opportunity to show our patients how seriously we view the responsibility of providing them with the best care possible. Just as the athlete must continue to train as long as the opportunity to compete is available, we must continue to learn while we practice.

AUTHOR'S DISCLOSURE STATEMENT

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