

**In this issue:**

**Featured Faculty**

**Medical Education Scholars Program**

**2**

**Student Spotlight**

**3**

**AAMC Annual Meeting**

**4**

**Editors:**

Scott K. Epstein, MD

Ann Maderer

O&A is published six 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).

Visit us at

<http://www.tufts.edu/med/about/offices/oea/index.html>

## Progress Report: Educational Strategic Plan

The Tufts University School of Medicine Educational Strategic Planning process is entering a critical period. Over the next 12 months the Working Groups will finalize curricula, define teaching strategies, and develop tools for evaluation and assessment. Much has been accomplished over the last two months.

A new Working Group, “**Scientific Foundations of Social and Behavioral Medicine**,” is developing a course that will close out the first year of medical school. This unique experience will combine the current Growth & Development and Population Medicine courses together with an expanded curriculum in Ethics, Public Health, and the Legal and Business aspects of Medicine.

**Foundations of Medical Science I** will employ a core of common diseases to focus teaching in the areas of Biochemistry, Molecular Biology, Immunology, Genetics, and Cell and Tissue Biology. Students would begin, for example, interacting with a patient who has diabetes, learning key clinical features of the disease. They would then learn the basic science that underlies that disease. This early translational approach, combining basic science and clinical education, will enhance student learning.

The **Core Clerkship Working Group** recently completed a survey of TUSM Clerkship Directors. The survey asked Clerkship Directors to define the prerequisites necessary to adequately prepare students for the clerkships. This data will form the foundation of a newly designed Third-Year Orientation experience. The Clerkship Directors also overwhelmingly ratified 20 “roles of the TUSM third-year student on the wards” (*see box, page two*).

The **Key Themes Working Group** has completed its work on developing objectives and defining a core set of themes that will span the four-year curriculum. The nine themes are Professionalism and Ethics, Communication Skills, Life Cycles, Compassionate Care, Physician Well-Being, Culturally Competent Care, Evidence-Based Medicine/Information Mastery, Community Service and Citizenship, Population Medicine and Health Care Systems. Each theme will be directed by a faculty leader and a committee of faculty and students. The Theme Committees will work on strategically positioning and integrating the Themes into the four-year curriculum.

The **MedExplorations Working Group** has finalized a set of criteria that will be used to select advisors for all incoming TUSM students. The advising system will be centered on four Learning Communities, with approximately eight advising groups per community.

A subcommittee of the redesigned Curriculum Committee is identifying elements of the new curriculum appropriate for early implementation. The subcommittee envisions a series of pilot projects for the 2008-2009 academic year, allowing current and new students to benefit immediately from the new curriculum.

**Happy Holidays  
from the  
OEA!**



**Tufts**  
UNIVERSITY

School of Medicine

## Proposed Roles & Responsibilities of the Third-Year Student

1. Be the point person for his/her patients; be an expert on their history and care plan.
2. Perform and document on his/her own a history & physical examination on his/her patients
3. Formulate a differential diagnosis and evidence-based management plan for his/her patients.
4. Write daily progress notes that include all necessary data and a clear assessment and plan.
5. Educate his/her patients about their medical condition and their care plan after discussion with the team.
6. Advocate for his/her patients when possible and appropriate.
7. Write orders on his/her patients under supervision.
8. Participate to the extent possible in contacts with consultants.
9. Accompany his/her patients to procedures and participate when possible.
10. Know his/her patient's medications, their uses and side effects.
11. Be physically present on the floors or in clinics as much as possible to take maximum advantage of learning opportunities.
12. Offer the team evidence by reading about the clinical decisions being made on the patients; retrieve primary sources and any guidelines discussed in work or attending rounds.
13. Ask a resident or attending to observe him/her with a patient and then elicit feedback at least once a week.
14. Meet briefly with a resident or attending by the midterm and end of the clerkship to get feedback on his/her performance.
15. Be prepared to present his/her patients to the team in whatever level of detail is appropriate.
16. Introduce him/herself to nurses and other ancillary staff (i.e. social workers, secretaries, etc.); learn their roles; learn how he/she can help them; and, learn how they can help him/her.
17. Communicate with nurses, and read nursing records to be as up-to-date as possible about his/her patient's conditions.
18. Look for opportunities to perform tasks, however small, to help the team.
19. Learn about the common forms that must be filled out for patients; know where to find them and learn how to fill them out.
20. Help the team with discharge planning.



## Featured Faculty: Robert A. Kalish, MD

Robert A. Kalish, MD is an Assistant Professor of Medicine at TUSM and Director, Rheumatology Education, at T-NEMC. He was recently interviewed by Scott Epstein, MD.

SE: *What do you find most rewarding about being a Clinician-Educator?*

RK: What I love most is teaching in the patient care setting. When I was a Rheumatology Fellow my clinical mentor, Dr. Juan Canoso, would return from clinic and exclaim how he learned something new from his patients. I marveled at that, he already knew so much! Now I know what he means. We really do learn so much from our patients, both from witnessing the unique way a disease presents and from being careful observers and partners of patients as they go through their own experiences with that disease. To bring medical students into this world of clinical care is a rich and rewarding experience.

