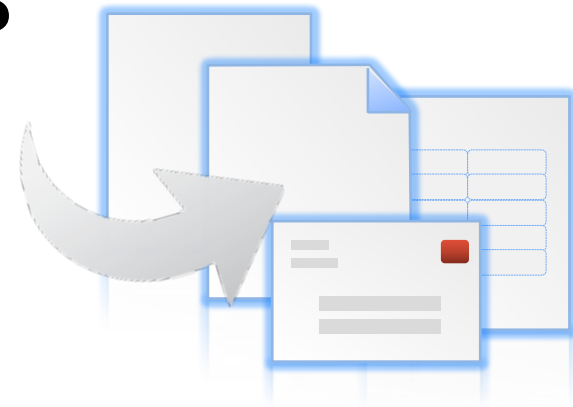


MEDICAL LICENSING

A VALUE ADDED PROCESS FOR RESIDENTS

J SIMONSON, BA, C-TAGME
C BOEN, BS
P TERMUHLN, MD
MEDICAL COLLEGE OF WISCONSIN



DISCLOSURE

- All educational materials are free of vendor or pharmaceutical identification, advertising, trade names, or group product messages.
- There are no real or apparent conflicts of interest that may have a direct bearing on the subject matter, such as relationships with pharmaceutical companies, biomedical device manufactures, or corporations.

WHO WE ARE

Jill Simonson, BA, C-TAGME

- 9 years experience in program management
- 16 years experience in GME
- TAGME certified 2010

Cassidy Boen, BS

- Recruitment manager and curriculum support
- 1 ½ years experience in GME

Paula Termuhlen, MD

- MCW Program Director, General Surgery, June 2011

WHO WE ARE

Medical College of Wisconsin Affiliated Hospitals

- Milwaukee, Wisconsin
- Academic Medical Center

Primary Teaching Institutions

- Froedtert Memorial Lutheran Hospital
- Children's Hospital of Wisconsin
- Clement J Zablocki Veterans Affairs Medical Center

Integrated Teaching Institutions

- Columbia/St. Mary's Hospital
- St. Joseph's Hospital
- Waukesha Memorial Hospital
- Aurora Grafton

WHO WE ARE

Medical College of Wisconsin Affiliated Hospitals

- 35 categorical residents
- 5 preliminary residents
- 3 integrated residents
 - Two Plastic Surgery residents
 - One Cardiothoracic Surgery resident
- Sub-specialty rotators
 - ENT, Urology, Oral Surgery, Neurosurgery, Anesthesiology, Emergency Medicine
 - Two PGY IV visiting residents from the Marshfield Clinic General Surgery Training Program
 - Transplant Surgery, Trauma Surgery
 - Mark B. Adams Post Graduate PA Surgical Program

SESSION OVERVIEW

Literature Review

National Data

Program Survey Data

MCW Best Practice

WHAT THE LITERATURE SAYS

- The process is challenging.
- A stronger and more complex licensing process is the results of public demand.
- Every state has different requirements.
- All medical boards have continued to improve licensure processes.

NATIONAL DATA

- FSMB Federation Physician Data Center
 - Comprehensive central repository of state-based data
 - Unique
 - In development since 2004
 - Data continually provided
 - 51 state medical boards in
 - 14 state osteopathic boards
 - 4 territorial medical boards
 - Contains > 1.6 million physician records who are currently licensed, no longer licensed or deceased.

