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### Editors:

Ann Maderer &  
Scott Epstein, MD

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 by phone: 617-636-2191, or email, [ann.maderer@tufts.edu](mailto:ann.maderer@tufts.edu).

## TUSM Curriculum Update

The Tufts University School of Medicine successfully rolled out a new curriculum in the fall of 2009 with the Class of 2013. As anticipated by the Educational Strategic Plan Steering Committee the rollout was just the first step in what will be an iterative process, one of continuous quality improvement as we seek to bring the educational program at TUSM to the next level of excellence.



Students and mannequin at the Clinical Skills and Simulation Center

Based on student feedback from M13 and analyses conducted by faculty peer reviewers and the OEA, the Curriculum Committee made recommendations for changes to the first year curriculum for M14. The Committee mandated further reductions in lecture time asking that content be high yield and emphasize, to the degree appropriate, clinical correlations. Teaching basic science in a clinical context has been shown to be important for effective learning. Nearly 25 hours of lecture time was removed from the first semester curriculum for M14. Student ratings of MedFoundations I Unit and its six component courses (Biochemistry, Cell Biology, Genetics, Immunology, Molecular Biology, and Tissue/Organ Biology) increased significantly compared to those from a year ago. Those evaluations reveal much improved integration between courses and enhanced clinical connections. In addition, these courses made significant advances in correlating their basic science content with clinical aspects of the six diseases/patients (cystic fibrosis, HIV/AIDS, diabetes, coronary artery disease, breast cancer, systemic lupus erythematosus) that form one of the underpinnings of MedFoundations I.

The school successfully launched the Competency-based Apprenticeship in Primary Care (CAP) in spring of 2010. First year students spent one full day per week in a primary care setting refining history taking, communication, and physical diagnosis skills while learning about delivery of care to patients with chronic illness in an ambulatory setting. The course extends into second year running from September to March. Students in the Maine Track spend two full days a week every other week at CAP sites in Maine. The new second year is built upon courses that take an organ system approach and feature highly integrated physiology, pathophysiology, pathology and pharmacology. The second year features two new courses. The Dermatology Course, directed by Pamela Norden MD, MBA (and a TUSM alumna), was given in the fall and garnered very high ratings. The new Introduction to Clinical Reasoning Course, co-directed by Drs. Joe Rencic, Bob Trowbridge and Mike Gibbs, was launched in September. The course combines virtual cases on TUSK with live small group case-based sessions with groups of 8-14 students working with highly rated clinicians (see interview with Dr. Robert Trowbridge, page 3, for more details).

To date the new curriculum has been well received by students and has received unanimous approval from the Curriculum Committee. Importantly, in response to an interim report filed this fall, the Liaison Committee on Medical Education (LCME), strongly endorsed the progress made.

## Faculty present at AAMC 2010 Annual Meeting



The Association of American Medical Colleges (AAMC) annual meeting was held November 5-10, 2010, in Washington, DC.

Maria Blanco, EdD, presented a poster at the Research in Medical Education (RIME) portion of the conference. Blanco, M., Arons, R., Epstein, S., Sung, Y.-C., Maderer, A., "Walking on eggshells": PBL facilitators' and students' perceptions of student face-to-face feedback on teaching.

Another poster, showcasing the partnership between TUSM and Maine Medical Center, was exhibited at the Innovations in Medical Education hall. Wiltshire, W., Trowbridge, R., Blanco, M., Epstein, S., Bates, P., Skolfield, J., Bing-You, R. *Faculty Development Partnership: Maine Medical Center and Tufts University School of Medicine.*

## Spring 2011 TUSM Faculty Development Workshops

### **4th Annual Rising Chief Resident Faculty Development Conference**

Date: Monday, April 4, 2011, 12:30pm-5pm, TUSM, Sackler 114, Boston

Faculty: Laura K. Snyderman, MD; Wayne J. Altman, MD, FAAFP; Maria A. Blanco, EdD; Mary Brown, MD; Priya Garg, MD; Hong-Thao N. Thieu, MD

Description: At this conference, rising chief residents will have the opportunity to participate in a curriculum that is focused on teaching, mentoring, mediating, and leadership.