SE: *I am struck by how individual Tufts faculty teach at many different levels, often on the same day. What has your experience been and what do you find most challenging?*

RK: It is true. I'm currently teaching the second year Musculoskeletal Pathophysiology course. I see these students together in the classroom learning the foundations of medicine and that same afternoon I might have a third year clerkship student in my clinic. I am also involved in residency and fellowship teaching. In witnessing learners at many different stages one directly observes the progression of learning. The challenge is to always be aware of where each student is in his or her learning, appreciate different learning styles, and adjust one's teaching to give each individual student an experience that is most meaningful and educational.

SE: *You are engaged in a Medical Education Research project. Please briefly describe your study and findings? How did you get started? What have been the challenges? What have been the rewards?*

RK: Thanks to the tremendous support of many people at Tufts (in particular former Dean for Educational Affairs, Mary Lee) I have moved in the direction of working more formally in the area of Medical Education. I am enjoying that aspect of what I do tremendously. The opportunity started with a grant I received from the American College of Rheumatology in 2004 that supported time to teach. *(continued on page four)*

## New this Spring...

### Medical Education Scholars Program

This four-session series is designed to develop scholars in medical education. Each year, participants will delve into a topic relevant to the Educational Strategic Plan. This year's focus is Critical Thinking in the Workplace. Participants will explore the pedagogy and best methods for teaching and assessing critical thinking in the workplace with the goal of creating a faculty development program that can be implemented at each participant's home institution.

Session dates and times will be based on participant availability. To register or for more information, contact Sharon Freeman at 617-636-0891 or [sharon.freeman@tufts.edu](mailto:sharon.freeman@tufts.edu).

Please see the **OEA calendar** for more **faculty development** events:

<http://www.tufts.edu/med/about/offices/oea/oeacalendar/index.html>

## Student Spotlight: Margaret Dawiskiba, M'08

Margaret Dawiskiba is originally from the US Virgin Islands and is currently a fourth-year student at TUSM. She is applying in Internal Medicine this year. She was recently interviewed by Maria Blanco, EdD.

*MB: Please tell us about the medical education research project you are currently involved in.*

*MD: I am currently working on a Medical Education research project under the supervision of Dr. Robert Kalish, Course Director for the Musculoskeletal Section of Pathophysiology, with the guidance of the OEA staff. The study attempts to address how, if at all, student compassionate care interactions can be recognized and systematically assessed in a videotaped patient - student interaction that allows for self-reflection and self-assessment by the student. The objective is to show that this type of teaching tool can be successfully used to teach compassionate care. Our ultimate goal is to incorporate this approach into the Tufts curriculum*

*MB: How did you get involved in it?*

*MD: I was lucky enough to have worked with Dr. Kalish in the past during a fourth year rheumatology elective. I spent six months last year participating in the Research Concentration Program, so when I returned to campus this past fall, I was looking for an additional project to participate in. Dr. Kalish happened to be expanding upon a project that he had begun the year before. The timing was perfect and the area of compassionate care was interesting, so that is where it all began.*

*MB: What is your role in this project?*

*MD: I have been able to assist in the development of the research proposal and protocol, the creation of the compassionate care assessment tools, and evaluation of the students' videotaped interactions. I will eventually assist in the analysis and interpretation of the data collected.*

*MB: What have you learned so far from this experience?*

*MD: I've already learned a great deal about the research process during the last few months, as well as the fundamental concepts involved in assessing compassionate care in education.*

*MB: What recommendations would you make to peers who might be interested in getting involved in a similar experience?*

*MD: I would highly recommend getting involved in similar endeavors during your four years at Tufts. Whether to gain experience in the realm of research, assist in the development of curriculum here at Tufts, or simply gain exposure to aspects of Medicine beyond the clinical experience, it is a valuable opportunity. There are numerous opportunities available through the staff and faculty at Tufts, whether it be joining a project or creating your own innovative suggestions according to your interests.*



### Basic Skills Qualification Pilot Workshop

TUSM piloted a successful program, the Basic Skills Qualification (BSQ) workshop, for third-year students in the afternoon of CSI day on October 17. The program was designed and implemented by Drs. Debby Rin (M'07); Wayne Altman, Associate Professor, Public Health and Family Medicine; and, Angela Healey, Assistant Clinical Professor of Medicine, Lahey Clinic. Thirty-two students participated in the exercise which entailed performing basic skills in physical examination, such as an assessment of the knee and shoulder, in pre-specified stations. Students rotated through eight different stations, each offering two faculty to demonstrate and teach a different basic skill. Evaluations from the BSQ workshop were overwhelmingly positive. The OEA is now working on expanding the program to include more students and more basic skills.

