



Competence Assessment, Educational Intervention and Clinical Practice Re-Entry Services

INTRODUCTION

CPEP, the Center for Personalized Education for Physicians, was founded in 1990 as a resource to provide a consistent and qualitative means of addressing performance concerns related to practicing physicians and other healthcare professionals. As an independent, not-for-profit, CPEP is uniquely positioned to provide personalized assessment and education services in an objective, neutral environment.

Hundreds of physicians representing a wide variety of medical and surgical specialties have benefited from this nationally recognized alternative to punitive procedures or adversarial action. In addition, CPEP provides services to physician assistants, advanced practice nurses, podiatrists and other healthcare professionals. Referring organizations include state licensure boards, hospitals, medical groups, malpractice and healthcare insurance companies, physician health programs, healthcare attorneys, and disability insurers. Self-referred physicians also participate in the program.

The CPEP approach to competence and performance concerns is based on three major components that parallel the three-part medical model of assessing needs (diagnosis), designing and implementing an intervention (treatment), and determining its effectiveness (test of cure). Through this three-phase, in-depth process, the CPEP program addresses the core competencies that have been adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) as outlined below:

CPEP METHODS

CORE COMPETENCIES

	CLINICAL INTERVIEWS	SIMULATED PATIENTS	PATIENT RECORDS	WRITTEN TESTING	PRACTICE PROFILE	EDUCATIONAL INTERVENTION
Patient Care	✓	✓	✓	✓		✓
Medical Knowledge	✓	✓	✓	✓		✓
Practice-based Learning						✓
Communication	✓	✓	✓			✓
Professionalism	✓	✓	✓		✓	✓
Systems-based Practice	✓		✓		✓	✓

In recent years, an increasing number of physicians are seeking to return to clinical practice after a voluntary absence. Medical boards, hospitals and malpractice insurance companies may require these physicians to demonstrate that they have maintained their clinical competence and can safely return to practice. Recognizing this physician population possesses valuable skills and qualifications desired by the medical community, CPEP established a Clinical Practice Re-Entry Program in 2003.

Confidentiality:

Participation in the program is confidential and is not reportable to any federal or state authorities. Participants involved in a state medical board or hospital investigation are asked to disclose this information upon enrollment. We ask that the participants in these situations provide a release for the CPEP staff to communicate with the referring organization. The CPEP staff complies with the applicable state reporting requirements should a participant be determined to pose an imminent danger to patients.

The CPEP Advantage

Few situations within a healthcare organization are as difficult or potentially disruptive as peer review disputes. For that reason, CPEP was created with a single, clear purpose: to provide the in-depth information and educational solutions needed to objectively address physician performance concerns.

In today's environment, competence issues impact everything from quality of care and patient satisfaction to employee morale and public relations. CPEP represents an opportunity for a less adversarial process and, ultimately, a more positive outcome for organizations, physicians, and the community at large.

In many instances, referring organizations may be concerned when an isolated occurrence or knowledge deficit presents itself within an otherwise careful and knowledgeable physician's practice. Through CPEP's unique program, physicians are given the opportunity to demonstrate competence, and resolve these apprehensions. Conversely, CPEP provides clarity in those situations where the distinct concern being evaluated may be indicative of more extensive problems.

In either case, decisions can be guided and supported by a comprehensive, qualitative, and objective process that can transform an adversarial environment into a culture of collaboration. As a result, the potential for changing behavior and improving patient care patterns in those instances where educational intervention is indicated are increased significantly.

Solutions to a Broad Range of Concerns and Situations

The CPEP program assists physicians, state medical boards, hospitals, medical organizations, malpractice insurance companies and managed care organizations in effectively addressing areas of concern related to patient care and management including:

- Appropriate clinical decision-making regarding diagnostic and therapeutic interventions
- Ability to make educated decisions in response to pertinent patient information, up-to-date scientific evidence and clinical judgment
- Appropriate patient selection and decision-making in relation to procedural interventions
- Depth and breadth of medical knowledge necessary to address patient needs
- Recognition and response to urgent patient presentations
- Ability to develop and carry out appropriate patient management plans
- Consistency of care
- Application of knowledge to provision of patient care
- Other issues related to clinical competence

Medical organizations and participants also seek assistance from the program in the following situations:

- Evaluating clinical competence of a physician who has been out of practice for an extended period
- Identifying educational activities needed to enhance physician practice patterns or assist in career transitions
- Reviewing the clinical capabilities of a physician with personal health concerns including recovery from disabling illness or injury, neurological concern, or substance abuse

COMPETENCE ASSESSMENT AND EDUCATIONAL INTERVENTION SERVICES

I: Assessment – This in-depth evaluation is tailored to the physician’s specialty and practice and provides detailed information about clinical competence – in the areas of medical knowledge, clinical decision making, interpersonal communication skills, documentation skills, and practice systems – while also identifying areas of educational need.

