Immediacy Matters: The Case for Rapidly Deployed Remedial Education

Linking problem-focused discipline with timely educational interventions

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The Issue

When licensing boards and other regulatory bodies intend to keep a licensee in practice after wrongdoing has been discovered, interventions are needed, including remedial education. Typically, board orders stipulate a time frame—sometimes a year or more—within which licensees must successfully complete remedial coursework. These broad time frames effectively permit sub-standard practice to continue, running counter to the intention of the board action and jeopardizing public health, safety, and welfare. For comparison, most other board-ordered modalities to assure safe practice, such as clinical or behavioral assessments and monitoring, must be initiated within a much briefer time frame.

The Response

1) What is the goal of rapidly deployed remedial education?

2) How can the virtual education format facilitate the goal of rapidly deployed remedial education?

3) What updates to board practices can improve patient safety by ameliorating the problem of delayed educational solutions for problem-focused discipline?

1) What is the goal of rapidly deployed remedial education?

- To improve public health, safety, and welfare by
  - o Accelerating practice improvement
  - o Reducing the risk of additional wrongdoing before the remedial education solution has occurred
  - o Facilitating disciplinary impact. Delayed discipline functions poorly as discipline. As the length of time between the infraction and the remedial education increases, the connection between what was done and what needs to change becomes attenuated.
  - o Hastening change
    - o Resistance (see definition box) increases and potentially solidifies, the longer the delay in remediation. Participants are more receptive to learning and changing when resistant thinking has not had an opportunity to become entrenched.
    - o Participant examples. PBI post-course evaluations* include the following *optional* question. Sample sizes appear in the table below.

      How will you change your clinical practice as a result of this course?

Excerpts from participant responses, Column C below:

- *Already have implemented elements of my action plan in the first week back to work.*
- *I have already started changing the office policies.*
- *Tomorrow, I am going to access the State Board of Medicine's website and study it. I am going to continue to do it on a regular basis.*
- *I have decided to close the practice for two full days in order to discuss and readdress training and documentation with all staff.*
- *Will set a risk reduction plan by the end of this week. Will implement a better-informed consent process and documentation within one month of my new job.*

Excerpts from participant responses, Column D below:

- *No longer in clinical practice.*
- *I do not practice medicine yet.*
- *NA I'm retired from practice.*

A	B	C	D
Total number of participants to complete evaluation, Apr-Dec 2020	Participant respondents who answered optional question (%)	Participant responses indicating plan for change post-course (% of column B)	Participant responses indicating no plan for change post-course (% of column B)
590	566 (95.9%)	554 (97.8%)	12 (2.1%)

* Evaluations are submitted within a week of course completion.

2) How can the virtual education format facilitate the goal of rapidly deployed remedial education?

- Safer care provided sooner: Rapid deployment of educational solutions and safeguards shortens the time that clinicians might be out of the workforce due to withdrawn insurance listings or specialty certification. This is especially critical for racially diverse clinicians in underserved areas.
- Impactful education: Virtual courses meet the imperative of protecting the public by providing impactful educational solutions:
  - o *Even before the course was over, I began writing up new office policies that would help us all maintain professional boundaries.*
  - o *I have a concrete and specific plan for changing the way I prescribe that I can institute today.*
  - o *I learned about other things I had been doing that were risky—in addition to the reason I came to the course. I am very glad my eyes are open now to the ways I might have caused additional harm.*
- Immediate access: Virtual courses provide more immediate access. Previous concerns, such as delays imposed by securing course venues, as well as the difficulties in scheduling additional course dates to meet demands from the regulatory community, no longer pertain. Additional courses can be added quickly and easily to meet demands.
- Smaller course size: Virtual course enrollments that are capped at a smaller size compared with in-person courses improve faculty/participant interaction and increases scheduling frequency.
- Less lead time needed: By not involving travel, lead time for participants to arrange clinical coverage, dependent care, mobility accommodations, financial planning for costs of transportation and lodging, and the like is diminished or eliminated.
- Efficiency: The efficiency of the educational experience is enhanced because time that had previously been spent in travel can now be utilized in preparation that maximizes the educational impact.
- Increased faculty availability: Expert faculty have more availability to teach when they do not have to travel and take time away from their other professional duties and personal obligations.