### \* March 5, 2008 \* Mary Y. Lee, MD, Medical Education Research Day \*

Registration and program information for the Mary Y. Lee, MD, Medical Education Research Day is now available on the following website: <http://www.tufts.edu/med/about/offices/oea/oeacalendar/researchday/index.html>. The day, March 5, 2008, will include poster presentations, two workshops -- Educational Research Funding and Resources; and Evaluation Strategies Used in Medical Education Research -- and guest speaker, Dr. Elizabeth G. Armstrong, Director of Education Programs, Harvard Medical International; Professor, Harvard Medical School and Director, Harvard-Macy Institute.

## TUSM Represented at the AAMC 2007 Annual Meeting

The Association of American Medical Colleges (AAMC) annual meeting took place in Washington, DC in early November, and TUSM was well-represented. Below are samples of TUSM contributions.

**Poster Presentation:** *Providing Feedback and Reflective Learning by Videotaping Student-Rheumatology Outpatient Encounters*

**Authors:** Robert Kalish, MD, Maria Alejandra Blanco, EdD and Janet P. Hafler, EdD.

This pilot study explored the use of a videotaped encounter between a third-year Internal Medicine Clerkship student at T-NEMC and a rheumatology patient. By using Weddiver software the experience provided feedback to the student and promoted reflective learning. Dr. Kalish commented: "Presenting the poster allowed me the chance to get valuable feedback from those with different experiences and areas of expertise."

**Workshop:** *Peer Review of Teaching: A Step in the Process of Educational Scholarship* Organizer: Janet P. Hafler, EdD

**TUSM Faculty:** Wayne Altman, MD, Maria Alejandra Blanco, EdD

Other Faculty: Ruth-Marie E. Fincher, MD (Medical College of Georgia School of Medicine); Heather Hageman, MBA (Washington University School of Medicine) and Christopher B. White, MD (Medical College of Georgia School of Medicine).

This workshop explored how to develop faculty members as peer reviewers of teaching through observations of faculty teaching. Participants were able to identify and discuss what makes good teaching. They had the opportunity to develop observation skills as they watch vignettes of teaching in a variety of formats. Participants were able to identify and discuss the components of educational scholarship and how the evidence of scholarship can be peer reviewed.

**Poster Presentation:** *Training Medical Faculty Members to Review Peers' Teaching through Peer Observation.*

**Authors:** Maria Alejandra Blanco, EdD and Janet P. Hafler, EdD.

This study set out to design, implement and examine a faculty development program that would train medical faculty members to observe and document peers' teaching performances.

**Panel Presentation:** *Unlocking the Power of Virtual Patients*

**Presenters:** Rachel Ellaway (Northern Ontario School of Medicine) JB McGee (Univ. of Pittsburgh School of Medicine), Valerie Smothers (MedBiquitous) and Susan Albright (TUSM) .

The purpose of the panel was to show how virtual patients are used in the various curricula of the participants, to show the standard being developed through the MedBiquitous consortium (all the panel members are on the working group to develop the standard), and to show how virtual patients can be shared once developed according to the standard. Founded by Johns Hopkins Medicine and leading professional medical societies, MedBiquitous is a non-profit, international group of professional medical and healthcare associations, universities, commercial, and governmental organizations dedicated to advancing healthcare education through technology standards that promote professional competence, collaboration, and better patient care. MedBiquitous is accredited by the American National Standards Institute (ANSI) to develop information technology standards for healthcare education and competence assessment. TUSM is an active member and Susan Albright sits on the competency and virtual patient working groups.



### ROBERT KALISH, MD *(continued from page two)*

A core project of the grant was developing a patient partner experience for third year internal medicine clerks. The key element of this exercise is that a patient with a real disease presents to the student but does not tell the student his or her diagnosis. The student performs the history and physical examination and then "orders" a workup. The student formulates a differential diagnosis that is discussed with the preceptor and the patient's diagnosis is then revealed. This exercise provides hands on, learner-centered, experience that exposes the student to a patient's experience living with a rheumatologic diagnosis. Students found the patient partner exercise both educational and rewarding and provided positive feedback as well as useful suggestions for modifications as it went along. Patients also found this a positive experience; many have returned to volunteer for additional students.

Margaret Dawiskiba (*see Student Spotlight, page three*) was one of the students who rotated through this experience a couple of years ago. After a fourth year elective with our Division she inquired about the potential to do a research project in Rheumatology. I then collaborated with Drs. Janet Hafler and Maria Blanco who were helping develop a curriculum in compassionate care. By utilizing Margaret's interest and skill in interpersonal communication, we have initiated a study looking at the use of videotaping to promote reflective learning and the teaching of compassionate care elements in the outpatient setting.

It has been challenging learning a new type of research methodology and defining realistic measurable research questions. Equally challenging has been incorporating the study into the fabric of my other daily obligations and commitments. The rewards have been many, not the least important of which is that it is fun to do this work!