

Physician Re-entry: One Way To Address the Physician Shortage

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Many are concerned about the looming physician shortage, particularly in primary care. It may become worse as a result of the goal of the health care reform bill to provide health insurance for the currently uninsured. The July 2010 issue of Physicians News Digest highlighted the upcoming need for physicians in our region. Patricia Costante, CEO of MD Advantage and writer of that article, clearly proposed numerous viable possibilities of addressing this shortage. We suggest that another way to address the physician shortage is to return inactive physicians to clinical practice.

Returning a non-practicing physician to clinical medicine is appealing. First, it is significantly less expensive to re-train an inactive physician than to train a new one. Second, one can re-train physicians much faster than one can train new physicians, so more physicians would be available in less time. Also, in the current economic climate, many retired physicians are looking to return to medicine.

However, re-entry also has its limitations. Physicians wanting to return to clinical medicine face numerous challenges: low self-confidence in their skills, lack of professional networking possibilities, limited resources for gaining up-to-date skills and knowledge, and cumbersome regulations from licensing and credentialing bodies or employers. Of equal concern, programs offering reentry face financial and (educational) resource challenges.

Across the United States, a number of organizations (the American Medical Association, the American Academy of Pediatrics, the Federation of State Medical Boards) are working together to address these challenges. Though sparse in number, several programs address physicians' assessment and educational needs. Regionally, the Drexel Medicine

Physician Refresher/Re-Entry Course of Drexel University College of Medicine has served the physician communities' needs since the program was originally developed in 1968 by Women's Medical College of Pennsylvania.

Please allow a minor digression to explain the history. The Female Medical College of Pennsylvania was founded in 1850 as the first medical school for women. It was renamed Medical College of Pennsylvania (MCP) in 1969. It then merged with Hahnemann Univer-

courses.

The Drexel Program currently offers several educational opportunities online and on-site. The goal of the online program is to allow physicians anywhere in the world to access the courses according to their own schedules. The on-site courses are given in Philadelphia at DUCOM's university hospitals. Preceptorships are offered in internal medicine, obstetrics-gynecology, surgery, pediatrics, and subspecialties—as needed. Furthermore, focused training is avail-

search skills, medical errors, and health policy changes. Equally important, the Drexel Program staff guides physicians in the maze of career counseling and regulations before they take any of the courses (to determine the best way of achieving the individual physician's goals) and long after they finish.

From 1968 to 1993, 412 physicians went through the MCP Physician Refresher Program. From November 2006 through spring 2010, about 50 physicians

completed the Drexel Medicine Physician Refresher/Re-Entry course. Though most physician trainees are from the local area, others have come from all over the United States and the world. Physicians who have completed the program have stayed in touch with us, seeking guidance with letters and credentialing and reporting on their progress. All participant evaluations of the program have been excel-

lent, with some making comments such as "Participating in your program really helped my self-confidence," "Nothing short of remarkable," "I will never forget this learning experience at Drexel." As such, the Drexel Medicine Physician Refresher/Re-Entry course is another way of returning physicians to clinical practice and a way of addressing the physician shortage in our region.



sity in 1998 to become MCP Hahnemann University School of Medicine. In 2002, the latter became Drexel University College of Medicine (DUCOM).

In 2006, the reentry program was enhanced using MCP's experience, DUCOM's instructional technology resources, and the program's excellence in medical education to create innovative curricular strategies for physicians around the world to access resources designed to enhance their professional and clinical skills. The Drexel Program has several courses that physicians may take independently or sequentially to refresh and enhance their skills. Thus, the Drexel Program helps physicians in need of remediation or refresher courses for reentry. A few have taken the courses for re-training, as well. Physicians from overseas wanting acculturation to the American medical system have also taken advantage of the

able on specific topics such as medical documentation. In addition to traditional learning experiences, the Drexel Program offers a novel online technology that allows live WebEncounters between trainees and selected standardized patients (actor-patients). This new learning format features online practice, assessment, mentoring, and assignment of learning tasks in addition to the mere learning of the knowledge (see <http://webcampus.drexelmed.edu/webosce/>).

In addition to excellent educational resources, the Drexel Program offers a comprehensive approach to re-entry, remediation, or re-training because the ultimate goal of the physician is to return to clinical practice. DUCOM's full faculty and staff offer help in becoming up to date in various "newer skills" pertinent to a practicing physician, such as electronic medical records, medical documentation changes, computer or re-



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