Episode 23 – RImS: NCMB's Premiere Outreach Program

Intro music: 0:00

Podcast introduction: 0:09

To understand the North Carolina Medical Board's regulatory work, you really need to see the Disciplinary Committee in action. I'm Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board and this is MedBoard Matters. Disciplinary Committee is where the rubber meets the road in medical regulation. At every Board meeting, it reviews and discusses complaints and other matters that are under investigation. The committee's job is to decide how best to resolve each case. Maybe a patient complains that their physician missed a diagnosis of cancer. Disciplinary Committee has to decide if the evidence suggests that the care was in fact below accepted standards. And if so, what to do about it? Or perhaps a PA has too much to drink at a dinner party and gets pulled for DWI on the way home. Disciplinary Committee has to sift through all the information, including typically the results of an alcohol use assessment and decide if the licensee is safe to practice. Discussions are thorough and often lengthy and Disciplinary Committee members don't always see things the same way. Ultimately, though, the committee comes to a consensus recommendation on each case, which the full Board then makes the final call on. Sitting in on Disciplinary Committee is a great way to see just how the Board carries out its statutory mandate to regulate medicine for the benefit and protection of the people of North Carolina. Trouble is, Disciplinary Committee meetings are confidential, and with very few exceptions, the only people who ever participate or observe are Board members and medical board staff. Until now. In fall of 2019, just a few months before the COVID 19 pandemic hit, the North Carolina Medical Board launched an innovative program that lets medical students and PA students get a taste of the Medical Board Disciplinary Committee experience. Basically, the Board visits a medical school or PA program and does a quick overview of medical board disciplinary process. Then students break into small groups to discuss case studies that involve different aspects of medical ethics and professionalism. Finally, the students convene as a mock Disciplinary Committee to discuss their cases and vote on how to resolve them under the guiding hand of a Board representative. The lead faculty member is usually a sitting member of the Board. The Medical Board debuted the Mock Disciplinary Committee experience at Campbell University's School of Osteopathic Medicine in November 2019. Since then, we've presented at three of North Carolina's five medical schools and eight of the state's 11 PA programs. Some schools have hosted the course two or even three times. The Board's ultimate goal is to present the course annually at every medical and PA education program in the state. The program, which we call the Regulatory Immersion Series, or RImS for short, has been very well-received by students and administrators alike, and it has garnered national attention for its novel approach to educating medical professionals about ethics, professionalism, and the intersection of medical regulation with medical practice. In late April, NCMB presented an educational session on RImS to attendees at the National Federation of State Medical Board's annual meeting in New Orleans. I was on the team that developed the RImS program, so I had the pleasure of being on the panel that presented on the course. I was joined in New Orleans by Dr. Barbara Walker, the recent former Board President who inspired the program and was instrumental in getting it off the ground. Our third and final panelist was Dr. Christine Khandelwal, who, like Dr. Walker, has served as lead faculty for multiple RImS sessions. I asked doctors Walker and Khandelwal to get the band back together for another

discussion about RImS for this podcast episode. We talked about favorite aspects of the course and why NCMB thinks this type of outreach is so important.

Interview with Dr. Walker and Dr. Khandelwal: 4:22

JFB: Dr. Walker, Dr. Khandelwal, thank you so much for joining me. I wanted to share something with you. As you know, so RImS started as a pilot project in the fall of 2019. And then in 2020, we expanded the program greatly. That was our major emphasis was on expanding this to different programs past our pilot site of Campbell. And we did that. And now we are to the point where we are scheduling second or even third or fourth presentations with many of the PA schools and medical school programs. At the staff level, we've been doing some prep work to get ready to go back to certain institutions. And I wanted to share with you that one of the major PA programs that we've presented at, we're kind enough to share that their second year PA students have asked, "Is the medical board coming back, because we heard that that session was really good and we don't want to miss it". And I thought that was such a wonderful compliment. I wanted to pass it on.

BW: That's exciting.

JFB: It is. So, I wonder, Dr. Walker, I'll start with you. Tell me why you have been, I think, one of the most prolific presenters in the history of the medical board. You've done so many presentations to professional audiences. What is it that drives you to do outreach?

