Student Visitation to State Medical Board Meetings: One Board's Experience

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In my teaching sessions with medical students and residents on medical professionalism and the history and process of state medical boards, I have frequently used the FSMB's online educational modules on the topic of medical regulation. The very first of these modules opens with this quote:

"For nearly a decade, nearly two-thirds of medical students completing the graduate questionnaire of the AAMC (Association of American Medical Colleges) have characterized their knowledge of medical licensing and regulation as 'inadequate.'"

My own anecdotal educational experiences with students and residents align with the FSMB's findings: It is evident that many students have limited exposure to or understanding of state medical board processes. Actually, if we look at the situation honestly, many medical regulators and state medical board members might attest that even licensed physicians might have limited understanding of their own state medical board processes, years into their licensure.

As a Physician Member and subsequently Chair of the Board of Medicine of the District of Columbia, I was deeply impacted by my observations. When I was appointed to the Board, I reflected over my own understanding of the function of state medical boards and the licensing process over the course of my own career. I could not recall ever hearing the medical regulatory process addressed in medical school. The only mention I could remember as a medical resident was the reminder email we received from our residency program coordinator to make sure we got our documents in on time. The state in which I trained granted full licenses to medical residents by the end of our second year of training. Outside of a few attending physicians who reminded us to remember to protect our licenses when prescribing medications, documenting and reviewing labs, I don't think I ever gave a second thought to state medical board functions.

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My suspicion is that this is likely the case for many medical trainees. I did not realize that boards are constituted of appointed peers who give of their time to craft policy and license a competent medical workforce with the aim of the protection of the public. Candidly, not many medical trainees or licensed practicing physicians think much about their state medical board. Too often, medical boards are seen only as punitive entities, viewed as being charged with policing the medical workforce. The reputation is too often seen as adversarial, with boards representing an entity to be tolerated at best and feared at worst. Many licensees feel they are a place to be avoided at all costs unless absolutely necessary.

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Research shows that many professionalism infractions can be traced to students and residents. In a landmark paper in 2004, UCSF researchers Papadakis et al. concluded that problematic behavior in medical school and subsequent disciplinary action by a state medical board are linked — suggesting that they should be taught early on about how the boards work among other professionalism topics.

Moreover, introducing students and residents early to the process of medical regulation introduces them to the concept of the social contract. The Center for Professionalism and Value in Health Care of the American Board of Family Medicine has formed a resource library of the sizeable body of writing on professionalism. Much of the writing

focuses on the concept of the social contract, "implicitly granted by society to physicians over the years." This paradigm aligns physicians and the rest of society as two stakeholders in a long-term partnership. The theory argues that society asks physician to be altruistic in their care, to advocate for their patients, and to keep up to date on medical knowledge adhering to certain standards, among other standards. In return, it suggests that physicians have been allowed to remain largely separate in terms of professional self-regulation and educational standard-setting. Introducing students early on to these concepts in a demonstrable way may have an impact on their knowledge of the concepts and their ability to maintain their end of the contract as physicians.

Toward this end, the DC Board of Medicine has developed an informal practice of inviting medical students and residents to open sessions of the Board's meetings for the past five years. At the DC Board we often see licensees whose paths — for whatever reason — have led them to sit in a chair at a table of their peers and explain their actions. As we developed our program of visits for medical students and residents, we considered the education and exposure that is provided for trainees — both on a grand scale from the medical profession and a more targeted scale by the regulatory community. We asked ourselves what additional steps should be incorporated to ensure that our future licensees would not need to visit their state board for disciplinary purposes in the future.

Board-Visit Process and Structure

The DC Board is comprised of 14 physician members and four public members. The Board is not an independent board as some state medical boards are; rather, it is housed under the Health Regulation Licensing Administration of DC Health, our local health department. Like most boards, a typical DC Board meeting has an open portion and closed, executive session.

Our board-visit program currently consists mainly of word-of-mouth invitations to the educational community in our jurisdiction, and the biggest uptake we have had is from a local medical school program that puts an emphasis on community medicine and underserved populations.

The process is fairly simple: A faculty member or student contact schedules a visit for students with our Board's health-regulation licensing specialist and the students attend on a scheduled meeting day.