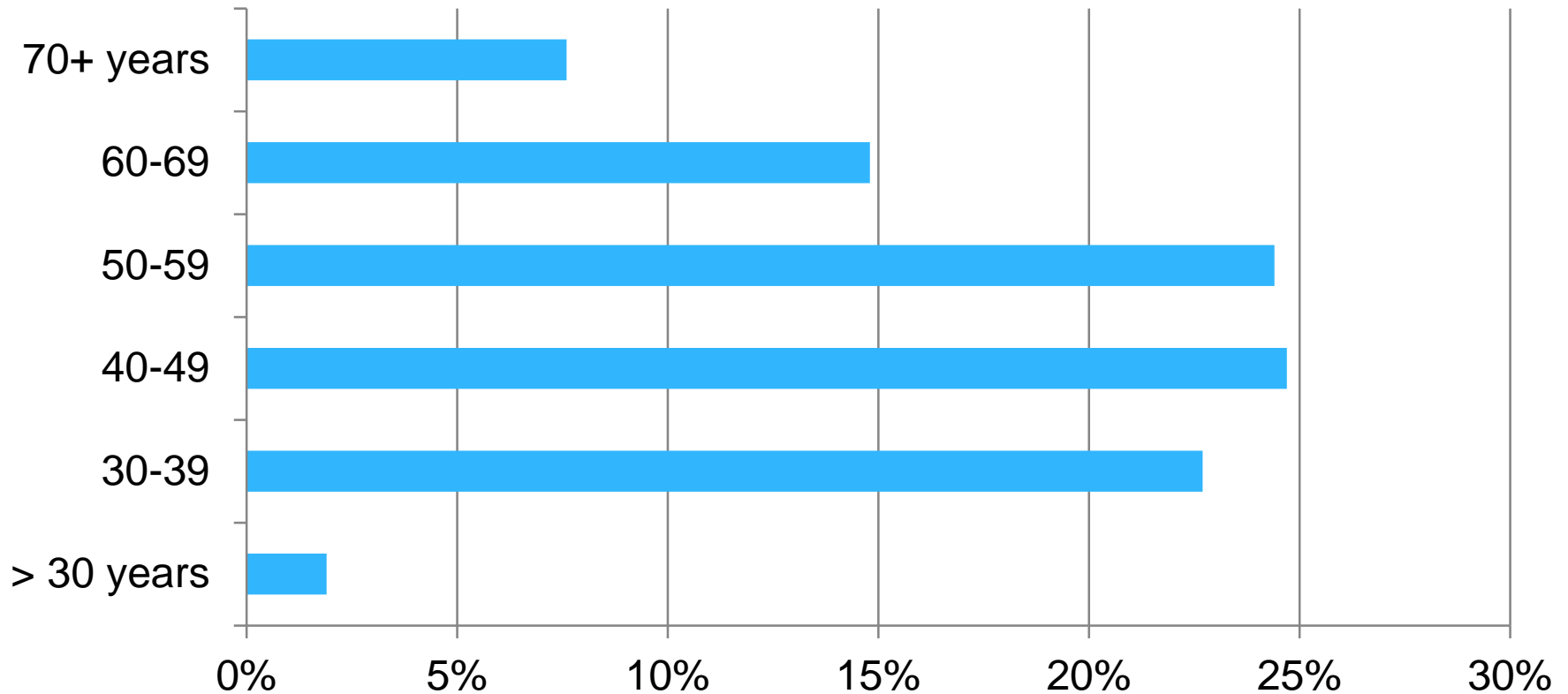
NATIONAL DATA

Population Characteristics		
Degree Type		
M.D.	798,788	92.9%
D.O.	58,329	6.9%
Medical School Type		
US/Canadian Graduates	641,815	75.5%
IMG	188,402	22.2%
Gender		
Male	568,501	66.9%
Female	246,314	29.0%
Physician to Population Ratio = 277 actively licensed physicians for every 100,000 people in the US		

N = 850,085 physicians with an active license to practice medicine in the US and the District of Columbia

NATIONAL DATA

Physicians Licensed



By its very nature, medicine is necessarily people-intensive and good medicine requires trained, **licensed**, professionals.