BW: Probably because until I actually was involved with the Board and was appointed to the Board, I really didn't understand much about medical regulation. I knew the Board licensed. I knew that people got in trouble with the Board but didn't understand what that process was. And I think it's important for all licensees to know that. So, if you can teach students early on, hopefully there will be less likelihood that they'll become those who have attention from the board and also probably create more interest in people serving on the Board, getting more qualified people.

JFB: Great. And Dr. Khandelwal, you also are interested in outreach. Do you want to say a little bit about your current clinical role because you actually do outreach for your day job as well as being a great supporter of outreach for the Board?

CK: Yes. Thanks, Jean. My clinical role is I'm a geriatric palliative care and hospice physician here in the area. But my other administrative role is I'm the VP of Education and Community Outreach at my practice, which is Transitions Lifecare. So, a community based program. And a lot of what I do is very similar to my involvement with the medical board.

JFB: Mm hmm. And what is it that you find engaging about presenting and doing outreach?

CK: Well, I. I definitely reiterate what Dr. Walker has said before. I really was more involved with the medical board. I, too, had a lot of myths about the medical board and a lot of fear about it, not realizing it was there actually as a resource for me as a licensee. I also knew when I think back about times through my training, whether was as a student level or resident and training as a fellow, again, there was a lot of things I didn't realize. The state board was there for me, whether I had questions, concerns about my license. And I really agree with Dr. Walker. It's important for us to be more proactive, to educate our licensee about what, what it is that we do every day and what we're here for.

JFB: Mm hmm. Great. I want to just pause and give a little bit of history. The medical board didn't always, you know, do professional outreach, but it's been probably, you know, ten or 12 years that we've really started to increase the emphasis. We sort of ramped up emphasis. We started soliciting opportunities to present to professional audiences, whether that was at meetings and conferences or going to large practices. We also have a very active outreach program where we talk to PA programs about getting started with licensure in North Carolina. And historically, medical schools, we had tried to get into medical schools with some success, and it had been a little bit of a challenge because, you know, we had gotten some feedback from our medical schools that medical students don't necessarily stay in the state where they do their medical school to practice. And so, they very politely let us know that they weren't certain there was value there for students who weren't necessarily going to stay in North Carolina to hear a presentation from the North Carolina Medical Board. So that was the context when Dr. Walker, you became Board President fall of 2018. Frequently, as you know, board presidents choose an initiative that they want to work on during their term as president. You chose outreach and specifically trying to crack that nut that we had not been able to successfully crack going to the medical schools to bring them information about the medical board. Can you say a little bit about why that was so important to you?

BW: Probably because I had worked with students at Campbell and with several of the other osteopathic colleges. That gave me a lot of interaction with students and helped me to know what they knew and what they didn't know. And in talking about medical regulation, they didn't know anything. And of course, I couldn't fault them because as I said, until I became a member of the board, I really didn't know much myself. So, it seemed to be an opportunity to expand and have it be part of their professionalism, part of their moving forward as professional physicians, caretakers, as they moved into their careers.

JFB: Right. So, it was really just that direct observation that, hey, you know, these students aren't getting this information. I certainly didn't get it when I was coming up. And, you know, you touched on this earlier. What if you know, what if we could bring this information to students earlier in their career path? Dr. Khandelwal, do you have anything to add? I mean, I love that goal. Maybe you could touch on why. Why is it important to get this information to the students early?

CK: I think, again, Dr. Walker and I, because we're involved in education and I spend a lot more time with more with its residents rotating with me on the clinical side or fourth year medical students, often the Campbell med students. I've realized I trained in a different kind of generation. We didn't have social media, I didn't have all these different platforms, and I had to educate myself on professionalism and ethics as it is, as it pertains to my role as a physician in everyday life. I often had patients ask me, “Can I friend you on Facebook?” And that was really uncomfortable for me to be a teacher, an educator, and not knowing is this allowed? What's the ethics of this? And is this something that my medical students and residents need to learn about? And certainly that's really what got my interest is that I need to be educated myself because I now going to teach this new generation that's training in such a different world than what I trained in that when Dr. Walker trained in and it comes to a lot of the same common themes though of professionalism, ethics, boundaries. So again, things that we all need to be aware of, whether regardless of our generation of training, it's just evolved now to a really different platforms

such as social media. So that's really why I got more involved in it, as well as an education outreach program.