### **13th Annual Practical Approaches to Precepting**

Date: Friday, April 15, 2011, 9am-5pm, TUSM, Sackler 114, Boston

Description: This conference features hands-on clinical workshops in the morning and interactive faculty development workshops in the afternoon. The conference is geared toward TUSM clinicians who teach medical students in an ambulatory setting. All disciplines are encouraged to attend. Fellows and residents are also welcome. The conference will be a full day; however, participants are welcome to attend any part of the day.

**Workshops are free of charge and held at Tufts University School of Medicine, 145 Harrison Avenue, Boston, unless otherwise noted. Workshops are also scheduled at TUSM affiliated hospitals. To register for a TUSM workshop, to obtain a list of our workshops offered at TUSM affiliated hospitals, or to schedule an additional workshop at a TUSM affiliated hospital, contact Sharon Freeman, [sharon.freeman@tufts.edu](mailto:sharon.freeman@tufts.edu), 617-636-0891.**

### **Team-Based Learning: How to Use this Instructional Strategy to Promote Learner's Active Learning while Maximizing Faculty Teaching**

Date: June, 2011 (day and time tbd)



Invited Scholar: Paul Haidet, MD, MPH. Director, Medical Education Research. Professor of Medicine and Humanities. Penn State Milton S. Hershey Medical Center. Penn State College of Medicine. Office of Medical Education.

Description: In this workshop, participants will be introduced to the evolution and applications of team-based learning (TBL) as an instructional strategy in medical education. Participants will identify inhibitors and enablers that influence implementation of TBL, as well as factors to consider for the use of TBL in their teaching practice. Participants will have the opportunity to design a plan to implement TBL in their teaching practice and received feedback from peers. Relevant resources from the medical education literature will be distributed. Participants from other educational fields will also be able to apply the workshop content to their teaching practices.

# Faculty Focus: Robert Trowbridge, MD

Assistant Professor, Maine Medical Center

**You and Drs. Joe Rencic and Mike Gibbs are leading a new second year course, Introduction to Clinical Reasoning. What are the goals and objectives of the course? What teaching methods do you employ? How do you think this course will benefit students as they head into the clerkship years?**

The main focus of the course is to help students begin to understand clinical reasoning and the diagnostic process. In the past, the focus of the clinical years has been on accumulating clinical knowledge and learning how to manage patients. The problem with this approach was that although diagnostic reasoning is one of the most difficult and nuanced things that a student needs to learn, it was rarely explicitly discussed. This course tries to remedy that and expose students to the basics of clinical reasoning from the outset.

The construct of the course is to start with a common clinical scenario (like chest pain or weakness) and have the students run through cases centered on these issues while dissecting and discussing the clinical reasoning process. The students first do an on-line case in TUSK that introduces the clinical material as well as several key points regarding clinical reasoning. They then meet in small groups with an expert clinician and go through several more cases based on that clinical theme. Along the way, the students build their history-taking skills, hone their ability to concisely represent problems, construct illness scripts and build differential diagnoses. They also spend a fair amount of time talking about diagnostic error and common diagnostic traps. We figure that when learning about clinical reasoning it's also important to learn how things can go wrong with the process and how we can avoid common errors in thinking.

It's been a fun course as the diagnostic process is extraordinarily challenging and really gets to the heart of what many of us enjoy about being physicians. In the end, we're hoping it will shine a bit of light in the black box of diagnostic reasoning for the students and allow them to begin to consciously work on their clinical reasoning skills. They'll also be more comfortable with several of the clinical scenarios they'll see frequently in their third year as they will, for example, have spent a lot of time thinking about and discussing the patient who presents with chest pain.

**You oversee the Competency-based Apprenticeship in Primary Care (CAP) for students in the Maine track. In what ways do you think the Maine track version is unique? What are the principal objectives of the rotation?**

The main goal of the course is to have students really start the transition to being physicians while also becoming more comfortable with (and competent in) their history-taking and physical diagnosis skills. I think there are several aspects of the Maine version of CAP that are unique. Most importantly, many of our students are from Maine and some are returning to their hometowns for CAP. Having the opportunity for the students to assume this new role in their home communities has been fantastic for everyone involved. Another remarkable aspect of the Maine experience has been the degree of engagement of the faculty. Because we had so many dedicated and qualified preceptors, we have two preceptors for every student. This has allowed the students to see two styles of practice and to have a great breadth of experience while also lightening the load on the preceptors a bit.