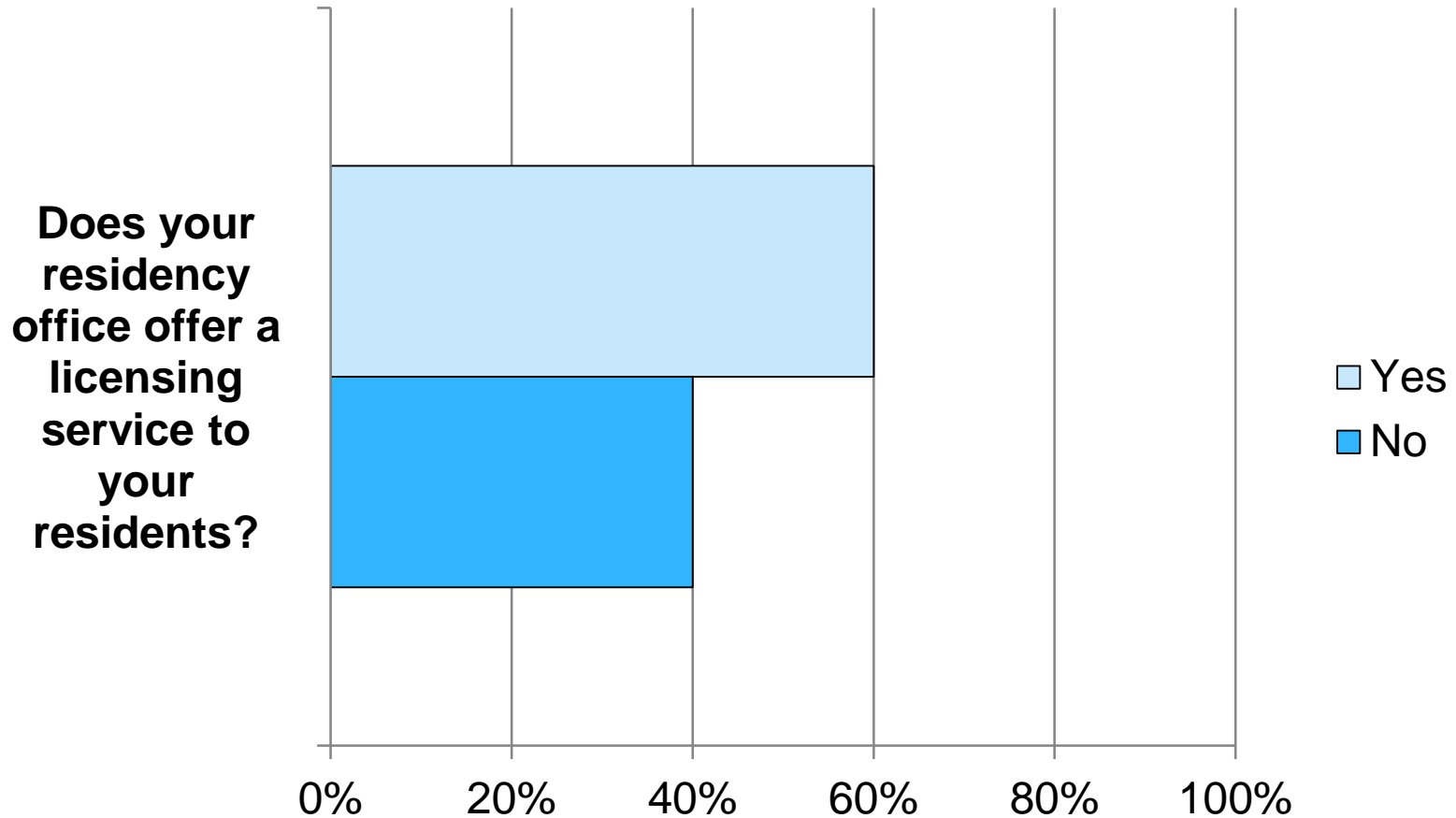
Program Survey

PROGRAM SURVEY

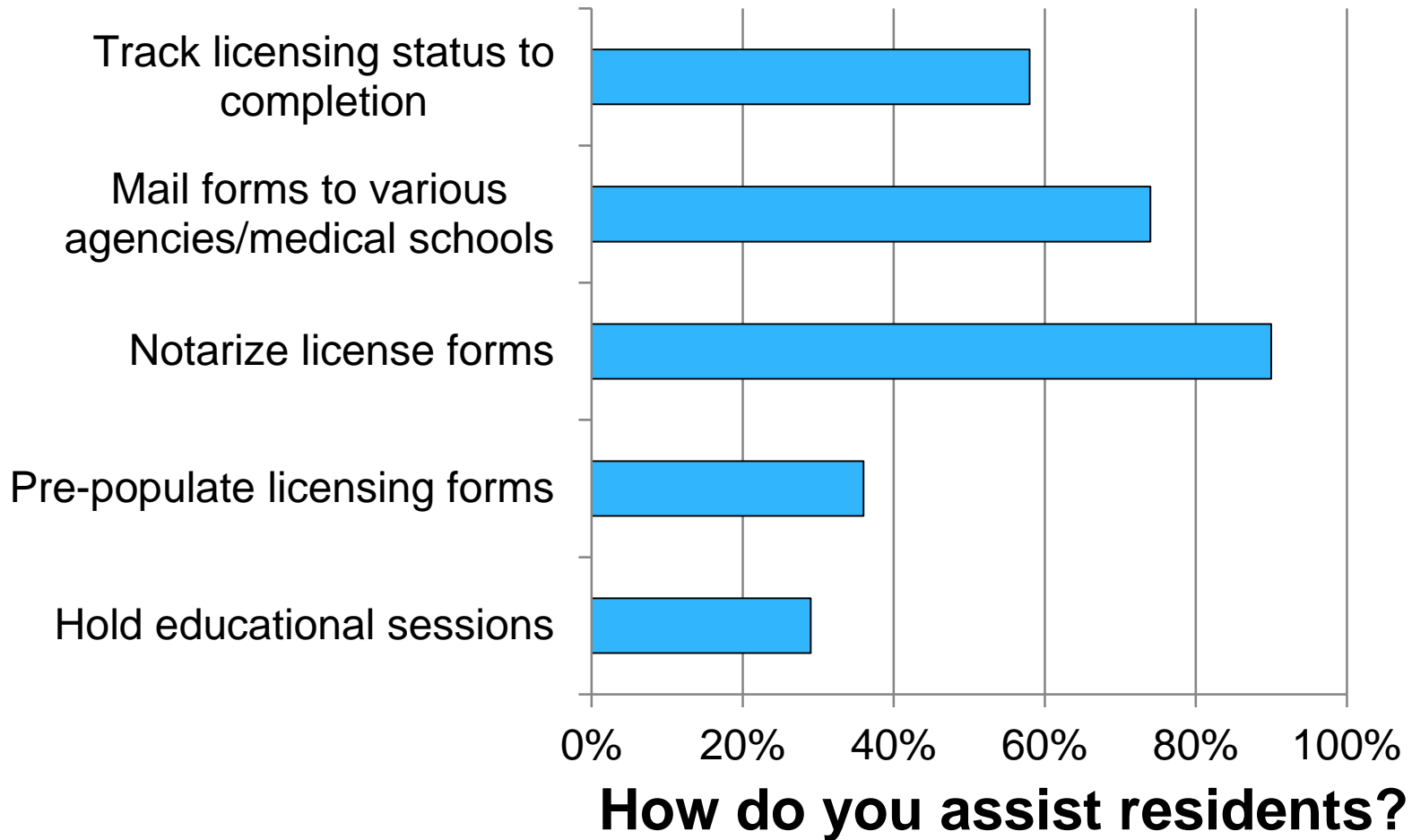
SURGERY SPECIFIC

Population Characteristics	
Program Type	
Academic	63.2%
Community	36.8%
Average number categorical residents	26

