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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.

Foundations of Patient Care: Competency-Based Apprenticeship in Primary Care (CAP)

Starting in May, on one full Monday or Tuesday of each week, pairs of students will travel to a primary care physician's office where they will shadow a clinician, see patients on their own, and be observed by a faculty member. Students will resume with the same faculty member from September of 2010 through March of 2011 (for a total of 22 full days in the office).

This new course, Competency-Based Apprenticeship in Primary Care (CAP), was developed to help students develop tangible skills related to caring for patients and integrating information more effectively in a clinical setting. The course curriculum will reinforce skills taught in the two previous Foundations of Patient Care (FPC) courses: Medical Interviewing and the Doctor-Patient Relationship (MIDPR) and Physical Diagnosis (PD).

Students will have a set of Competency Cards, each card outlining a specific skill (e.g., the neurologic exam, taking a social history, etc.). Students will be required to have a preceptor observe them performing these competencies and "sign off" that the student demonstrates the requisite knowledge, skills and attitudes.

In addition, students will be participating in a series of ten workshops throughout the course, where they will learn specific office-based skills (e.g., taking vital signs, performing medication reconciliation, offering nutrition/exercise counseling, etc.). This active learning approach will allow our students to contribute to the effective office-based care of patients while receiving superb education from primary care faculty.



Artist's rendering of how children were cared for at the Boston Floating Hospital, ca. 1900; image from the Tufts Medical Center collection, Digital Collections and Archives, Tufts University.

FACULTY DEVELOPMENT CALENDAR

Please save these dates. We will send a detailed description of the workshops as the date approaches. If you have questions, please contact Maria Blanco, EdD (maria.blanco@tufts.edu) or Sharon Freeman (sharon.freeman@tufts.edu) at 617-636-0891.

Spring 2010 Workshops

Health Science Mini-Symposium: Promoting Active Learning Through Technology

Friday, February 19, 2010

8:30 am-3:00 pm, TUSM, Boston

Rising Chief Faculty Development Conference

April 12, 2010

1pm - 5pm, TUSM, Boston

12th Annual Practical Approaches to Precepting Conference

Friday, May 7, 2010

9 am-5 pm, TUSM, Boston

Competency-Based Medical Education: Are We Getting It Right?

Thursday, June 3, 2010

9 am-12pm, TUSM, Boston



John Mahoney, MD

Mary Y. Lee, MD Medical Education Day

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

This day-long medical education conference will include four oral presentations and 25 posters highlighting the many TUSM UME and GME educational projects in progress and completed, as well as the following afternoon faculty development workshops:

Life Long Learning

Presenter: Allen Shaughnessy, PharmD, Professor, Public Health and Family Medicine

Survey Design

Presenter: Dawn G. Terkla, MEd, Associate Provost for Institutional Research and Evaluation, Tufts University

Teaching the Importance of Teamwork and Team-based Care

Presenters:

- Robert Trowbridge, MD, Assistant Professor of Medicine, Maine Medical Center
- Paula T. White MS, RN, Director, Center for Clinical & Professional Development, Department of Nursing, Maine Medical Center
- Doug Salvador MD, MPH, Patient Safety Officer/Associate Chief Medical Officer, Maine Medical Center

We are also very pleased to have John Mahoney, MD (pictured left), 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 and registration, please go to: <http://www.tufts.edu/med/about/offices/oea/oeacalendar/researchday/index.html>

Faculty Focus: Scott Gilbert, MD

Harvey Learning Community Advisor, Course Director of Pathophysiology, Core Faculty of the Internal Medicine Residency Training Program at Tufts Medical Center, and Director of Educational Activities in the Division of Nephrology

The Renal Course is one of the top ranked courses at TUSM. What is the secret to the course's success?

I think the Renal Course has been successful because of the level of engagement between students and faculty. This contact enables students to fully explore the challenging conceptual nature of the material. We have an outstanding faculty who are capable of introducing topics in the lecture hall and providing students with a framework to guide them as they work through the various subjects. We rely on a syllabus, a textbook, and TUSK-based resource that allows students to independently deepen their understanding. And then, a heavy reliance on Small Groups and Clinicopathologic Conferences provides opportunities for students to apply the principles they have learned, and reach a level of mastery. This process requires a deep commitment from students, and a devoted faculty willing to work closely with the students. We have been fortunate to achieve this in the Renal Course.

