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O&A is published five times a year by the OEA. We welcome your feedback and ideas for future articles. Please direct your comments to Ann Maderer, phone 617-636-2191, email [ann.maderer@tufts.edu](mailto:ann.maderer@tufts.edu).

## Medical Interviewing and the Doctor Patient Relationship

Tufts University School of Medicine's new course, Medical Interviewing: The Doctor Patient Relationship (MIDPR), was recently featured in a Boston Globe article, *Doctors urge a focus on geriatrics: Prod medical schools as population ages*, by Kay Lazar, appeared in the November 16, 2009 Boston Globe and featured course director Wayne Altman, MD, as well as first-year student Michael Castellot. The article described exercises that took place at the Jewish Community Housing for the Elderly in Brighton, a site where students met with residents to take histories in the resident's own living rooms.



Tatyana Faynberg (left), a Russian immigrant, was interviewed by M'13 students, from left, Michael Castellot, Robert Mendenhall, and Peilan Tang in her Brighton housing complex. (John Tlumacki/Globe Staff)

Dr. Jody Schindelheim co-directs MIDPR with Dr. Altman, and Maria Blanco, EdD, has been instrumental in the organization and implementation of the course. On page six, Dr. Blanco talks with Marco Cornelio, M'10, about his recent participation as a section leader for the

course; and, on page two, our Featured Faculty is Angela Healy, MD, a preceptor and site director for MIDPR.

In addition to building history-taking and communication skills, the MIDPR course supports the curricular key themes of geriatrics and compassionate care. Our compassionate care theme was recently advanced by a generous award from the Arthur Vining Davis Foundation supporting compassionate care resident training (see page five), and our geriatrics key theme has been strengthened by TUSM's recent election as an official student chapter of the American Geriatrics Society (AGS).

The AGS has a web site ([www.americangeriatrics.org](http://www.americangeriatrics.org)) dedicated to medical students. This site contains useful information on interdisciplinary care in geriatrics, mentoring and scholarship opportunities for students. Here you will also find geriatric seminar modules to help guide you through possible implementation of programs at your institution, as well as information on other AGS student chapters and programs.

# Faculty Focus: Angela Healy, MD



## Bio/Personal:

- Born and raised in Brooklyn, NY
- B.A.: New York University 1974
- M.D.: SUNY Downstate, Brooklyn 1978
- Residency: Internal Medicine, Baltimore City Hospitals 1978-1981
- Post-residency: General Internal Medicine practice, Baltimore; Staff Attending Baltimore City Hospital; teaching faculty Johns Hopkins Medical School 1978-1985
- General Internal Medicine practice, Lahey Clinic, 1986-2000
- Resident and Medical student preceptor, 1986-2000
- Since 2000: work has been exclusively in teaching activities, which have increased steadily over the years

## Please describe the many educational hats you wear as a faculty member at Tufts.

### At TUSM:

- Co-director of Clinical Skills Interclerkships
- Facilitator, PBL, 4 years
- PBL Committee
- Preceptor, MIDPR, 4 years
- Site director for MIDPR @ LC this year (32 students were sent to Lahey for their patient interview experience)
- OSCE committee
- OSCE examiner
- Co-editor “Basic Skills Qualification” physical exam guide, with Deborah Rin Erlich, MD (TUSM 2008)

### At Lahey Clinic:

- Every Wednesday, I conduct “Walk Rounds” with 3<sup>rd</sup> year Medicine Clerkship students from Tufts. I coach them on case presentation and physical exam skills.
- I teach Physical Diagnosis to 2<sup>nd</sup> year Tufts students.

- Faculty development coordinator @ Lahey Clinic: recruiting speakers for Medical Grand Rounds on educational topics, recruiting Lahey Clinic physicians for teaching activities at TUSM

## Many of your faculty activities involve direct observation of students. Why is that approach crucial for delivering both formative and summative feedback?

- History and Physical Exam are skills. They are the foundation of our craft. Skills must be taught, and the only way to be sure you are “doing it right” is to have someone watch you and give you immediate feedback. This is the same principle for the teaching of surgical technique, hitting a baseball, or playing the violin. Once physical exam skills have been learned correctly, they need to be practiced. The ultimate way to assess anyone on any skill is to “test” them. You must be deemed competent before you are sent out to practice your craft.