JFB: Right. And Dr. Walker, you had touched on the idea that perhaps if we give this education to students earlier in their career, they may be able to avoid some missteps.

BW: Yes. And again, this goes back to some of my working with the students and deans at colleges, because early on, they give the students the information about what they should and shouldn't do and the fact that they're held to a higher standard. And there's always someone in every class who doesn't think that they'll be the one that gets in trouble, but will find themselves sitting in the dean's office with just unbelievable circumstances that occur. And so, if we can early on prevent some of that so that it doesn't become a problem for someone's career, I think that that's very important.

JFB: That's actually one of my favorite messages for the medical board to deliver to professionals at any stage in their career is that I think it's really important, and you touched on this, Dr. Khandelwal, for medical professionals to know that the medical board is not just waiting to police misconduct, that the board is actually here as a resource and wants them to be successful. So, this is part of you know, it's almost like preventive regulatory medicine where, you know, we're trying to prevent those problems by giving them information. so, I love that. You have both given the regulatory immersion series presentation multiple times. It's a 20-minute didactic session. Then we've got our small group discussion and then we reconvene, and we do the case readouts and all of that. Dr. Walker, I'm going to ask you, what is your favorite portion of the RImS program to deliver the didactic? Do you like small group or do you like the case readout at the end where you've got the large group and you're hearing back from everybody?

BW: I enjoyed the case readout and I enjoy hearing the diversity of opinions of the students, and sometimes they don't want to speak up if they're on one side or another. But many of them are very willing to jump out there and say, well, you know, I disagree with what they're saying. I think that this needs to be considered. And those are important thoughts. And…and I think it's important for their development to be able to analyze and be willing to disagree.

JFB: Yes. Yes. Think that does not surprise me because I've seen you in action doing that. And, you know, just again, for the benefit of our listeners, you know, we have incorporated from the very beginning live polling. So, we have audience response technology that we use with the students. And the students get to vote as the mock disciplinary committee on what they think the a reasonable outcome for each case is. And we, of course, provide them with four or five options to choose from. And I have seen you, often there is a consensus, you know, and I've seen you sort of look at the outliers and say, okay, who wanted to suspend the license or on the other side of things, you know, who wants to let this person go with no action and really, you know, try to needle the students in defending their position. And it really is quite fascinating to hear the range of opinions. I have to agree. Yeah, you do a great job.

BW: Thank you. I enjoy that portion. It's interesting to see the variety of opinions that come from the students and it's much like on the disciplinary committee in the board that sometimes there's a very diverse opinion that one of the members has. Sometimes the students, they're much more rigid than board members would be in how they feel the case should be handled. They look at the boundary

violation case and you know, some people are saying this guy's real creep, he shouldn't be practicing. And so, hearing their input on that is interesting. I think probably the best case for students is the social media case and most relevant for students coming up, because they don't think about posting everything in the world on social media and how that may or may not be appropriate. And so, I think the idea that I saw what you posted last night and so did the medical board.

JFB: Right.

BW: Which is…is very important for them to understand.

JFB: And just for the benefit of our listeners, the social media case study involves an obstetrical resident who is a TikTok influencer who is sharing potentially inappropriate information on her TikTok channel. And there's the question, is there a HIPPA violation here? And then also, of course, the ethics of editorializing about your patients and their families. So that's a great one. Dr. Khandelwal, how about you?

CK: I love the students break up in their small groups and again, reiterating what Dr. Walker said, they realize the weight on their shoulders when they're having to make a decision of what to do with a licensee. And I love the engaging conversations the students have. And then we all debrief together, back together. And I love to hear the different opinions and the outcomes that the groups come up with at the end of the each case. I love that part of it. My favorite case, really, that we actually started this year was introducing the mental health case and it focuses on how a licensee might navigate seeking help while balancing the demands of training and their concerns about the impact of their license while facing this situation. So, I think that was really important and significant that we introduced that case this year. To me, I think we're really trying to share with our learners and any professional that eventually goes through this training program with us is really reducing that fear and barriers that are related to seeking help for mental, aside from physical health, but really where we're talking about mental health problems and how it's been a priority for us on the North Carolina Medical Board. I know our goal has been to really help our licensees understand that they can and they should seek medical care without the fear of punishment. And I love that we introduced this case this year.