You will be directing the new 2nd year From Health to Disease Course (starting August 2010). Tell us about your vision for the course and how it differs from the current offerings in the 2nd year curriculum.

The educational process is very different from how medicine is practiced. Throughout medical school, students are taught various subjects serially. However, the practice of medicine requires the ability to simultaneously access material across disciplines. From Health to Disease will try to blur the current course distinctions and emphasize a comprehensive approach to the material. A team of course directors will include physiologists, pathologists, pharmacologists, and clinicians who are all familiar with what else is being taught.

In addition, From Health to Disease will cross the organ system boundaries. There will be opportunities to revisit basic genetic, epidemiologic, and biochemistry concepts in many of the organ system courses. Furthermore, areas where multiple organs play a role will be emphasized. The

pulmonary and renal contributions to acid-base handling, or the endocrine and nutritional aspects of diabetes, will be explored. From Health to Disease will acknowledge the natural complexity of how the body works while still presenting the material in a manageable, organ-system framework.



Tell us about your clinical work and your role as an educator outside the classroom.

Even as a science and math geek, it was the humanistic elements that guided me into medicine, and I still think of myself as a clinician first. Caring for dialysis patients, kidney transplant patients, and patients with chronic kidney disease allows me to be closely involved in the lives of unique individuals who have strength and courage in battling chronic conditions.

However, I have found my interactions with bright and inquisitive students and trainees equally rewarding. I work with first-year students in the Harvey Learning Community, second-year students in the Renal Course, third-year students during their Internal Medicine Clerkship at Tufts Medical Center, and fourth-year students during (continued on page four)

GILBERT (continued from page three) Nephrology Consult Rotations and various electives. As these students graduate, I am able to continue to interact with them as interns and residents in my role as Core Faculty of the Internal Medicine Residency Training Program. Then, as Director of the Fellowship Training in Nephrology, I can continue my relationship with a group of these trainees for another two to three years as they become Nephrologists.

Watching the growth and development of specific individuals throughout the educational process has been tremendously satisfying. There are unfortunate students who have been subjected to me for ten straight years, and watching their transformation into wonderful physicians and caregivers has been a great privilege.

Faculty Medical Education Journal Club

Summaries of the following articles can be found at: <http://www.tufts.edu/med/about/offices/oea/faculty-development/journalclub.html>.

Relationship between clinical assessment and examination scores in determining clerkship grade
Stephen J. Lurie & Christopher J. Mooney
Medical Education 2010: 44 : 122–124

State of the science in health professional education: effective feedback
Julian C. Archer
Medical Education 2010: 44: 101–108

Please contact Ann.Maderer@tufts.edu if you would like to receive a copy of either article.

NEGEA Annual Retreat

The NorthEast Group on Educational Affairs (NEGEA) Annual Retreat will be held at the University of Connecticut Health Center School of Medicine in Farmington, CT, March 12-13, 2010. The following abstracts from TUSM were accepted:

Maria Blanco, EdD; Scott Epstein, MD; Ralph Aarons, MD, PhD; Yung-Chi Sung, PhD; Ann Maderer, Ed.D and
Anonymous vs. Face-To-Face Evaluation and Feedback Given by Medical Students to Problem-Based Learning Facilitators

Maria A. Blanco, EdD; Elizabeth Richardson, MLS, MEd; Jane Ichord, MLS; Gail Hendler, MLS, AHIP; Ann Maderer, EdD and; Scott K. Epstein, MD
Tufts University School of Medicine's Medical Education Literature Alerts: A Faculty Development Initiative to Keep Faculty Up-to-Date with Educational Literature