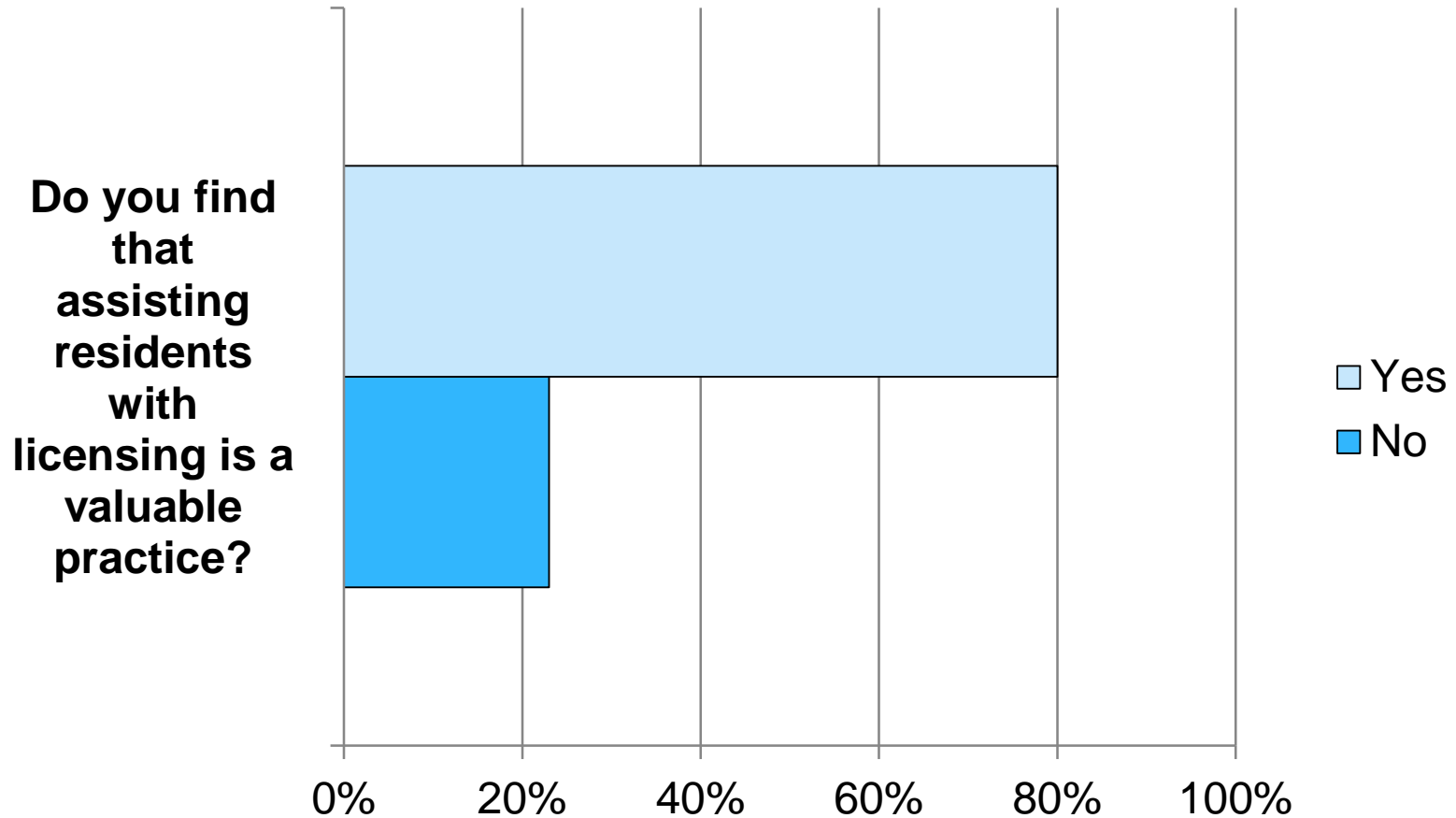
PROGRAM SURVEY



PROGRAM SURVEY

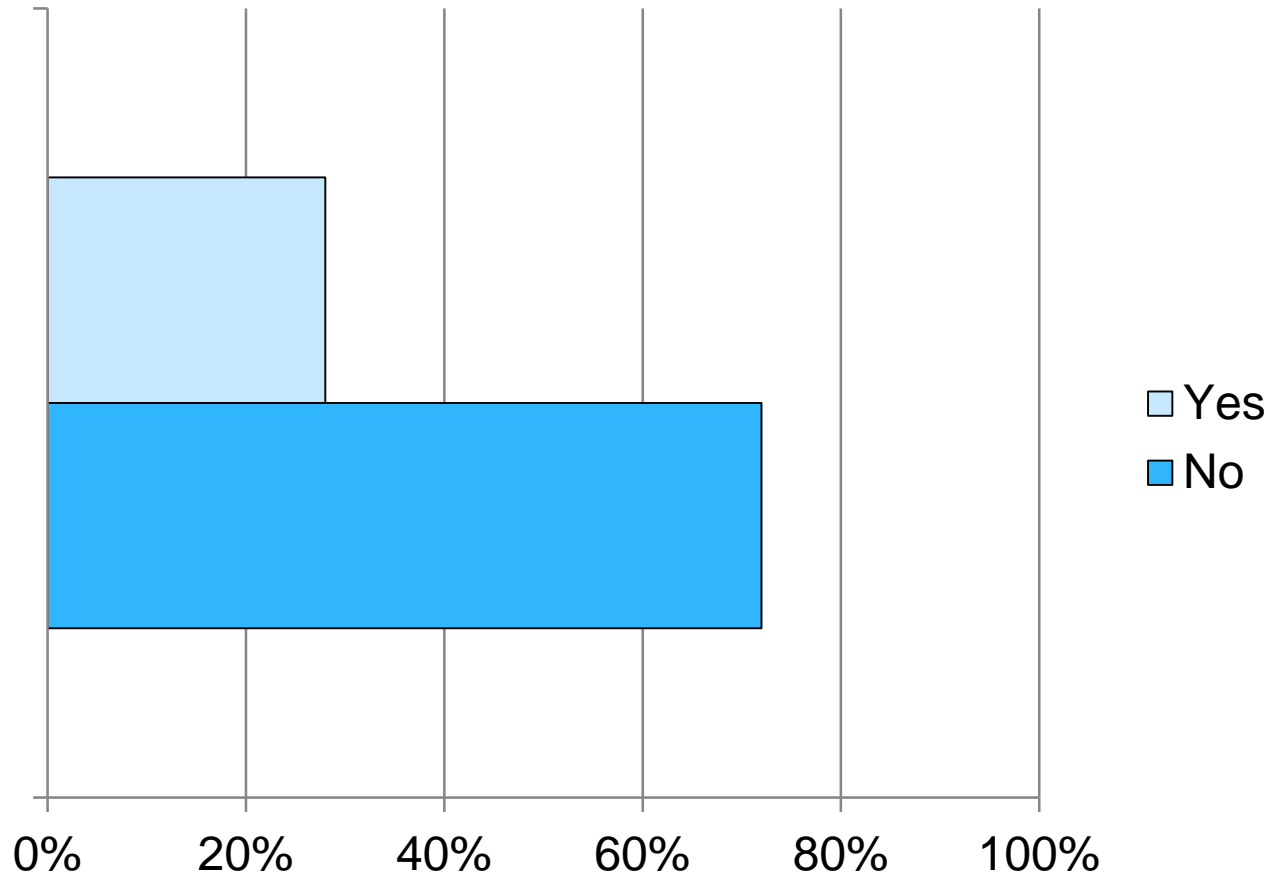


PROGRAM SURVEY

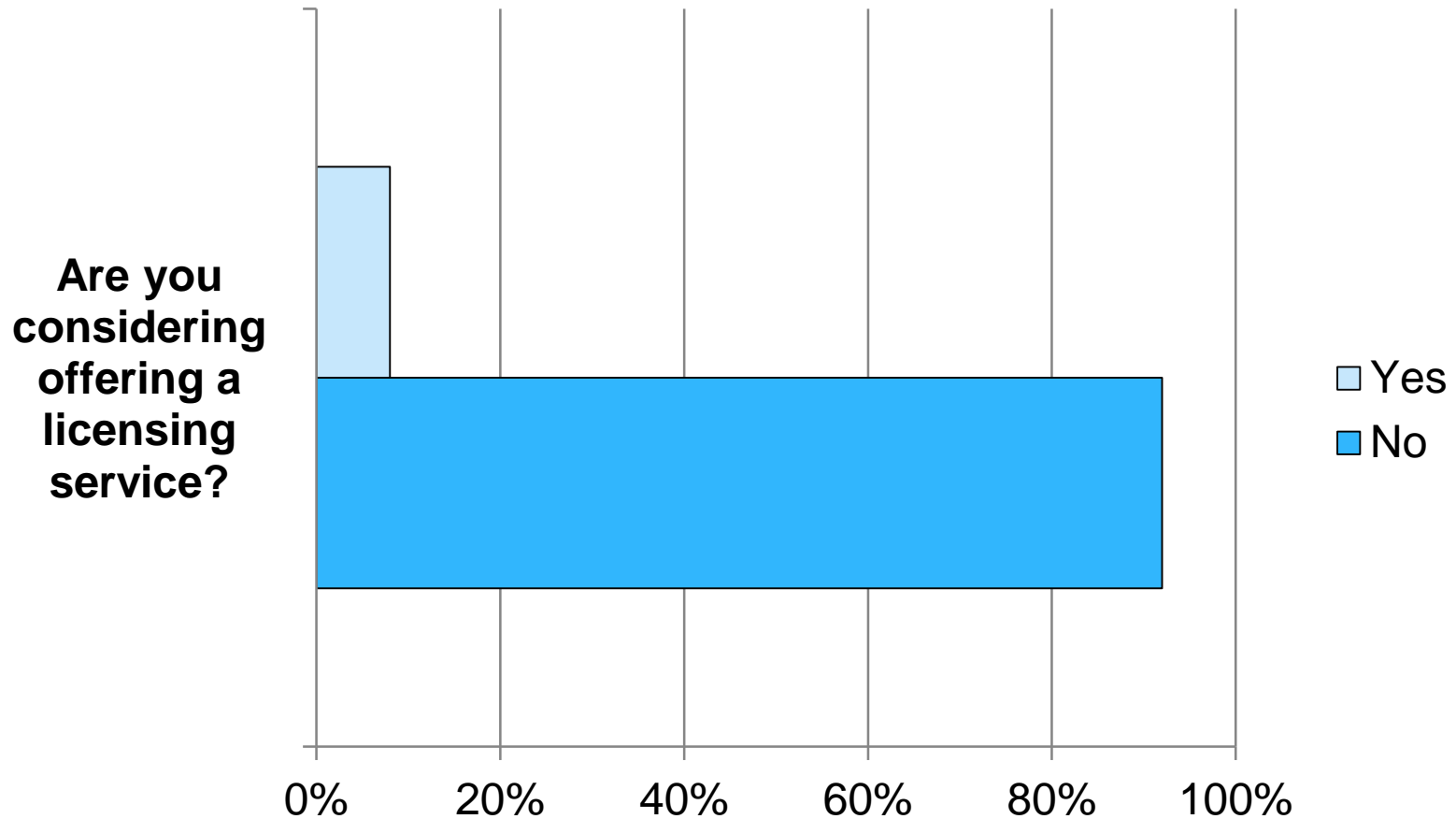


PROGRAM SURVEY

Do you find that assisting residents with licensing is more time consuming than value added?



PROGRAM SURVEY