We ask our medical student and resident visitors to wear their white coats. Customarily, one of our DC Board members visits the student group before it attends the meeting, if possible, to explain the Board's processes and to prepare the students for what to expect. If this is not possible, Board representatives may meet with the students briefly outside the meeting room before the start of the meeting, in order to orient them.

Depending on the length of the agenda, we ask the student coordinator and accompanying students to introduce themselves to the Board at the end of the meeting. Time permitting, Board members may introduce themselves, talk about their medical specialties and explain their reasons for becoming involved with medical regulation. We also encourage the students to ask any brief questions that they may have at the close of the open-portion at the end of the meeting.

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Student Feedback

Feedback from students participating in our program has been very positive. Some may argue that exposing students early in training may be too premature or place too much emphasis on the punitive or disciplinary areas of medical regulation. Our anecdotal experience would argue to the contrary. Student and resident comments have been very appreciative, and individuals have indicated that their visit to a DC Board meeting was enlightening.

In addition to visits to an actual meeting of the DC Board, our program facilitates visits to the Washington, D.C., office of the FSMB, where students may meet with members of the FSMB's legislative advocacy team. Many have indicated that this component expanded their view of the health policy and advisory role of state medical boards.

Lessons Learned

In shaping our program, we have gleaned knowledge and experiences that may be useful to other state medical boards as they consider how they might structure their own student and resident visitation programs:

1. ***Long-term perspective.*** Teaching professionalism and medical regulation should be a longitudinal and multifaceted process. It should not be approached from a "one-and-done" episodic perspective. As board members, we can change the narrative and view of our boards for students and residents over time by exposing them to our meetings.
2. ***Preparation.*** Preparation is important before the trainees come for their visit. If possible, boards should have one of their members visit the medical students or residents who will be visiting a meeting. If this is not possible, send the open meeting agenda to the trainees ahead of time, with links to relevant documents, policies, draft legislation, and other items. Encourage the students and residents to reflect on this information and how it may relate to them at their current stage of medical education. They will be much more engaged, and the experience will be more fruitful.
3. ***Faculty engagement.*** Strive to engage the faculty leaders who will accompany the learners. We encourage faculty leaders to briefly introduce themselves and discuss why they chose to bring their students to a meeting. In this way, the faculty member becomes more a part of the overall experience and can be something of an ally.
4. ***Buy in.*** Work hard to get buy-in to your program from your board and professional staff. Though it can be expected that a single board champion will emerge, who is particularly interested in the program, it is important that everyone be on board. This will help stave off the potential for a board-visitation program to fade away when the board-member champion's term expires.
5. ***Emphasis on the long-term concept of professionalism.*** Normalize the ongoing discussion of professionalism as a key part of the program. Regularly invite trainees and licensees to the open-session of the board meetings whenever the opportunity arises.
6. ***Scheduling.*** Scheduling medical students is easier than scheduling residents, given the latter's busy schedules. We have had more access to residents when invited to give grand rounds or resident noon conferences.
7. ***Supplemental resources and tools.*** Consider other opportunities in your jurisdiction to expose learners to the medical regulatory process. As noted, in Washington, D.C., we are able to regularly bring students to the advocacy offices of the FSMB to hear about its federal advocacy efforts and emerging regulatory issues of interest to physicians. Present-day virtual access may make this a reality for other SMBs.
8. ***Overcoming challenges.*** Do not be daunted by challenges. One of the hallmarks of professionalism is flexibility. While the pandemic impacted our ability to foster visits, our transition to virtual meetings in the long run could make it easier for student and resident visitors to join us and learn about the process of professionalism.

Next Steps

The next steps for the DC Board's program will include:

1. ***Promotion.*** To date, our visitation program has largely been advertised by word of mouth. This year, we are planning to send a formal invitation to local UME and GME deans and UME-GME course directors, and to other health policy and professionalism-related educators.
2. ***Website additions.*** The website of the DC Board of Medicine is currently being updated. We are planning to add a specific invitation or embedded video detailing the ability of students and trainees to visit a Board meeting and to learn more about professionalism and medical regulation.
3. ***Feedback.*** We plan to more formally collect student feedback in a qualitative and quantitative manner for the purpose of improving their experiences when visiting the board meetings in the future. ■

About the Author

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