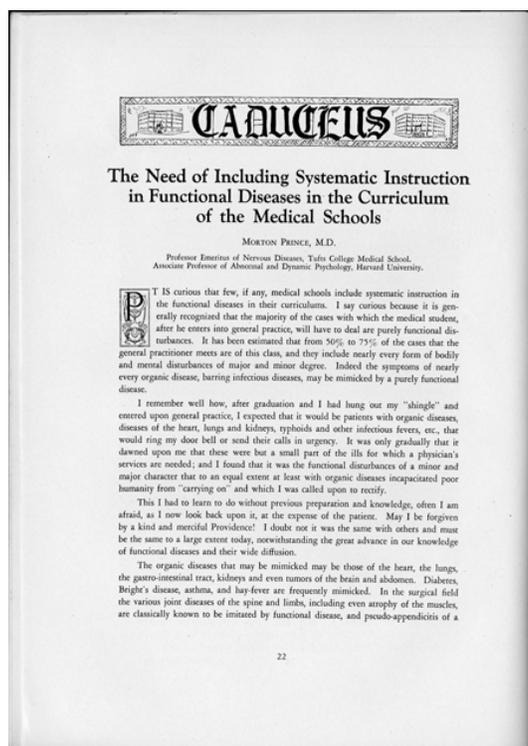
Robert Kalish, MD; Maria A. Blanco, EdD
Integrating the Teaching and Learning of Compassionate Care Into a Rheumatology Outpatient Clinical Skills Exercise

Mary Y. Lee, MD, MS; Maria A. Blanco, EdD
Writing Effective Grant Proposals Workshop

Laura K. Snyderman, MD; Maria A. Blanco, EdD
Medical Students as Teachers: Participant's Perceptions of the Impact of a Fourth-year Medical Education Elective on their Current Teaching Practice as Residents

Laura Snyderman, MD; Joe Rencic, MD ; Dan Chandler, MD
Peer Observation and Feedback of Resident Teaching During Work Rounds

For more information about the NEGEA meeting and to register, please see <https://negea.uchc.edu/index.asp>.



TUSM yearbook, 1927
Digital Collections and Archives, Tufts University

STUDENT SPOTLIGHT: ROB BONOW, M'12

Briefly describe your experience as a curriculum committee and MERC representative?

Serving as one of my class' Curriculum Representatives over the last year and a half has been a wonderful experience. In my role, I have had the opportunity to provide my class with a voice on the Curriculum Committee, which I feel has been particularly important as the medical school transitions to a new curriculum. I have also chaired the monthly MERC meetings with my co-representative, Jenny Steinkeler. In these forums, students have the chance to discuss feedback and voice concerns directly with Dean Epstein and Dean McVoy from the OEA. In both of these settings, I have been impressed by the value Tufts places on student opinion: In the Curriculum Committee, the perspectives of student representatives are frequently solicited and always appreciated, and in MERC meetings constructive feedback from students is passed on to professors, many of whom work hard to incorporate our suggestions right away.

The Tufts curriculum is undergoing significant changes. As a second year student what do you see as the major challenges?

In my view, the major challenges lie in finding the right answers to two questions: What material should professors teach, and how should it be taught?

There is simply no way to cover everything about health and disease in only four years. Some content has to be cut down or omitted altogether. The condensed basic science sequence in the new curriculum adds more pressure to teach only what is truly important, and I think it has prompted faculty to seriously consider the importance of the material that they teach. In the end, I believe this reevaluation will be a good thing; by refocusing courses on "high-yield" information, students should be able to better learn the crucial material that is most important to being a good physician. So long as graduates leave with the skills



to recognize and learn what they do not know, they can pick up the extra knowledge as they continue training. The challenge is identifying what is crucial and what is extra.

The accelerated curriculum has also put pressure on first year students, who now have more lectures per week and more to learn per week than previous classes. Since every hour spent in lecture is an hour that cannot be used for personal study (or for a personal life), it is important that in-class time be minimized and used as well as possible. For example, interactive lectures with built-in quizzes are much more useful and enjoyable from the students' perspective, and they help us keep a much stronger hold on the material. And the presentation of clinical cases (in each lecture, when possible) can really make seemingly abstract material feel much more important. Time is also limited outside of lecture, and online tools like self-assessment quizzes and simulated cases are great ways for students to review and identify what they need to focus on in their finite study time. I think the big challenge here will be in finding the time and expertise to put together these sorts of tools for lecturers and students to use.

