

North Carolina Medical Board
Outreach Committee Meeting
November 2014

Committee Members: Subhash Gumber, MD, Chairperson, Debra Bolick, MD, Ralph A. Walker

Old Business:

1. Outreach to Med Schools and Residency programs

Public Affairs is continuing to reach out by phone and email to medical schools and residency programs. The personal touch seems to be effective. Dr. Gumber met and talked with the Dean at ECU's Brody School of Medicine. He had not seen/responded to the letter the NCMB mailed but was receptive. At Dr. Gumber's request, Public Affairs Director followed up and we are now working to ID opportunities for the NCMB to present. Also working to schedule a talk in Fayetteville for Southern Regional AHEC for a noon presentation.

For information only; No action required

New Business:

1. NCMB presentations overhaul

As the NCMB seeks to present more frequently and to more student and resident audiences, there is a need to ensure that the Board has quality content that meets the NCMB's goals and the needs of the groups hosting our talks. To that end, the Public Affairs Department is working on several fronts to shore up the content available to Board Members giving presentations.

a. Prepared PowerPoints on specific topics of interest

The Board typically presents a "Medical Board 101" general information talk to any group it visits. Public Affairs maintains a boilerplate talk, which includes an overview of the Board's mission and duties, discussion of the licensing role, and the regulatory role, which includes an overview of the complaint and investigation process, the case review process and the possible outcomes of cases. The talk also includes select statistics on licensee demographics and metrics such as licenses issued, public actions taken, complaints received, etc. A recent addition to the standard talk uses medicine-related cartoons to convey information about issues likely to bring a licensee to Board attention. This talk is updated at least annually to include the latest available statistics and can be edited and amended to meet the audience's specific needs. For a short talk (30 minutes or less) the basic Board talk can be given on its own. Often, we add on one or more specific topics of interest (current initiatives or topics such as opioid prescribing,

alcohol/substance abuse issues, etc.). Public Affairs is preparing slide sets featuring case studies and Board policy on the following subjects:

- i. Opioid prescribing
- ii. Alcohol/substance abuse
- iii. Professional boundary issues
- iv. Quality of care – Need Board member suggestions for types of issues to illustrate through case studies

Discussion: What other subject areas should Public Affairs develop slide sets on? What specific types of quality of care cases should be included in the QOC slides?

b. New presentation techniques

The Board typically uses PowerPoint presentations to give talks. This works well for some audiences (large groups, for example) but may not be the most effective or engaging method of presenting to student and resident audiences. Public Affairs recommends that we explore alternative presentation techniques to ensure that we offer a high-value educational experience for our student/resident audiences. Some techniques may also be appropriate for established licensee audiences.

- i. **What should the Board do? (presentation of case studies) –** This method tweaks the PowerPoint presentation of case studies slightly. The Board Member presents the facts of the case. Then, before revealing the Board's resolution to the case (what actually happened) the Board Member leads a brief discussion to identify, with audience participation, the issues in the case (what went wrong, what needs to be addressed) and asks the audience to suggest ways for the Board to resolve the case (What should the Board do?) When the discussion comes to a natural conclusion, the Board Member then clicks the slide to reveal the actual case resolution. Dr. Udekwu recently gave a talk to the WakeMed Department of Surgery using this presentation technique.
- ii. **Role playing case studies –** Like the technique described above, this is means of increasing audience engagement in our subject. Case studies would be scripted and "parts" assigned to volunteers from the audience (e.g., a patient and a licensee). Each participant would speak his or her scripted part. The Board Member would keep the participants on stage and lead a discussion to identify the important issues in the case, asking for suggestions for ways the Board could resolve it. Then the Board Member would reveal the actual case resolution.
- iii. **Animated case studies –** The Public Affairs staff plans to animate collections of case studies in the subject areas noted above (opioid prescribing, alcohol/substance abuse, professional boundary issues, quality of care) using the same software used to create the NCMB Complaint Tutorial. Once complete, these case study modules can be made available through the learning

management system (LMS) portal built for the Board by Greensboro AHEC. Before a talk (e.g. general Board presentation with opioid prescribing), staff would email the organization hosting the talk a link to the opioid prescribing case studies collection module, with instructions for students or residents to watch the module prior to the talk. After giving the general Board presentation, the Board Member would lead a discussion of the case study content viewed in advance of the talk. We would probably include slides from the module as visual aids to help students/residents remember and aid the Board Member in leading the discussion.

Discussion: Which of the presentation techniques should Board Members begin integrating into talks? What audiences would most benefit from the approaches described?

2. **NCMB logo**

The NCMB does not have a logo. Instead, the Board uses the official seal of the Board. This is old fashioned and somewhat limiting in terms of options for graphics on the website, stationary, business cards, PowerPoint templates and all other visuals produced for Board use. Sydney Little, the Board's new Public Affairs Coordinator will present some logo concepts for consideration. (logo options to be provided via Board Book when updates are uploaded the week beginning Nov. 17)

Staff recommendation: Board Members should select a first choice from among the logos provided. Staff need Board approval to move ahead with logo use for redesigned website and other materials.

3. **Board use of Twitter**

Members of the Cumberland County Medical Society (CCMS) have raised questions about the Board's practice of using Twitter to distribute information about public adverse actions executed by the NCMB. The NCMB posts content about adverse actions on its website (Recent Board Actions) and offers an RSS feed that "pings" subscribers when new actions are added to the website. The Board began tweeting actions in February 2013. This is consistent with the Board's goal to provide multiple choices for individuals interested in receiving the NCMB's public information and with the Public Affairs Departments efforts in recent years to offer options that streamline and automate this aspect (public information requests) of its work. The Public Affairs Director will be prepared to discuss the evolution of the NCMB's use of Twitter, including plans for future use.

Discussion: Questions/thoughts about the NCMB's use of Twitter? How should NCMB respond to CCMS letter?