JFB: Yes. Thank you for mentioning that. That's about all of the prepared questions I had. But I do want to get your thought on kind of the larger goals of this program. We have talked about it internally from the very beginning. Our goal with the Regulatory Immersion Series has been that we want to present it annually at every medical school and every PA program, and we want to do that on a recurring basis until they tell us to stop coming. Talk with me about the potential impact the medical board can have on the next generation of clinicians. If we achieve that goal, what are we hoping for? You know, I just want to talk through that because it excites me every time I think about it. And based on the momentum that we've had and the success we've had so far, it doesn't seem as audacious as it did when we were just in the planning stages. And I'm interested in what you all think.

BW: It's an important component for professionalism and understanding of a professional role. And I think students often don't understand that they're studying so that they can take care of patients and they're putting all of the basic medical knowledge into their brains and all of the clinical skills, but they may not be given direction as far as some of the professionalism, some of the ethical things that they

need to be thinking about and boundaries. And certainly, when I was coming up in school boundaries, people didn't think about boundaries. Physicians were probably horrible as far as not respecting boundaries with patients. And that was not unaccepted. It should have been, but it was not unaccepted. And professionalism has changed and evolved to a much better status currently than when I was coming up. So as…as one of those old time long ago trained physicians, I appreciate the changes for the students, but I think that they need something other than just the clinical and the factual parts of medicine. They need to understand the psychological components, the professional components, and areas where they can shine because they have that basis of knowledge.

JFB: Mmm-hmm. Dr. Khandelwal, anything to add?

CK: Yeah. Thank you. That's a great question, Jean. I think one of our premises on the North Carolina Medical Board is we all feel and agree, the vast majority of our licensees are competent and ethical medical professionals who, when given good information, they're going to make the right and good choices. And so, I think what our goal is, again, bouncing back to what Dr. Walker was saying, is we now need to look and move further for our students. Establishing, connecting the dots for them and really putting this connection that the licensing board and they're aware of it earlier on so that they can benefit from the information, the resources and guidance earlier on in their training. I think we ultimately, when we developed this program is that we are hoping and hopeful that we're changing how this new next generation of physicians and PA, our licensees are viewing it, interacting with their medical regulatory boards as they move forward in their career. So, I think that's really what we're all hoping for and I feel that we are making that impact.

JFB: Yeah, I agree. Is there anything else that I have not asked you about that you would like to say before we close our conversation?

CK: Where are we going in the future with our program?

JFB: That's a great question. We are continuing, as you know, to work on expanding the program. So as of this year, we have presented at three of the five medical schools and eight of the state's 11 PA programs. So, we are really getting close to our ultimate goal of being in every program. So, we are continuing at the staff level to reach out, to try to get introductions to the right people at different programs across the state that we haven't been to. And then, of course, you know, to solidify the relationships that we have started, you know, if we've been to a program once, we definitely follow up. We want to get feedback. We want to make sure that the program was a success for their students, that they find value and that they want us to come back. I'm so thrilled to say that to date we have yet to have a program say thanks, but no thanks. We don't want to do this again. In fact, it's been the opposite where we have heard that they want to. You know, typically our typical response has been, thank you so much for coming. When can we schedule this for next year? And I love that. So, I hope we continue in that vein. And maybe next year we'll be in a position to say that we've achieved our goal. Dr. Khandelwal?

CK: Jean, I'd also think I'd like to compliment you and Dr. Walker, because this program has evolved so much that you are now this is accredited for CME, C ontinuing Medical Education, and you should be proud of that because faculty has come up to you at the end of some of these presentations because

they've learned a lot from these presentations along with their students. And the fact that you've been able now to offer CME makes this presentation even more attractive to present to our other licensees and professionals through the state of North Carolina. So, you should be really proud that you were able to work on getting this accredited as well for continuing medical education.