## Many educators have expressed concern about decreasing emphasis on clinical skills training, particularly physical diagnosis. What advice can you give to students about ways to strengthen these skills?

- History and physical are the cornerstones of good medicine, and the cornerstones of the doctor-patient relationship. Your ability to be competent and complete is going to strengthen your patient’s confidence in you. Besides— this is the fun part of medicine!
- Learn to take a good history and perform a correct physical exam, then put your information together in proper form in a “write-up” and case presentation. By the time you are finished, you will find that the patient has told you what the problem is—or at least has given you a very good idea of how to proceed with other diagnostic testing or treatment.
- Learn your technique correctly. Use books, videos, and demonstrations from teachers. Check out the “BSQ’s.” Do it the same way every time. Don’t shortcut. Ask people to watch you and give you feedback. Use every patient you see as *(continued on page three)*

(continued from page two) an opportunity to practice your skills—for the rest of your career. If you practice diligently, then when the time comes for the “performance,” you can be confident of your skills—and your findings.

- When you are seeing your 15<sup>th</sup> patient of the day and you

are busy and tired, maintaining the discipline of good history and physical exam will help you work up your patient efficiently, minimize mistakes, and point you in the right direction.

- Doctors, like musicians, can never take their skills for granted. Practice, practice, practice!

## Innovations in Education Intramural Grant Program

In recognition of the importance of teaching at Tufts, Dean Michael Rosenblatt, MD, invites proposals for the Innovations in Education Intramural Grant Program. This program, now in its sixth year, is designed to promote and support teaching innovations developed by our faculty that will enhance the core educational programs and overall mission of Tufts University School of Medicine (TUSM), including the Sackler School of Graduate Biomedical Sciences.

**For this round of funding special consideration will be given to projects that integrate basic science into the 3rd year clinical clerkships or create innovative 4th year experiences that integrate basic science and clinical medicine.**

For more information, please see:  
<http://www.tufts.edu/med/about/faculty/educationalgrants/overview/>

Important Deadlines:  
Letter of Intent ***deadline extended to:***  
**December 30, 2009**  
Final application: January 30, 2010

Awards will be announced the first week of March for the funding period to begin July 1, 2010.

## Mary Y. Lee, MD, Medical Education Research Day

In recognition of the importance of medical education at TUSM, Dean Michael Rosenblatt, MD, invites you to attend and contribute to the Mary Y. Lee, MD, Medical Education Research Day to be held Wednesday, March 31, 2010, in Sackler 114.

This day-long medical education conference will include morning oral and poster sessions, highlighting the many TUSM educational projects in progress and completed, as well as afternoon faculty development workshops.

We encourage all faculty engaged in educational research to submit abstracts.



**Dr. John Mahoney**

We are also very pleased to have John Mahoney, MD, associate dean for medical education and associate professor of emergency medicine at the University of Pittsburgh School of Medicine, as our plenary speaker. He will present, "Why Do Generational Differences Pose a Challenge to Medical Educators?"

For the full program, registration and abstract submission information, please go to:  
<http://www.tufts.edu/med/about/offices/oea/oeacalendar/researchday/index.html>

## Recent Presentations

### Association of American Medical Colleges (AAMC) Annual Meeting; November 6-11, Boston, MA

#### Presentations:

*Comprehensive Curriculum Redesign for UGME*; Melissa Fischer (moderator), Ray Curry, Philip Grupposo, Scott Epstein; GEA/GSA Small Group Discussion Session

*Videotaping Lectures: Balancing Student Technology Needs with Educational Practices that Promote Interactive Learning*; Nancy Kheck, Maria Blanco, Carol Capello, Elza Mylona; GEA/GSA Small Group Discussion Session

*Strategies and Activities to Support E-Teaching in Healthcare Education*; Nancy Posel, Maria Blanco, Susan Albright, David Fleiszer; GEA/GSA Mini-Workshop Session

*What Do Pre-Clerkship Medical Students Know About the Role of Nurses and Physician-Nurse Interactions on the Wards?*; Maria Blanco, Scott Epstein, Keith White, Ann Maderer, Mary Brunton, Nancy Gaden, Debralee Quinn, Theresa Hudson-Jinks, Elisabeth Wilder; RIME Oral Abstract Presentations: Learning in Teams and Across Disciplines

