



Upcoming Events

Click here for an at-a-glance view of our upcoming events for the next 3 months

Meet Your Virginia Board of Medicine (VBM) Opioid Requirements!

In 2016, the General Assembly passed legislation that authorizes the Board of Medicine to require 2 hours of Type 1 continuing education (CE) on controlled substances each biennium. All Board of Medicine licensees with prescriptive authority must obtain 2 hours of CE related to pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction.

Easily Earn Your Required 2 hours of Type 1 CE Credit

Carilion Clinic's CME Program, as an accredited organization, recognizes the importance of connecting physicians to quality and easy to access continuing education to ensure that all physicians are able to fulfill the requirements. The CME Office has collaborated with Carilion Clinic Department of Psychiatry and Behavioral Medicine to provide a live virtual presentation February 19, 2021, from 12:00 Noon to 2:00 PM, "Buprenorphine Prescribing Best Practices and Regulatory Parameters: Results in an Outpatient Setting and a Case in Point." Discussion will include medication-assisted treatment; the use of buprenorphine, a partial agonist opioid; biochemical basics, clinical indications and counterindications; therapeutic benefits and side effects; and drug x drug interactions. Please contact Dr. Cheri Hartman (cwhartman1@carilionclinic.org) to register for this event. In recognition of the busy roles of our physicians and other healthcare providers, the presentation will also be recorded and available for viewing (and CE credit) for 3 months following the initial presentation. The recorded presentation will be posted on the OCPD website within 1 week of the presentation.

The Board of Medicine also provides the following additional links by which the 2 required hours can be met:

- Reading the Board of Medicine Regulation's Governing Prescribing Opioids and Buprenorphine
https://www.dhp.virginia.gov/medicine/leg/Medicine_Opioid_Regs_08082018.doc
Reading the Board's Frequently Asked Questions on Opioids
https://www.dhp.virginia.gov/medicine/docs/FAQPrescribingBuprenorphine.pdf
Viewing the Prescription Monitoring Program 7-minute video on NarxCare
https://app.brainshark.com/appriss/NarxCareNavigation?nodesktopflash=1
Taking the Stanford University course on "How to Taper Patients Off of Chronic Opioid Therapy" (1.25 hours CAT I)
https://stanford.cloud-cme.com/default.aspx?P=8&EID=20909
This "package" is on the Board of Medicine website under Controlled Substances CE Requirements
https://www.dhp.virginia.gov/medicine/

If you so choose, you may obtain any other 2 hours Type 1 CE as long as they relate to pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction. Type 1 continuing education (CE) hours are those hours that can be documented by an accredited sponsor or organization sanctioned by the profession.

FAQ for the Virginia Board of Medicine (taken from the VBM Website)
Am I required to send in evidence of my continuing competency hours at the time I renew? No, The Board will randomly select licensees for a post-renewal audit. If selected, you would be notified by mail that documentation is required and given a time frame within which to comply.

The CME Office is always available to help and guide you through the CME process for approval of AMA PRA Category 1 Credit™.

Linda Wells

"Wisdom is not a product of schooling but of the lifelong attempt to acquire it." - Albert Einstein

Dean's Corner

In last year's Dean's Corner articles, I introduced readers to the curricular domain we now call "Health Systems Science and Interprofessional Practice" (HSSIP). The HSSIP domain was implemented in July 2020 under the leadership of Drs. Cynthia Morrow and Natalie Karp. Our unique interprofessional approach to teaching health systems science led to a publication in Medical Science Educator co-authored by medical, nursing, and physician's assistant faculty from Virginia Tech Carilion School of Medicine, Radford University Carilion, and Carilion Clinic (Med Sci Educ. 2020 Nov 23;1-8). The Year 2 curriculum is on track to be implemented this coming July, and plans are underway to build HSSIP experiences into the clinical curriculum.

This year the Dean's Corner will feature topics of relevance to educators working on curricular innovations associated with diversity, inclusion, and equity. Educators at the University of California San Francisco surveyed their medical students during third-year clerkships during the 2016-17 academic year with a 65% response rate. The majority reported observing disparities in care on a daily to weekly basis. Disparities were perceived to be most commonly due to language barriers (90%), homelessness (77%), substance abuse history (76%), obesity (67%), and race/ethnicity: Latino (72%), black (71%), and Asian (56%). Students reported several barriers to raising concerns about what they observed, including fear of poor evaluations, a culture discouraging student agency, hierarchy creating perceived powerlessness, the desire to be a team player, limited clinical experience, and the perception that good doctors were providing disparate care unintentionally. Professional identity formation was negatively affected, as students tended to normalize these occurrences over time. They began citing clinical constraints as the main culprit and started viewing a lack of patient advocacy as understandable (Acad Med. 2019 Aug;94(8):1190-1196).

I support the authors' conclusion that there is untapped value in creating a reporting system for perceived health disparities, so that medical students and other clinical learners and health professionals can provide actionable information to health systems seeking to reduce these disparities. Developing curricula to support reporting and advocacy skills for students and residents who witness health care disparities would also be a valuable part of a systematic strategy.

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