II: Educational Intervention – Based on the assessment findings, a highly personalized educational plan is developed from a broad range of learning resources, and is measured through patient case review as well as ongoing progress and compliance monitoring.

III: Post-Education Evaluation – This critical follow-up examination enables the physician to demonstrate clinical performance improvements and the successful application of new knowledge within the areas of educational focus as a result of participating in the Education Plan.

I: COMPETENCE ASSESSMENT

The CPEP Assessment is distinguished by its comprehensiveness, individuality, and breadth of experience with physician performance. Each evaluation is tailored to the individual participant, being specialty-specific and practice-based, rather than focusing on the participant’s general medical knowledge.

The Assessment Process

The in-depth and individualized Assessment process consists of three major steps:

Personalized Intake: Program staff gathers information from the physician and the referring organization through verbal discussions and written materials. This information is used to customize the Assessment to the physician's practice and to address the specific issues prompting the referral.

Assessment: Assessment tools are selected from a diverse range of modalities in order to retrieve a broad range of data reflective of the physician’s specialty and practice profile. Structured clinical interviews are focused on topics related to the referring organization’s concerns as well as clinical presentations typically seen in the physician’s practice. Simulated patient encounters are selected to address the physician’s specialty. In addition, the assessment tools include a cognitive function screen for all participants as well as written testing, such as ECG or fetal monitor interpretations when applicable. Taken together, these assessment modalities provide a comprehensive and objective picture of the physician’s strengths and weaknesses.

Assessment Report: A board-certified physician trained in evaluation methodology serves as an Associate Medical Director for Assessment and oversees each assessment. The Associate Medical Director has primary responsibility for collecting assessment data and interpreting performance results. Assisted by clinical consultants in the appropriate medical specialty, the Associate Medical Director prepares a detailed report of the Assessment findings that identifies areas of strength as well as areas of demonstrated need. The physician’s performance on the cognitive screen is evaluated, as well as any observed behaviors or noted health concerns, all of which could impact ability to practice. The Assessment Report also includes recommendations for both the physician and the referring organization on steps to address the participant’s educational needs.



Evaluation Tools

The specific evaluation methods used in the assessment may include the following tools:

- **Practice Profile, Education and Training Review** – Consists of a written questionnaire and telephone intake interview. Both provide information about education, training, and practice history.
- **Structured Clinical Interviews** – These interviews are conducted by board-certified medical consultants, actively practicing in the same specialty field as the participant. Each assessment features two to three ninety-minute interviews based on submitted charts, hypothetical case scenarios, and the consultant's own case materials. Submitted images or DVDs may also be used as a basis for interview questions.
- **Chart Reviews** – Randomly selected, redacted charts from the participant's practice are submitted for review. These charts allow our consultants to evaluate the participant's documentation, clinical reasoning, and application of knowledge to practice. Charts are also used during the structured clinical interview. When patient charts are not available, hypothetical case scenarios are used as the basis for the structured clinical interviews.
- **Simulated Patient Cases** – Simulated patient cases assess physician-patient communication skills. Cases are selected based on the participant's specialty area. The participant conducts interviews with a "patient" in an exam-room setting. Both the participant and the patient evaluate the interaction. All encounters are recorded and evaluated by a communications consultant.
- **Simulated Patient Chart Notes** – Following each simulated patient encounter, the participant is asked to document the interview in the form of a chart note. These are evaluated to determine the participant's understanding of the principles of good documentation.
- **Cognitive Function Screen** – CPEP uses MicroCog™, a computer-based assessment of cognitive skills. The tool is used as a screening test to determine if a participant needs a complete neuropsychological workup. An experienced neuropsychologist analyzes the test results.
- **Written Testing** – When applicable, participants may be given written tests focused on their specific practice area. Tests may include electrocardiogram interpretation, fetal monitor strip interpretation, or other written tests.
- **Review of Health Information** – Participants submit results of a recent physical examination including a hearing and vision screen. Information related to other specific concerns may also be requested.
- **Observation of Behavior** – Participant behavior throughout the Assessment process is noted and summarized.

II: EDUCATIONAL INTERVENTION

An Innovative Approach to Education

In keeping with the medical model, the CPEP Assessment has its greatest value when followed by the Educational Intervention. Unlike most approaches to physician education, the CPEP Educational Intervention draws from an extensive network of educational resources, assuring that the needs identified through the Assessment can be precisely addressed. Using multiple educational modalities over an extended period of time, the CPEP Educational Intervention has demonstrated the ability to directly impact actual practice patterns. In addition, the program utilizes a personalized approach to physician education and provides a level of interaction and individualized attention that further distinguishes it from traditional post-graduate approaches.