*Student Evaluation of Facilitator Teaching Effectiveness: A Pilot Study of the Reliability and Strength of Student Anonymous vs. Face-To-Face Evaluations of PBL Facilitators*; Maria Blanco, Ralph Aarons, Scott Epstein, Keith White; RIME Poster\*

*TUSM's Innovations in Education Intramural Grant Program*; Ann Maderer, Scott K. Epstein, Maria Blanco, Kathleen Lowney, Mary Y. Lee, Michael Rosenblatt; RIME Poster\*

#### AAMC Exhibits:

*Curriculum Reform at Tufts: The Tufts University School of Medicine (TUSM) Educational Strategic Plan*; Scott Epstein and Maria Blanco for the TUSM Educational Strategic Plan Steering Committee and Working Groups

#### AAMC Sponsored Meeting:

*Learning Communities Meeting*; Co-sponsored by Harvard Medical School and TUSM; Ronald Arky, Amy Kuhlik, Maria Blanco, Carolyn Graham, Linda Smith, Sharon Freeman

### 30<sup>th</sup> Annual Conference – The Generalists in Medical Education; November 6-7, Boston, MA

*Schwartz Compassionate Care Faculty Development Program: Promoting Humanistic Teaching in Health Care Educators*; Maria Blanco, Paul Summergrad, Thomas Campfield, Robert Kalish, Yung-Chi Sung; Descriptive Session

\*also presented at The Generalists in Medical Education as a short communication

## Call for Nominations in Clinical Teaching

To honor excellence in clinical teaching, the Milton O. M'30 and Natalie V. Zucker Clinical Teaching Prizes were established in 1998.

Each year two prizes are awarded to clinical teaching faculty: one for Innovation and another for Accomplishment. The distinction between these two categories is that Accomplishment is meant to recognize a faculty member who has had a long-standing devotion to education, while the Innovation award is to recognize an up-and-coming member earlier in their career who is developing new educational programs or models.

Each award-winner will receive \$2500.00 from the Zucker endowment fund for teaching recognition. There is no restriction on the winners' use of the prize money.

Nominations must be received by the Office of Educational Affairs no later than Friday, February 5, 2010.

For more information, please contact:

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Also see:

<http://www.tufts.edu/med/about/faculty/facultydevelopment/zuckerclinical.html> for more details and a list of previous awardees.

## Role Modeling Compassionate Care: An Innovative Resident-as-Teacher Faculty Development Initiative

Congratulations to Maria A. Blanco, EdD, Assistant Dean of Faculty Development, and Paul Summergrad, MD, Frances S. Arkin Professor and Chairman of Psychiatry at TUSM and Psychiatrist-in-Chief at Tufts Medical Center and the Floating Hospital for Children, who have recently received a \$120,000 grant from the Arthur Vining Davis (AVD) Foundation for "Role Modeling Compassionate Care: An Innovative Resident-as-Teacher Faculty Development Initiative."



These funds will help address a critical need – the training of residents to effectively deliver the compassionate care curriculum to students in the clinical setting.

The AVD project is an outgrowth of work already in progress. Supported by the Schwartz Center, Drs. Blanco and Summergrad have developed a Compassionate Care Faculty Development Program to train doctors, nurses and chaplains at five of TUSM's hospital affiliates to be master teachers of compassionate patient care. Teaching will take place during clinical rotations, at the bedside.

## Important News from the Annual Meeting of the American Association of Medical Colleges Boston, November 2009

The Liaison Committee on Medical Education (LCME), the organization that accredits US and Canadian Medical Schools, held a public hearing at the AAMC meeting to discuss revisions to two important accreditation standards. Both standards bear directly on the TUSM Educational Strategic Plan and the revised curriculum. The proposed changes to these standards have been approved by the LCME and its sponsoring associations (the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges). Final action on the new standards will be taken at the February 2010 meeting of the LCME.