**What attracted you to Hospital Medicine? What is a typical day for you when you are on service?**

The reason I went into Hospital Medicine was my interest in medical education. I was a primary care physician for five years and eventually realized that, at least back then, there were more consistent teaching opportunities in the inpatient setting. I did a fellowship in Hospital Medicine really to help equip me with the skills to thrive in academia. Although I miss having longitudinal relationships with patients, I really enjoy the fast pace and diagnostic challenges that are an integral part of hospitalist work.

When I'm working clinically, I usually attend one of the General Medicine teaching services at Maine Medical Center. I work with a team of residents, interns and students caring for 10-12 patients. I usually start the day before Morning Report with seeing patients that I'm either concerned about or who I think may go home that day. Morning Report then starts at 7:30 and lasts an hour and I then round with the team for about 90 minutes. We do all



of our rounds at the bedside with bedside presentations and spend the time teaching and learning with our patients. I'll then leave the team and go see the rest of the patients independently, catching up with the resident once we've both seen everyone. The rest of the day is spent admitting new patients with the team and (hopefully)

doing another teaching session or two, either didactic or at the bedside. We then get together again one more time before we go home to review the events of the day and start to plan for the next day. The days are long and exhausting but rewarding and fun.

## Call for Community Service Learning Faculty

Active citizenship and community service is a defining quality of Tufts University and our medical school. All medical students are required to complete a community service experience during their four years at Tufts. A successful Community Service Learning experience depends on having superb faculty participate in the process. The Tufts University School of Medicine (TUSM) Community Service Learning (CSL) course is interested in recruiting faculty reviewers in order to help enhance the experience of the students as they participate in community service.

The faculty reviewer would be expected to:

- 1) If possible, meet with each student at the beginning and at the end of the experience and interact (phone, e-mail, etc.) as needed during the rest of the student's experience.
- 2) If possible, visit the CSL site and meet with the site preceptor. Interact as needed with the CSL site during the student's time there if any issues/concerns arise. Conduct an evaluation with the preceptor and get the preceptor's input at the end of the course about the student's attendance and participation as well as contributions to the organization.
- 3) Read and evaluate the student's short CSL paper due at the end of the course.
- 4) Give feedback to the CSL board regarding the student and the CSL site via the CSL student evaluation tool.
- 5) Read and understand the overall goals of the CSL program.

Please also note that in addition to the role of faculty reviewer, we are also actively looking for CSL site options for our students.

**CSL Faculty Reviewers who have already signed up to participate and those of you who are interested and would like to learn more: We will hold a Meet & Greet / Information Session on Monday, March 7, 4:30-6:30pm in Sackler 114 (145 Harrison Ave, Boston) with CSL Co-Directors Brian Lisse, MD and Mark Pearlmutter, MD.**

Please contact Nicole Love, 617-636-6934, ([nicole.love@tufts.edu](mailto:nicole.love@tufts.edu)), if you would like to attend the March 7 Session and/or if you are interested in becoming a CSL Faculty Reviewer.



Nicaragua Elective students working at Mongallo clinic. Community Service Learning includes local and global experiences.

## NEGEA Annual Retreat 2011

The George Washington University School of Medicine and Health Sciences (GW) will host the 2011 Northeast Group on Educational Affairs (NEGEA) Annual Retreat on March 11-13, 2011. The theme of the conference is *International Medicine* and an exciting program has been developed with a number of unique features.

The conference location, on the GW Foggy Bottom campus, is within a mile from the National Mall, White House and United States Capital Building. The conference dinner will be held on the top floor of GW's Elliott School of International Affairs, in a room that has an exceptional view of the Washington Monument and National Mall, and a large outside terrace from which to appreciate our nation's capital.

For more info and to register:  
<https://inside.gwumc.edu/smhs/negea>