This distinctive educational approach is supported by studies indicating that didactic CME sessions alone do not appear to result in change in physician performance. However, interactive medical education on an individual level combined with the practical application of skills – the model on which CPEP is based – can precipitate a change in clinical practice.



The Educational Intervention Process

The Educational Intervention is designed and overseen by a CPEP Associate Medical Director for Education and the CPEP staff. Every effort is made to take advantage of educational resources within the physician's home and practice area. As a result, licensed physicians can maintain normal clinical practice activities while participating in the process.

Education Plan Development: If CPEP Assessment findings identify educational needs, an Education Plan can be developed providing a structured strategy to address areas of concern. The Plan outlines specific learning objectives, activities, time frames, and evaluation methods. The Education Plan varies in duration as well as breadth of activities and follows the Educational Intervention's overall approach to incorporating the benefits of community-based as well as university-based educational resources.

Educational Activities: The foundation of the Educational Intervention is the longitudinal learning experience that occurs through an ongoing preceptorship. The preceptor is identified and selected within the participant's area and provides her or him with educational guidance and support. Preceptor activities, ranging from several hours to several days per month, enable the participant to work one-on-one with a peer of the same specialty to improve clinical performance, documentation, office practices, and interpersonal skills. In addition, the Educational Intervention may include such activities as:

- **Point of Care Experience** (from one week to several months) – A supervised experience in which the participant works directly with a preceptor in a clinical setting. A Point of Care (PoC) educational experience is one that occurs at the moment of the patient encounter. The Preceptor is able to observe and evaluate the participant in an authentic clinical setting to provide focused coaching or supervision.
- **Professional reading**
- **Home study and self assessment programs** (i.e. CD-ROM and internet courses)
- **Specialty field updates and CME courses**
- **Communication and documentation courses and coaching**

Monitoring and Reporting: The CPEP staff maintains ongoing communication with the physician and the preceptor to monitor activities, track progress made toward meeting the educational objectives and provide assistance for a successful completion. In addition, CPEP regularly submits progress reports of the participant's improvements and compliance – or non-compliance if warranted – to appropriate organizations.

III: POST-EDUCATION EVALUATION

This CPEP service provides an objective means of measuring progress following the completion of the Educational Intervention. The Post-Education Evaluation usually takes place two to four months following completion of the Educational Intervention in order to provide the physician with the opportunity to thoroughly integrate new learning into daily clinical practice.

The Post-Education Evaluation takes place either via telephone or at CPEP, and typically involves two structured clinical interviews. The participant is required to submit charts of patients managed since completion of the Educational Intervention for review. When applicable, simulated patient encounters and reviews of fetal monitoring strips and/or ECG tracings may also be included in the Evaluation.

Results of the Evaluation are incorporated into a report that is provided to the physician and to organizations identified by the physician. Based on the outcome of the Post-Education Evaluation, the physician may either be found to have completed the CPEP program satisfactorily or would benefit from extending the Educational Intervention. This evaluation process enables participants to demonstrate their ability to successfully integrate new knowledge and skills into their clinical practice rather than merely complying with educational mandates.



CLINICAL PRACTICE RE-ENTRY PROGRAM

Keeping abreast of medical changes can be challenging for practicing physicians. Imagine returning to practice after several years away. Catching up while making sure patients still receive the best care can be a daunting task.

The CPEP Clinical Practice Re-Entry Program addresses the needs of physicians re-entering medical practice after an extended absence.* The Clinical Practice Re-Entry Program helps healthcare professionals identify those areas in which they are not current, and provides the educational support for a safe and effective transition back into clinical practice.

The Re-Entry Program addresses the competency concerns of physicians, state medical boards, hospitals, and insurance companies. CPEP takes a comprehensive look at a participant's ability to practice medicine through the combination of a tailored assessment and education program. Program elements include:

Clinical Skills Analysis (one-day evaluation)

- Clinical interviews conducted by board-certified physicians
- Simulated patient cases
- Written testing, as indicated
- Simulated patient chart note analysis
- Cognitive function screen
- Review of Health Information
- Observation of behavior

Structured Education Process (length based on educational need)

- Education based in the participant's own community
- Access to a large network of educational resources
- Detailed reporting and tracking
- Supervised clinical experience in a university or community based setting
- Transitional clinical experience in an independent practice with the guidance and oversight of a skilled preceptor

**Participants must have left the medical field in good standing. Participants must plan to re-enter areas of clinical practice in which they have had prior clinical experience and training. Participants who left practice due to suspension, investigation, stipulation or are switching fields qualify for the CPEP standard assessment/education process. CPEP cannot guarantee educational resources will be available for all educational needs.*

For more information, downloadable brochures, seminar schedules and forms, please visit our website at www.cpepdoc.org. The CPEP staff may also be reached at 303-577-3232 or cpep@cpepdoc.org.





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