Current LCME standard ED-15 states that "The curriculum should include clinical experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery." The proposed new standard states, "the curriculum of the educational program must prepare students to enter any field of GME and include content that will prepare students to recognize wellness, determinants of health, opportunities for health promotion, and symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems and spanning the life cycle." The new standard will be accompanied by an annotation stating, "it is expected that the curriculum will be guided by contemporary content from and clinical experiences associated with, among others, the disciplines and related subspecialties that have traditionally been titled family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, public health, and surgery." This new standard paves the way for new and innovative approaches to clinical education. One such approach, the longitudinal integrated clerkship, will be available in the new Maine Track.

Current LCME standard ED-11 states that, "[the curriculum] must include contemporary content of those disciplines that have traditionally been titled anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine." The proposed new standard states, "the curriculum of the educational program must include content from the biomedical sciences that supports students' mastery of the contemporary scientific knowledge, concepts, and methods fundamental to acquiring and applying science to the health of people and the contemporary practice of medicine." This new standard will be accompanied by an annotation stating, "it is expected that the curriculum will be guided by clinically-relevant biomedical content from, among others, the disciplines that have been traditionally titled anatomy, biochemistry, genetics, immunology, microbiology, pathology, pharmacology, physiology, and public health sciences." In the accompanying documentation, LCME provides a rationale for this change: "With the explosion of knowledge, LCME has recognized a need to provide a framework to assist schools in choosing what content to include in the curriculum."; "Revised standard ED-11 expects schools to choose content from the biomedical sciences relevant to the 'health of people'."

## Student Spotlight: Marco Cornelio, M'10

Maria Blanco, EdD, spoke with Marco Cornelio, M'10, about his recent participation as a section leader in the Medical Interviewing and the Doctor Patient Relationship course.

### *To begin with, please tell us: who is Marco Cornelio?*

I grew up in North Reading, Massachusetts, a small suburban town 25 minutes north of Boston. I am a fourth-year student applying to family medicine residencies with a focus on rural medicine.

### *Now, please tell us about your recent participation as a section leader in the Medical Interviewing and the Doctor Patient Relationship course. What made you want to teach in this course?*

I wanted to participate in the teaching of this course for two main reasons. First, I have always been very interested in teaching (in fact, I thought about being a high school teacher instead of coming to medical school) and thought this course would help improve my skills. Second, I wanted to provide first-year students with the same great experience I had when I was a first year. Not only did I learn so much from my fourth-year student leader, but she was also a great mentor to me during the difficult first couple of months of medical school.

### *What were your responsibilities/tasks as a section leader?*

For the first six weeks, I was at the Jewish Community Housing for the Elders in Brighton and was the sole section leader for five first-year students. I would review the lectures from earlier in the day and discuss the goals for the upcoming interviews. While the students interviewed the residents of the housing community, I would take notes on their interactions. After each interview, I facilitated a discussion on how the interview went, encouraged each student to provide feedback to one another, and provided written feedback to students. My other responsibility was reading and commenting on each student's weekly journal entry regarding their interviewing experience.

The last four weeks of the course was very similar except that I was at Tufts Medical Center and had a faculty member assisting me in the aforementioned tasks. Since I had access to a white board during these last weeks, on several occasions I created a more formal and interactive teaching lesson to present the goals for the day.

### *What lessons did you learn from teaching this course?*

Perhaps the biggest lesson I learned is that there is a lot more to teaching than simply knowing the material. The toughest challenge I found was presenting the information in a way that made it engaging, relevant, and easy to understand. A lot of times that meant moving away from the traditional monologue style and trying more creative, interactive methods that stimulated thinking in the students and put them in control of the information.



### *What recommendations would you make to peers who might be interested in teaching this course?*

First, if you have any interest at all, sign up! It is an awesome experience to not only improve on or learn new teaching skills, but it also illustrates the amount of knowledge you have attained over the past three years. Second, when you start the course, put your whole heart into it and take risks. Don't simply settle for the traditional teaching style of telling the information to students. Think about creative ways to present the information and don't be afraid to try them. Ask for feedback along the way from both the students and the faculty working with you. By doing it this way you will truly improve your teaching skills, the students will probably learn more, and both you and the students will enjoy the experience to a greater extent.

***Happy Holidays from the OEA! Please note that our office will be closed on December 24, 25, 31 and January 1.***