BUT 88% are unsure how soon implementation will occur

Medical College of Wisconsin

**General Surgery
Resident Training Program**

MCW LICENSING

Purpose

- To increase the unique features of the General Surgery Residency Training Program by offering a licensing process that provides instrumental value to the residents.

MCW LICENSING

What we knew...

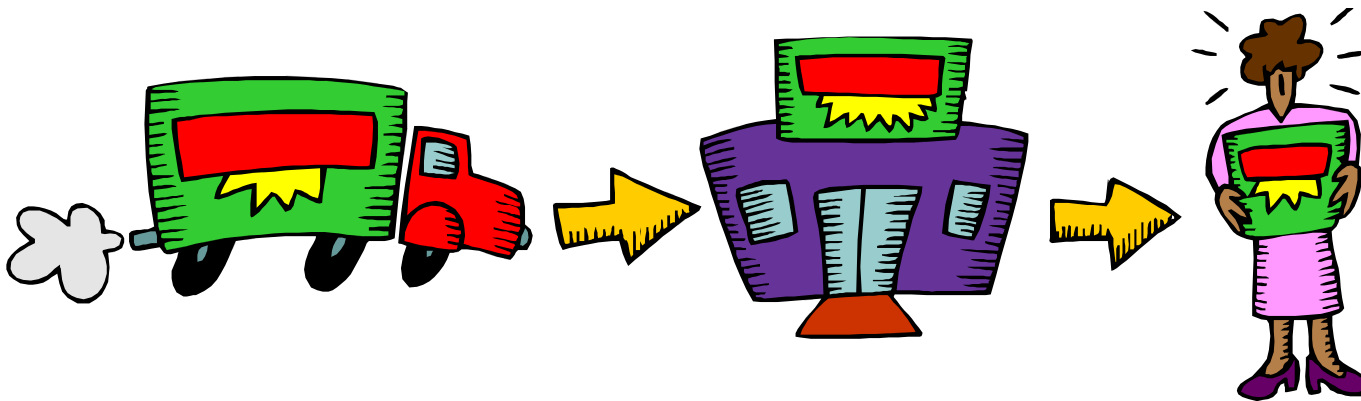
- The State of Wisconsin licensing process is labor and paper intensive.
- GME policy mandates licensing of resident by the last month of the PGY2 year.
- Licensing can be a challenge.
- Residents are busy.



