New Residency Model Offers Many Benefits

BY MARY ANN MOON

A new model for internal medicine residencies, stressing education but reducing trainee workload, markedly increased satisfaction among interns, residents, and the attending physicians training them, according to a report.

The new residency approach was designed to increase trainees' opportunities to pursue subjects in depth, engage in reflection, spend more time with patients, and interact more with teachers and mentors—in short, to make internal medicine residency "an educational experience rather than an exercise in technical training," said Dr. Graham T. McMahon of Brigham and Women's Hospital, Boston, and his associates.

Residents and interns reported that they learned more new skills, received more feedback from attendings, and participated in more patient follow-up than those in the regular program.

In a direct comparison with the existing internal medicine residency program at a community teaching hospital affiliated with Brigham and Women's, the new model met many leading recommendations for graduate medical education reform without negatively affecting patient care.

The Integrated Teaching Unit (ITU) model included a reduced clinical workload and decreased call frequency for the trainees. Each ITU training team consisted of two attending physicians—one a hospitalist and the other an internist or specialist—who had been rated as superior in teaching ability. Each team supervised two residents and three interns.

Dr. McMahon and his colleagues said that bedside teaching was enhanced by the participation of both attendings, who were compensated for their extra time, as well as by the multidisciplinary nature of the instructors.

The researchers assessed the 1-year experience of two ITU teams that cared for 1,892 medical inpatients and two regular (control) residency teams that cared for 2,096 medical inpatients. Trainees spent time on both ITU and regular residency teams. The regular training teams were made up of multiple attending physicians who volunteered to participate.

In the ITU program, trainees spent twice as much time (20% of total time vs. 10% compared with controls in the regular program) pursuing educational activities such as self-directed learning, didactic sessions, and conferences. They spent significantly less time (37% of total time vs. 45% compared with controls) doing "indirect" patient care such as reviewing charts, writing notes, and entering orders.

The two groups spent a similar amount of time at the bedside, but ITU trainees "had a significantly lower patient census, meaning that the time they spent per patient at the bedside was greater (by almost 50%)," the investigators wrote.

Residents and interns reported significantly higher satisfaction with their training in the ITU program, saying that they learned more new skills, received more feedback from attendings, and participated in more patient follow-up than those in the regular program. They reported that they used the additional time in their workdays for reflection and self-appraisal.

Attending physicians also reported the ITU model was closer than the existing model to their teaching ideal. Not only were their teaching skills well used, they said, but also they learned from their teaching teammates.

Trainees and attendings reported liking the increased exchange of ideas, the deeper insights into clinical thinking, and the mix of teaching styles that the dual-attending supervision allowed.

Patient responses on surveys of their satisfaction with their hospital experience and with their physicians did not differ between the training styles. There also was no significant difference in rate of hospital readmission within 30 days, cause of death, or ratings on 11 measures of quality of hospital care.

"Our study shows that an educationally centered program, constructed to address the educational needs of trainees, can be successfully introduced without adversely affecting the quality of care," Dr. McMahon and his associates said (N. Engl. J. Med. 2010;362:1304-11).

In an editorial, Dr. Kenneth M. Ludmerer of Washington University, St. Louis, said the comparison in the study "clearly demonstrates" the benefits of a rich learning environment. The study "helps to point out where our priorities in residency education should be," he said (N. Engl. J. Med. 2010;362:1337-8).

Dr. Ludmerer added that the study could not assess all patient benefits with the ITU model, but those plausibly include "the traditional hallmark of good care," physician thoroughness. In this context, the word does not mean ordering every test, he said.