JFB: Thank you for mentioning that. And that's a great point. You asked where we're going. I'm still very laser focused on our initial goal of reaching the medical and PA students, but definitely we have had interest just from licensees, you know, the already licensed medical professionals. And I think, you know, in future, you know, it's somewhat resource intensive to present this and it does require either a 90 minute or a two-hour commitment of time and then staff to support that. But I do foresee us offering this just to the general licensee population if there's interest, and that would be a really exciting thing to see because it again goes back to just a testament, Dr. Walker, for what a good idea this was, that, you know, bringing this information to students in particular, but really to any licensee is a good idea. And I'm just really proud of the North Carolina Medical Board that we've been able to achieve as much as we have in a relatively short time. And not for nothing, during a pandemic. So, thanks to you both again for joining me and for talking about your experiences with the program and for your continued support.

BW: I'm just very grateful to the medical board for taking this on. It did seem daunting at first to try to get into the schools, but I think that there is value to the program and it's exciting to me to see how this has grown.

CK: Thank you so much, Jean, and thank you so much, Dr. Walker. I find this really meaningful work that we're doing as part of our role in the North Carolina Medical Board. And I'm proud to be part of that. So, thank you so much.

JFB: Of course. Thanks again to you both.

Podcast Closing: 24:22
Now, we covered a lot in that short conversation, but there are still a few gaps to fill in. I'm going to do that with a short question and answer segment.

Q: How long does it take to go through the full mock Disciplinary Committee experience?

A: Well, that has evolved with time. Initially, we designed the course as a 90-minute presentation with five case studies. But what we found was that students got so engaged in discussing the cases and asking questions, we often went over time. Now we recommend allowing 2 hours if all five case studies are included. If a program has only 90 minutes available, we recommend paring back to four cases.

Q: Does the medical board present actual cases to students?

A: No, we do not use actual medical board cases. Each case includes fact patterns that NCMB sees again and again in its actual case review process. But the individual each case is centered on is not a real person. We chose topics that sparked discussion of important issues, such as how medical professionals can address mental health or substance use concerns, or topics that allow the medical board to highlight specific messages. One case focuses on the importance of maintaining appropriate professional boundaries. Another highlights the problems with prescribing to oneself or casually to family and friends. We've also got a case that discusses social media use and a clinician's obligation to maintain

professional standards at all times. We hope to add new cases on an ongoing basis. If you have a suggestion, please share it by emailing podcast@ncmedboard.org.

Q: Does the Board charge a fee to present the RImS course?

A: No. The course is presented free of charge to medical and PA schools that are interested. Board members and medical board staff who assist with presenting RImS contribute their time and there is staff time involved in coordinating the program. NCMB thinks that this is a worthy investment because it sees tremendous value in educating early career medical professionals about ethics, professionalism and medical regulation. Over time, NCMB really hopes that it can change how medical professionals see medical Boards. We want them to go from fearing their Board to seeing it as a resource that can help them be successful in practice. And if we do our jobs right, we think we have a real chance at helping physicians and PAs avoid mistakes that often lead to disciplinary actions.

Q: Is this program available to medical professionals who have completed medical or PA school?

A: In theory, yes. The medical board designed the program for students and is committed to the goal of presenting the course to all medical and PA schools in North Carolina. That's keeping us pretty busy. But as Dr. Khandelwal mentioned, NCMB has taken the step of having the RImS program certified to provide continuing medical education credit to attendees. We think that this will make the program even more attractive to the general licensee population and we absolutely think that the content is good for medical professionals at all stages of their careers. So just give us time. We hope to be able to offer the program more broadly in future.

Well, that brings us to the end of this episode on NCMB's premier outreach program. I hope you enjoyed learning about our mock Disciplinary Committee course as much as we enjoy talking about it. If you are interested in learning more, visit our show page at www.ncmedboard.org/podcast to see the case studies and other information about RImS and don't be shy about reaching out to tell us what you think. Email comments and suggestions to podcast@ncmedboard.org. I'm your host, Jean Fisher Brinkley. Thanks for joining me.