MCW LICENSING

Method of Program Development

- Discussion Meetings
- Process Development
 - Work Flow
 - Presentation



MCW LICENSING

Discussion Meetings

- Coordinators
- Administrator
Department of Surgery
- Program Director

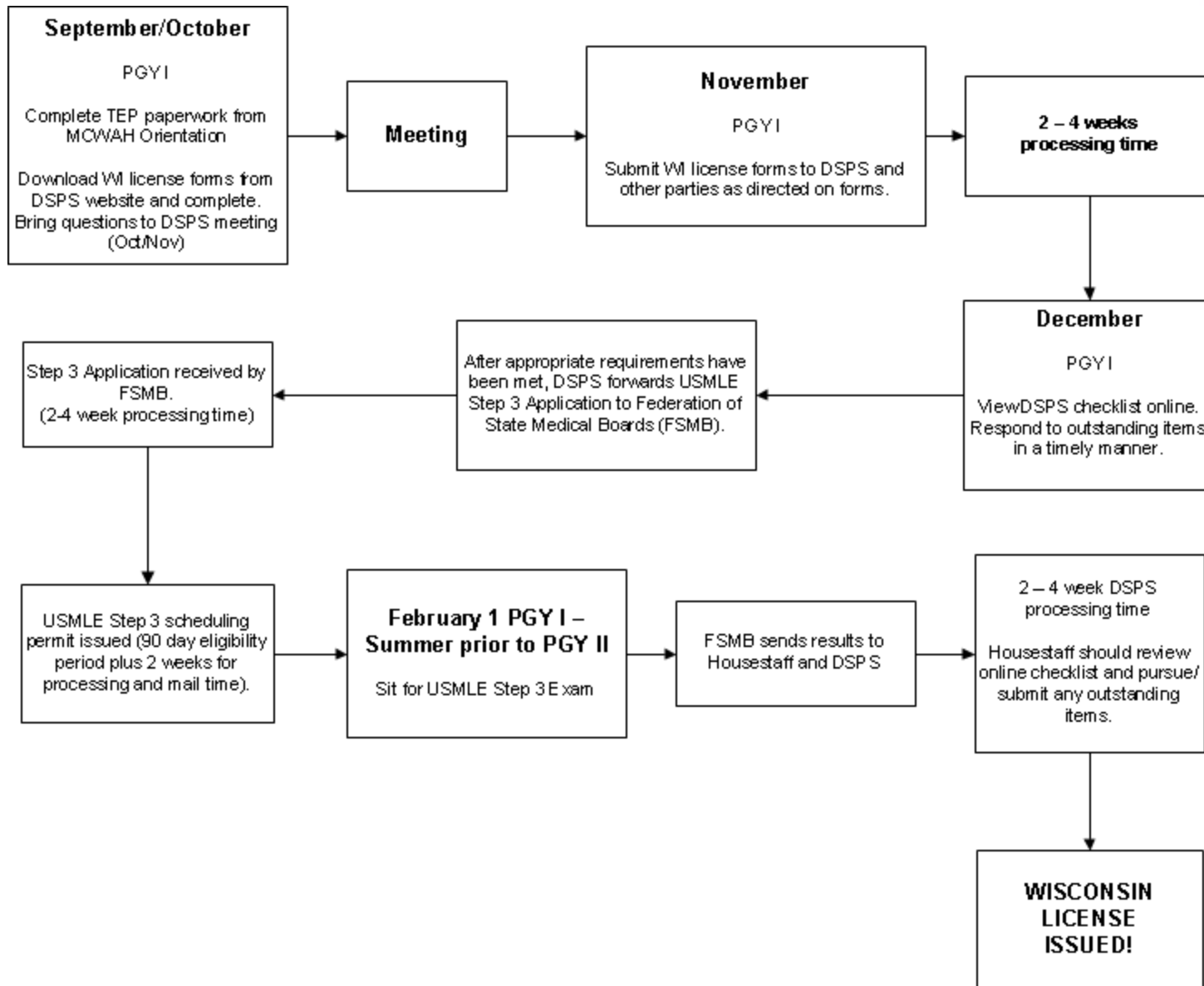


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Process Development

- Work Flow
 - Completed in tangent with discussion meetings
- Presentation





Testing the process

MCW LICENSING

Testing the process

- 2011-2012 PGY1 residents
 - 7 categorical general surgery
 - 2 integrated plastic surgery
 - 3 urology preliminary

