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EDITORIALS

Returning Hospitalists to Their Formative Training Environment for CME: The UCSF Hospitalist Mini-College

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Hospitalists, and physicians in general, recognize the need for continuing medical education (CME) to update their knowledge and skills to provide the best possible care for patients. Interactive and personalized learning activities provide the most effective approaches for maintaining or improving physician competency.[1,2] Despite guidelines that recommend a shift of CME from the traditional large lecture format to case-based and highly interactive learning techniques,[3] this has been challenging to achieve in practice.

In this issue of the *Journal of Hospital Medicine*, Sehgal and collaborators at the University of California, San Francisco (UCSF) report innovative and highly appealing CME activity that provides a short, focused experience for the practicing hospitalist seeking to update his or her skills.[4] The UCSF Hospitalist Mini-College (UHMC) embraced the principles for creation of effective CME by conducting needs assessment from community hospitalists and constructing a program that provides focused, interactive, small-group, intensive experiences and then evaluating the experience to improve subsequent iterations of the Mini-College. The UHMC immerses participants in a relatively intense experience that includes close interaction with prominent faculty, hands-on bedside experiences, practical skills, and attendance at sessions (resident report, morbidity and mortality conferences) that are part of every resident trainee's experience. Participants would be linked to their previous learning activities. As the authors point out, there may be a powerful stimulus to learning when practicing physicians return to the milieu of training environments. This observation deserves further investigation.

The report does not provide evidence that participation in the Mini-College improved patient outcomes or physician performance in practice; these outcome measures remain elusive and an aspirational goal in medical education research. However, experienced clinician educators have come to recognize and adopt effective interventions that simply make sense in the same fashion that it makes sense to use a parachute when jumping out of an airplane in flight.[5] The UHMC makes sense. The medical education literature is replete with articles describing educational innovations and their 1- to 2-year outcomes, leaving the reader wondering about sustainability. It is reassuring that Sehgal et al. report 5 years of experience with the UHMC, and that the program has consistently had a waiting list of hospitalists who want to participate despite the expense. Although it requires patience on the part of educational innovators, this report helps set a standard for reporting enduring innovation in the education arena.

The article provides a description that is sufficiently detailed for other academic medical centers to replicate the intervention or to effectively adapt the principles of the intervention for the needs of their local hospitalist community. The authors should be congratulated for sharing the details of their program and for sharing powerful comments by participants. For hospitalist medical educators interested in sharing details of effective and sustained innovations, publication of this article emphasizes the *Journal of Hospital Medicine's* interest in disseminating these important projects.

In summary, the report on the UHMC model challenges all of us in academic hospital medicine to think creatively about how to provide effective, engaging, and exciting learning opportunities beyond the years of medical school and residency training.

References

1. Bloom BS. Effects of continuing medical education on improving physician clinical care and patient health: a review of systematic reviews. *Int J Technol Assess Health Care*. 2005;21:380–385.
2. Dorman T, Miller BM. Continuing medical education: the link between physician learning and health care outcomes. *Acad Med*. 2011;86:1339.
3. Davis N, Davis D, Bloch R. Continuing medical education: AMEE Education Guide No. 35. *Med Teach*. 2008;30:652–666.
4. Sehgal NL, Wachter RM, Vidyarthi AR. Bringing continuing medical education to the bedside: The University of California, San Francisco hospitalist mini-college. *J Hosp Med*. 2014;9:129–134.
5. Smith GC, Pell JP. Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. *BMJ*. 2003;327:1459–1461.

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