When asked, here's what Senior Regulatory Staff say about rapid deployment

Given that … complaints are often significant with future patient harm a significant risk, there remains a priority need that a regulated member be able to access physician assessment and remediation in a near immediate fashion upon resolution of a complaint. . . . This is believed to translate into accelerated practice improvements, which therefore results in not only improved patient care but a reduced future risk of the individual physicians coming to the attention of their professional regulator.

I have used early intervention to correct minor violations of the regulations. At these meetings, we discuss our investigative findings and recommend CME's. This has proven to be highly effective with minimal recidivism.

Definitions

Non-remedial courses: Preventive or refresher courses. Not intended to provide an educational solution in the context of problem-focused discipline.

Online courses: Non-interactive, self-paced learning or webinar delivered through a website. No advance preparation required for course attendees. Faculty preparation is not individualized to each participant.

Remedial courses: Intensive educational interventions focused on a particular professional infraction; many happen to offer continuing medical education credit. Remedial courses are live--offered face-to-face either virtually or in-person.

Resistance: A clinician's inability to fully acknowledge their professional role. May include ignoring the legal or regulatory context of their professional work, or deficits in their ability to self-reflect. Examples include defensiveness, denial, other-blaming, rationalization.

Virtual course: A platform for delivering a live course that allows each participant and the faculty to remain in their own locations but still interact and discuss the course curriculum synchronously and face-to-face.

3) What changes in board practices can ameliorate the problem of delayed educational solutions for problem-focused discipline?

- Shorten the time frame to 60-90 days for successful completion of mandated remedial education.
  - o This language change would obviate the need to specify a time frame for enrolling in a course, as licensees will need to enroll in their course(s) right away in order to comply with the brief time frame for successful completion.
  - o This language change demonstrates that rapid deployment of remedial education is regarded similarly to the timeliness of other components of a disciplinary action (e.g., clinical or behavioral assessments, monitoring) and as a way of achieving the effectiveness of board reach.
- Handle less egregious or complex cases efficiently and swiftly using non-disciplinary means (e.g., non-public warning letters) that avoid the often lengthy investigative and disciplinary processes, but also recommend problem-focused remedial coursework.
- Provide a list of pre-approved courses and/or course providers, which hastens the course enrollment process. Otherwise, when regulators mandate a particular course "or equivalent," the evaluation and approval process of the equivalent course can delay the date of enrollment.
- Approve virtual live courses that limit enrollment, provide faculty continuity over the entirety of the course, provide synchronous interaction, and include mechanisms to hold attendees accountable for participation and engagement.
- Accept courses that licensees may have taken proactively, as long as the courses are on the board's approved list. Whether taken on the advice of an attorney or out of the licensee's own volition, this proactive spirit protects patients while the licensee is still practicing during what can be a very lengthy investigative and disciplinary process.

Recommendations

- **Shorten time frame to successfully complete mandated remedial education to 60-90 days; eliminate time frame for course enrollment.**
- **Approve courses with a virtual format that includes:**
  - **o Small cohort (no more than 16 participants)**
  - **o A primary teaching faculty for the entirety of the course for continuity**
  - **o Interactive synchronous discussion among course participants and the faculty**
  - **o Systems to ensure accountability during the course regarding attendance, participation, engagement**
  - **o Concrete plans developed by participants to improve practice and prevent recidivism**
- **Handle less complex or egregious issues swiftly via non-disciplinary means that include remedial education solutions**
- **Provide licensees with a list of pre-approved courses or course providers**
- **Accept remedial courses taken proactively as long as they are on the approved list**