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Testing the process

- Licensing sessions with residents scheduled
- Licensing packets prepared
 - Forms downloaded from internet
 - Complete forms
 - Prepare letters
- Initial tracking report developed

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Testing the process

- Presentation to residents
 - Licensing process presented
 - Work flow
 - Forms distributed to residents
 - Checked for accuracy
 - Signatures obtained
 - Payment requirements
 - Time line to completion

Physician Licensing

USMLE Step 3 Application Form

- <http://www.usmle.org/step-3/>

United States Medical Licensing Examination | Step 3 - Microsoft Internet Explorer provided by The Medical College of Wisconsin

http://www.usmle.org/step-3/

File Edit View Favorites Tools Help

United States Medical Licensing Examination | Step 3

Home Feeds (0) Read Mail Print Page Safety Tools Help

USMLE[®]
United States Medical Licensing Examination[®]

Search

Home Bulletin Apply Step 1 Step 2 CK Step 2 CS Step 3 Practice Materials Scores & Transcripts Test Accommodations

Step 3

Step 3

Step 3

Overview About The Exam Content Outlines Test Question Formats

Overview

Step 3 assesses whether you can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. It is the **final examination** in the USMLE sequence leading to a license to practice medicine without supervision. The test items and cases reflect the clinical situations that a general, as-yet undifferentiated, physician might encounter within the context of a specific setting. Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care. Step 3 content reflects a data-based model of generalist medical practice in the United States.

Purpose of the Step 3 Exam

The purpose of Step 3 is to determine if a physician possesses and can apply the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory care settings. The inclusion of Step 3 in the USMLE sequence of licensing examinations ensures that attention is devoted to the importance of assessing the knowledge and skills of physicians who are assuming independent responsibility for providing general medical care to patients.

Step 3 emphasizes selected physician tasks, namely, evaluating severity of patient problems and managing therapy. Assessment of clinical judgment will be prominent.

- Clinical problems involve mainstream, high-impact diseases. Provision is made for less common but important clinical problems as well.

Step 3 Content Description

Read the [2011 Step 3 Content Description and General Information Booklet \(PDF\)](#).

Read the [2012 Step 3 Content Description and General Information Booklet \(PDF\)](#).

Apply & Prepare for Step 3

[Apply for Step 3](#)

[Get Practice Materials](#)

Step 3 Announcements

[Changes to Step 3 examination beginning in mid-February 2012 / Updated Step 3 practice materials available](#)

[Delay in score reporting for Step 3](#)

[Change in minimum passing](#)

Internet 90%

MCW LICENSING

Testing the process

- Residency Office
 - Review and notarize forms
 - Input data into tracking form
 - Scan forms to resident electronic portfolio
 - Forms sent via Federal Express

We wait....



MCW LICENSING

The Process

- Residency Office
 - Track process via internet
 - Communicate with residents via email
 - License status
 - Scheduling USMLE
 - National Practitioner Data Bank self-query

Resident receives license!



MCW LICENSING

What we learned

- A two hour block for presentation to the residents and review of the forms was too long.
 - Session shorted to 1 hour.
- At the request of the Program Director the timeline was adjusted to begin the process earlier.
 - Our program requests that residents be licensed midway through the PGY2 clinical year.
- The original tracking form was useful for tracking resident payment and early form management
 - The State of Wisconsin provides a resourceful and well-organized tracking mechanism that was useful toward the end of the licensing process.

MCW LICENSING

What we learned

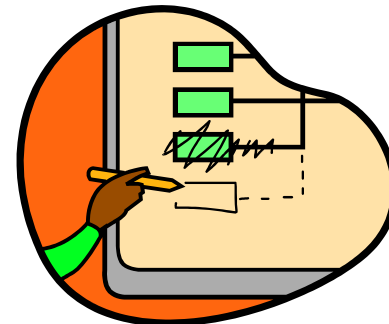
- We have to be active learners/flexible with adjusting our process because licensing “events” may change from year to year.
- Material organization in the residents electronic portfolio was not effective.
 - A separate folder was created to provide for a more cohesive process.



MCW LICENSING

Conclusions

- With the high volume of paperwork involved the licensing process can be time consuming for residents.
- There is an initial element of time to develop the process.
- More control exists at the Program level but resident involvement remains a necessary component of the licensing process.
- Residents respond in a more timely manner.



MCW LICENSING

Conclusions

- Sending documents via Federal Express can be costly but is justified as an efficient way to track form submission.
- Residents speak highly of this value added process and show their appreciation.
- Offering this unique service is a program enhancement that will be discussed during the recruitment season.