"Rather, it means paying attention to detail, being careful, not missing things, and not jumping to conclusions. It is reasonable to hypothesize that residents who have the time to be careful will order fewer unnecessary tests and procedures, use resources more efficiently, and make fewer avoidable mistakes," he noted. ■

Disclosures: *Dr. McMahon and his associates reported no financial conflicts of interest.*

POLICY & PRACTICE

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FDA Proposes New Ad Rules

The Food and Drug Administration wants manufacturers to detail more of the contraindications and potential side effects of drugs in radio and television direct-to-consumer advertisements. The proposed rule would require that an ad's major statement on side effects and contraindications "be presented in a clear, conspicuous, and neutral manner." The new rule would require manufacturers to present the information in both the audio and visual components of a video ad and make sure that it isn't overshadowed by other parts of either type of ad. The FDA will accept comments on the proposed rule until June 28.

Restaurants Must Post Calories

As part of the newly approved health care reform law, chain restaurants will be required to post the calorie content for their standard menu items along with information on daily suggested calorie intake from the Department of Agriculture. The provision in the Patient Protection and Affordable Care Act, signed into law last month by President Obama, will affect restaurants and other retail food establishments with 20 or more locations and the same menu items at each location. Restaurants also will need to have additional nutrition information, such as fat and sodium content, available for their menu items. Vending operators with more than 20 machines will be required to post calorie information on their food items. The law requires the FDA to issue proposed regulations by next March.

Broadband Plan Adds Health Goals

As part of the Obama administration's overall National Broadband Plan to extend fast Internet service nationwide, the Federal Communications Commission said it wants to revamp the Rural Health Care Program to ensure that all health care providers have such access. The broadband plan, which contains seven specific recommendations on health care, would redistribute $400 million per year in the Rural Health Care Program to help health care providers purchase broadband services and expand broadband to more institutions. In addition, the new plan calls for states and other regulators to revise licensing, privileging, and credentialing standards to enable physicians to practice medicine remotely and across state lines.

Pfizer Paid $35M in 6 Months

Pfizer, the latest drug manufacturer to disclose physician payments, said it paid approximately $20 million to 4,500 physicians and other health care professionals for consulting and speaking services between July and December 2009. Pfizer also said it paid $15.3 million to 250 academic medical centers and other researchers to fund clinical trials in the last 6 months of 2009. The Pfizer disclosures were required by an integrity agreement that the company signed last year to settle a federal investigation into promotion of off-label uses of drugs. Pfizer is the first major pharmaceutical company to disclose clinical trial payments, although drug maker GlaxoSmithKline has said that it will begin publishing payments made to researchers in 2011.

State Medical Board Actions Up

State medical boards took 5,721 actions against physicians in 2009, an increase of 342, or more than 6%, over 2008, according to a report from the Federation of State Medical Boards. Meanwhile, an analysis by the advocacy group Public Citizen found that the rate of serious disciplinary actions rose slightly in 2009 but still sits about 18% lower than the peak rate of 2004. Minnesota ranked last in disciplining physicians, Public Citizen said, and Maryland, South Carolina, and Wisconsin also consistently rank among the bottom 10. Arizona, Alaska, Kentucky, North Dakota, and Ohio discipline the most physicians, the group said. "There is considerable evidence that most boards are underdisciplining physicians," Dr. Sidney Wolfe, director of Public Citizen's Health Research Group, said in a statement. "Most states are not living up to their obligations to protect patients from doctors who are practicing medicine in a substandard manner."

Governor Signs Meth Law

Alabama Gov. Bob Riley (R) has signed a law intended to help law enforcement officials quickly track excessive purchases of pseudoephedrine, which is the chief ingredient used in the manufacture of methamphetamine. The law creates a new electronic database in an effort to modernize logs that already are kept on paper, making it possible to instantly track excessive purchases of pseudoephedrine. Every pharmacy or retailer that sells ephedrine or pseudoephedrine products will be required to enter the purchaser's identifying information into an electronic database prior to any sale. The database then will notify the seller if the purchaser has exceeded the daily or monthly limit for such purchases. Law enforcement authorities also will have access to the database. "Our local law enforcement agencies tell us that in some Alabama counties, meth plays a role in almost every crime," Gov. Riley said in a statement.

—Jane Anderson