

To view this email as a web page, go [here](#).

E-merging views from



✉ [Forward to a Friend](#)

✉ [Sign up for our eNewsletter](#)

Dear Skip,

#### In This Issue:

[Education Program Grows](#)

[Reentering Physician Competency](#)

[Course Schedule](#)

[Peer Review Protected](#)

[Colleague Goodbye](#)

#### Quick Links:

[CPEP Advantage](#)

[Assessment Services](#)

[Education Process](#)

[Re-Entry Program](#)

[CPEP Seminars](#)

[Brochures](#)



#### Education Program Continues Growth

Once viewed as an optional portion of the assessment process, an increasing number of state medical boards and hospitals now require those they refer for evaluations also complete a CPEP education program. For many, it is a vital part of the remediation process.

An education plan is a written strategy addressing areas of concern resulting from a competency assessment. It outlines specific solutions to address those areas. While the process is structured, each plan has a degree of flexibility. Plans are created with the understanding a participant's capabilities and/or needs evolve. The educational focus areas change accordingly.

Each plan is tailored to the individual. The focus is on increasing knowledge and changing behavior. Unlike the assessment, which is conducted at CPEP, the plan is completed in the participant's own community or practice area. This approach minimizes time away from home and practice. The participant, the associate medical director, and the education team collaborate to achieve the plan's goals. The "team" approach stresses practical application of skills and knowledge.

"The biggest concern for participants is the time and commitment needed to complete an education plan," says **Sharon Miller**, education coordinator. "Our process is designed to work around their schedules." The bulk of educational activities consist of self-study courses, seminars, preceptor meetings, and supervised clinical experiences. Many activities can be completed within the participant's community. The associate medical director guides the direction and execution of the plan. Feedback and updates keep each participant's program on track. "Our approach is based on continuous learning versus quick one-day seminars," says Miller. "Participants are more likely to integrate the material when the follow-up is there." Multiple interventions over time help sustain the educational focus.

CPEP takes a similar approach to the seminars it offers. Courses contain a strong follow-up portion to ensure material is incorporated into practice. For example, the Patient Care Documentation course offers a six-month follow-up to complement its eight-hour seminar. "It is not like any other course where you go for a day," says **Belinda Temple**, case management coordinator, who handles CPEP's courses. "The direct feedback and follow-up solidify the information learned in the eight-hour course."

Application of knowledge is the cornerstone of the CPEP education program. Structured education plans, a consistent follow-up process, and a dedicated staff give participants what they need to successfully demonstrate the improvement boards and hospitals expect to see.

[\(Back to the top\)](#)



## Do Reentering Physicians Retain their Competency?

In April, CPEP completed a study of reentering physicians enrolled in its Clinical Practice ReEntry Program since 2003. The purpose was to determine if competent physicians remain so after a departure from practice.

The results of the study found approximately 70% demonstrated some educational deficiencies and required further structured education prior to returning to independent practice. The conclusion being that an extended absence from clinical practice does impact competence. The study also found that these physicians have a high probability of successfully returning to clinical practice.

Board rules requiring competency evaluations of physicians who have not practiced for a number of years, even if they left practice in good standing, reinforce the need for an evaluation and education prior to returning to practice. If you would like a copy of the study and the results, send your request to [cpep@cpepdoc.org](mailto:cpep@cpepdoc.org)

[\(Back to the top\)](#)

## Upcoming Courses

### **Patient Care Documentation**

September 15, 2006 (Denver, CO)  
November 13, 2006 (Lexington, KY)



### **ProBE Program (Professional/Problem-Based Ethics) \***

September 15-17, 2006 (New Brunswick, NJ)  
November 17-19, 2006 (Denver, CO)

Information on all courses can be found on our website. The *Patient Care Documentation* course is also available for one-on-one and onsite group settings (hospitals and medical groups). \*The ProBE Program is conducted by the [Ethics Group](#).

[\(Back to the top\)](#)

## Peer Review Protected in Texas

The Court of Appeals of Texas affirmed a trial court's grant of summary judgment against a physician who reapplied two years after his retirement and resignation at age 71. After his reapplication was denied for failure to demonstrate current competence, the physician sued the hospital and the Chief of the OB-GYN Department who testified at a hearing. However by statute, a claim based on peer review activities cannot be brought against a health care facility or the members of its peer review committee without a showing of malice. Malice is defined in Texas law as "a specific intent to cause substantial injury or harm to the claimant." The



court found no evidence of malice, and accordingly found the physician's claims to be barred by qualified immunity. *Kinnard v. U. Reg'l Health Care System*.

Case provided by [Horty, Springer & Mattern, PC](#). Horty Springer was the first law firm to devote its practice exclusively to healthcare. They work with physicians, hospitals, health systems, and managed care organizations in all 50 states. 4614 Fifth Avenue, Pittsburgh, PA 15213. 800-245-1205.

[\(Back to the top\)](#)

## GOODBYE TO A COLLEAGUE

**Debbie Waugh** resigned her position as Director of Program Services at CPEP in May. Debbie was with our organization for over seven years. She was instrumental in many improvements in our assessment and education departments. She will be missed and we wish her luck in her new endeavors.

[\(Back to the top\)](#)

Copyright © 2006. The Center for Personalized Education for Physicians. All rights reserved. The CPEP E-Bulletin is published periodically by the Center for Personalized Education for Physicians. Submissions, topic suggestions, comments, and media requests should be directed to [cpep@cpepdoc.org](mailto:cpep@cpepdoc.org) or 303-577-3232.

For more information about CPEP assessment and education services, contact:

---

**CPEP**  
7351 Lowry Boulevard, Suite 100  
Denver, CO 80230  
Phone: 303.577.3232 | FAX: 303.577.3241  
Email: [cpep@cpepdoc.org](mailto:cpep@cpepdoc.org)

---

This email was sent to: [swaugh@cpepdoc.org](mailto:swaugh@cpepdoc.org)

Go [here](#) to leave this mailing list or [modify](#) your email profile.  
We respect your right to privacy. [View](#) our policy.



This email was sent by: **CPEP**  
14001 E. Iliff Avenue, Suite 206 , Aurora , CO, 80014 ,