



**MEDICAL BOARD OF CALIFORNIA**  
**Executive Office**



Education Committee Meeting  
Embassy Suites  
Golden Gate Room  
250 Gateway Blvd.  
South San Francisco, CA 94080

**July 24, 2008**

**MINUTES**

**Agenda Item 1      Call to Order**

The Education Committee of the Medical Board of California was called to order by Chair Barbara Yaroslavsky at 9:04 a.m. A quorum was present, and due notice had been mailed to all interested parties.

**Members Present:**

Barbara Yaroslavsky, Chair  
Hedy Chang  
Mary Lynn Moran, M.D.  
Gerrie Schipske, R.N.P., J.D.  
Janet Salomonson, M.D.

**Staff and Guests Present:**

Barb Johnston, Executive Director  
Kim Kirchmeyer, Deputy Director  
Richard Fantozzi, M.D.  
Gary Gitnick, M.D.  
Frank Zerunyan, J.D.  
Laurie Gregg, M.D.  
Debbie Pellegrini, Chief of Licensing  
Linda Whitney, Chief of Legislation  
Candis Cohen, Public Information Officer  
Kurt Heppler, Staff Counsel, DCA  
Kevin Schunke, Regulation Coordinator  
Regina Rao, Business Services Office  
Scott Johnson, Information Systems Branch  
Julie D'Angelo Fellmeth, Center for Public Interest Law

Committee Chair Barbara Yaroslavsky exercised the prerogative of the chair to thank Medical Board staff for attending an out-of-town meeting while the state's budget still had not been passed.

**Agenda Item 2            Approval of the April 24, 2008 Minutes**

Approval of the minutes of the April 24, 2008 meeting was postponed until the next committee meeting. Notice had been posted within 10 days, but as there was some debate regarding posting during business hours, counsel advised this postponement "in an abundance of caution."

**Agenda Item 3            Continuation of Discussion of California Medical Schools  
                                 Incorporating Curriculum on Physician Wellness**

Dr. David Shearn, director for physician education and development for Northern California Kaiser Permanente, said he was convinced "education makes a huge difference," but while it is a necessary component, it is not nearly a sufficient component to diminish impairment and enhance wellness. Morale must be improved to increase productivity and diminish impairment, and to the extent that education does make a difference the "one-size-fits-all approach is doomed to failure." The success of programs must be measured carefully. The safety and confidence physicians feel within a medical center – that if they reported their colleagues, they would be handled fairly and confidentially – also is key. He again stressed wellness must be addressed on many levels. Issues concerning choice and control are "huge" for physicians; they feel they have lost control of the reason they went into medicine, which is determining what is necessary for diagnosis and treatment. Workload is another factor, as patient numbers increase. Most important, many physicians feel they are no longer treated fairly, and that decisions about their practice are being made by others.

He stressed the need for the "three Cs": care, collaboration, and continuity. *Care* about root causes, what is causing threats to morale, productivity, and wellness, and what are the factors likely to lead to burnout and impairment? Is there a safe, supportive environment for those who want to come forward when they are having problems? Are there programs in place to help those in trouble early and "if they fall"? *Collaboration* in that it takes all kinds of different departments and leadership – the Medical Board, medical societies, specialty academies, other boards, schools, and others. *Continuity* in that it is not a one-time educational intervention; other methods also must be employed, e.g., mentoring, networking in the community, and reducing the "hassle factor" in the practice. Education must be varied in content, as must be the format – just putting physicians in a class is not likely to be as helpful as a series of ongoing interventions that use classes, online resources, and email reminders.

Donna Elliott, associate dean for student affairs, Keck School of Medicine, said Keck has recently reinvigorated its goal of establishing wellness. In 2007, the dean sent a welcoming letter to students that stressed his top priority was the students' safety, health, and overall well-being. He solicited their input, met with them, and the school has since made a lot of progress on a systematic level in moving wellness initiatives ahead on campus. Currently in their curriculum they have a two-year, longitudinal, professional development course that deals with ethics, cultural competence, professional development, and health policy. In the professional

development section, there is a required annual two-hour workshop. Year one promotes medical student well-being by providing strategies for coping with the stresses of medical school, and students complete a “health contract,” listing three goals to help them maintain their health while in medical school. They meet with faculty periodically to see how they are doing with their contracts. In the second year students have another two-hour workshop called, “Physician Satisfaction and Physician Impairment,” introducing students to factors implicated in physician well being and giving an overview of physician impairment. The campus also makes available confidential peer counseling and discounted fitness center rates. The new student health center opened July 1 with mental health counselors and primary care physicians. A fitness facility is also being built on the campus.