(continued on page six)

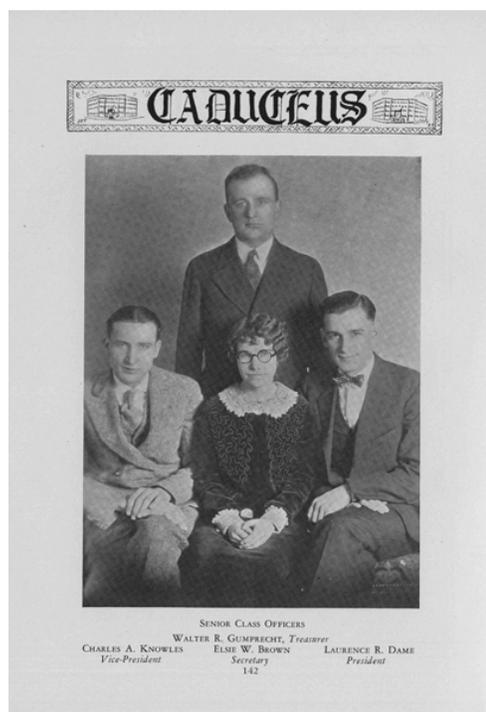
Bonow (continued from page five)

What are your plans in terms of residency and career?

While I haven't made any firm decisions regarding my future, at the moment I'm leaning towards applying to residency programs in Neurology (despite the best efforts of my advisor, Dr. Scott Gilbert, to make me a Nephrologist). My original interest in medicine was sparked by a job I had during college as an activities leader at a home for seniors suffering from Alzheimer's disease. Working there really opened my eyes to medicine; interacting with patients and their families exposed me to the holistic side of patient care, which I found extraordinarily rewarding, but it also piqued my curiosity into what was going wrong to cause such an awful disease. I've been interested in neurodegenerative diseases ever since, and would like research in that field to be part of my career. Still, it's the only area of medicine I've had a lot of exposure to, so I'm trying to keep an open mind until I get some experience in other areas during my clinical rotations. One thing I do know for sure is that I want to work in a hospital closely affiliated with a medical school; I think I would enjoy the opportunity to work with and teach medical students.

Lifelong Learning Survey

In May 2009 we asked students and faculty to complete a brief survey that included questions about *lifelong learning* (LLL)— particularly their perspectives on the role of the medical school in cultivating it. Based on responses from 78 faculty and 223 students, we found that both groups agree that medical school should provide LLL training. Furthermore, according to the themes that emerged from faculty and students' open comments, both groups emphasized LLL as a *requirement* of a medical professional. However, students put more emphasis on training and practical strategies and faculty put slightly more emphasis on LLL as a self-initiative task (see table, *Faculty and Student Perceptions about Strategies that Would Help a Medical Student Become a Lifelong Learner*, at right). Likewise, faculty and students agreed about the types of strategies that would support a medical student in becoming a lifelong learner— though students put less emphasis on the importance of reflection and put more emphasis on learning from trial and error than did the faculty.



School of Medicine yearbook cover, 1927
Digital Collections and Archives, Tufts University

Strategies for becoming a Lifelong Learner	Faculty Response Percent	Student Response Percent
Interest in learning.	84.4%	86.4%
Recognizing knowledge/skills deficits.	75.3%	84.1%
Deliberating/reasoning with others.	74.0%	67.3%
Reflecting on their learning experiences/practices.	72.7%	61.8%
Seeking opportunities to learn.	66.2%	60.0%
Consulting resources to learn.	62.3%	58.6%
Becoming aware of thinking as they solve problems.	61.0%	56.8%
Learning from experts.	51.9%	54.1%
Learning by trial and error.	36.4%	51.4%
Receiving information.	24.7%	29.5%
Passing the Board Exams.	18.2%	22.7%
Fulfilling medical school's training requirements.	13.0%	21.4%

Faculty and Student Perceptions about Strategies that Would Help a Medical Student Become a Lifelong Learner