Yvonne Choong, Center for Medical and Regulatory Policy with the California Medical Association, spoke about CME credits for physician wellness programs. Based on their research, only one school, UCSF, is providing a live course in physician wellness, a 31-hour course. The other medical schools recognize the issue and some have CME programs in development, but nothing offered currently. Other medical schools across the nation offered a wide range in the types of courses; e.g., Harvard offers a series of one-hour, online courses; the University of South Florida and Vanderbilt University offer more intensive programs such as prescribing controlled drugs, maintaining proper boundaries in one’s practice, and a program for distressed physicians. Various private providers offer some courses for CME credit.

Ms. Chang asked Dr. Shearn for an estimate of the percentage of physicians who participate in Kaiser’s programs, and he responded that what Kaiser has done is so integrated, they no longer consider them programs, and virtually everyone is affected by Kaiser’s interest in the subject. She asked if Kaiser offered CME credit for wellness courses, and he responded yes, and they are well-attended. He believes making educational interventions mandatory decreases physicians’ engagement with the material, and counseled against it. He said it is much more successful if they can see the benefit and be drawn in.

Ms. Yaroslavsky asked if success could be measured by Kaiser after 10 years of its experience by seeing more or fewer people needing direct intervention. Dr. Shearn said yes, adding his response was somewhat impressionistic and anecdotal. The loss of Kaiser physicians with wellness problems has been mitigated by rehabilitation.

Ms. Schipske said the committee should have other entities make presentations because the medical schools seem to be assisting students. She noted burnout is more of an ongoing practice issue and there needs to be education for licensees.

Ms. Yaroslavsky noted education, early and ongoing, not discipline, bodes a new future for physicians. Ms. Schipske asked what could be done for the burnout of physicians in solo practice.

#### **Agenda Item 4      Licensing Outreach Program**

Regulation Coordinator Kevin Schunke, formerly a manager in the Medical Board’s licensing program, created a university outreach program for the board to the teaching hospitals, to

improve working relationships with the offices of graduate medical education (GME) and potential future applicants. The program was created with help from the GME coordinators. He presents as a guest speaker at new resident orientations, grand rounds, and brown bag lunches. He also provides outreach at licensing fairs, spending a full day at a teaching hospital, working with applicants and a notary, a finger printer, and a photographer to help streamline the application process. The GME staffs have provided positive feedback to Mr. Schunke.

Dr. Salomonson and Ms. Yaroslavsky thanked and commended Mr. Schunke.

#### **Agenda Item 5            Public Education Program of the Medical Board of California**

Information Officer Candis Cohen noted she is responsible for the board's educational programs. She said the board has an educational program in response to its mission statement of public protection, its strategic plan, and because the legislature expects state agencies to have an educational program.

In April 2003 the full board adopted a Communications Plan, drafted by board staff with professional assistance from board member Steve Alexander. Its goal is to educate the public and physicians about who the board is, what it does, and how to use its services. The plan is still relevant and keeps the board's communications staff of three on track and always reaching. The board's educational activities are similar to those of other state agencies. She noted the fact the board has an Education Committee underscores the members' commitment to education, and thanked Ms. Yaroslavsky for her support and creativity.

A key component of the board's educational program is its use of the media; Ms. Cohen takes the calls from reporters, usually about local physicians, but also about the law and board policy. Each call is an opportunity to educate the public and physicians. She also writes op-eds, letters to the editor, news releases, and calls reporters with potential stories. She described the board as "user friendly" to the media, accessible and accountable as a governmental agency. She also seeks public service interviews on radio and TV statewide. The board's quarterly newsletter is a major outreach tool, and has a broad distribution, as well as being posted on the board's Web site. She welcomed the committee's ideas for articles. The board's Web site was launched in 1997, has grown and improved over the years, and has a team of staff managers who meet monthly to keep it current and ever-improving. It receives approximately 500,000 hits per month. The board has about 12 publications it distributes; most are mandated by law. The board does routine, personal outreach at consumer and health fairs statewide, where staff offers branded plastic bags, post-its, and refrigerator magnets. Staff answers questions and provides information on the board's functions to the public.

Ms. Schipske requested staff look into providing education on the medical spa issue.

#### **Agenda Item 6            Public Comment on Items not on the Agenda**

Julie D'Angelo Fellmeth of the Center for Public Interest Law commended the board's Web site and noted that in 2006 it was ranked by Public Citizen in the top 10 in the nation for user

friendliness and content of information about physicians, including enforcement-related documents. She also asked the committee to once again discuss requiring physicians to alert patients to the fact they are regulated by the Medical Board of California.

**Agenda Item 7            Agenda Items for Future Discussion**

Ms. Schipske wanted to involve board members in educating in their local communities, and also wanted more education from the board regarding med spas, and Ms. Yaroslavsky acknowledged Ms. D'Angelo Fellmeth's request in Agenda Item 6 and asked the matter be placed on the next agenda.

**Agenda Item 8            Adjournment**

The meeting was adjourned at 10:10 a.m.