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Editors:

Scott K. Epstein, MD

Ann Maderer

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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.

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

Spring Forward: ESP Progress Report

The new TUSM curriculum developed by 17 Educational Strategic Plan Working Groups is just a year and a half away, starting in the Fall of 2009 with students in the Class of 2013. Having updated course objectives and content, the Working Groups are turning their attention to teaching strategies and methods for assessment. One common proposal is the expanded use of simulated or standardized patients, "actors" trained to accurately portray patients. Standardized patients provide rich educational opportunities for students to practice and refine core skills in medical interviewing and physical diagnosis. Well-trained standardized patients can accurately assess student competence in these areas and skillfully provide formative feedback. Importantly, the USMLE Step 2 Clinical Skills (CS) Exam uses standardized patients to assess medical student capacity to collect information from patients, perform a physical examination, and then communicate the resulting findings.

The TUSM Educational Strategic Plan envisions expanded use of standardized patients throughout the four-year curriculum. The Foundations of Patient Care Course (running from the first week of the first year through second year) will use standardized patients to teach skills essential to the patient-doctor encounter. For example, when interacting with a standardized patient a student can practice both core medical interviewing and more advanced skills such as interviewing the difficult patient, interviewing via an interpreter, and discussion of end of life care. The Core Clerkships Working Group has recommended increasing the use of standardized patients to enhance competency-based assessment for each of the core clerkships. This approach to assessment complements the early fourth year, eight-station Objective Structured Clinical Examination (OSCE), experienced by all Tufts students (*see page two*).

The OEA's Summer Home

The Sackler Renovation is upon us! During the construction, the entire OEA will relocate to 35 Kneeland Street (the new Clinical Skills and Simulation Center). We will be there from approximately mid-May through mid-August. After the renovation is completed, most of the OEA will return to the original location – Sackler 3. Please note however that a subset of the office staff will stay on at 35 Kneeland: **Donna Merrick, Kasia Zawadzka** (Physical Diagnosis, PBL and Selectives) and **Samantha Fleming**, Evaluation coordinator, will have permanent offices at 35 Kneeland Street. Phone numbers will be constant throughout the transition. For more information about the project, please see http://www.tufts.edu/med/news/buildingourfuture/index.html.

John O'Reilly, MD

Featured Faculty: John O'Reilly, MD

Assistant Professor, Pediatrics, Baystate Medical Center
2007 Zucker Teaching Prize Recipient

The Baystate Undergraduate Medical Education Committee has created an innovative approach to ethics education during the Clerkships. How does it work? What has been the reaction of students and faculty?

Three years ago we began a year-long ethics course for TUSM third-year students at Baystate. The course followed a series of discussions at our Undergraduate Medical Education Committee (UMEC) about how we could improve the educational experience for TUSM students who would be at Baystate for the entire third year. Tom Campfield and I were co-chairs of the hospital's child care review committee, and we were active in ethics education on the Pediatric resident level. Maura Brennan was a geriatrician who was involved in hospital-wide education on ethics and professionalism in her role as grant winner for the Schwartz Foundation. We collaborated to tailor our teaching to meet the needs of third-year medical students. The UMEC clerkship directors supported our course by freeing up all the TUSM students to attend our 3:30-5 PM conference one Wednesday a month.

The course has three main components: 1) a monthly case-based conference on an ethics or professionalism topic; 2) small discussion groups facilitated by the same faculty throughout the year that would work through clinical dilemmas each month; and 3) a TUSK-based on-line small group discussion site facilitated by the same faculty member where students post writings on any topic.

Each month we would create a case-based curriculum on an ethics or professionalism topic (e.g. end of life care, truth telling). We would post on TUSK a brief summary of the topic, some articles or essays from sources such as *The New Yorker* or classic literature, and the clinical cases of the month. The small discussion groups with a dedicated faculty facilitator were designed to create a safe place for students to bring up ethical and professional concerns. Students could choose to raise issues in person at the monthly course discussions, or post reflective writings on-line at any point. In either setting other students would join the discussion with the faculty member there to facilitate the flow of ideas.

The Baystate faculty have been very supportive of the ethics course, and that support has been the key to our success. The clerkship directors' willingness to release their students from clinical responsibilities for the hour and a half session allowed us to create the course. The clerkship directors' participation in our sessions is perhaps the strongest signal to the students that these topics are important. When the students see the clerkship directors struggling with the ethical dilemmas raised by a case, they see that ethics and professionalism are not theoretical issues reserved for the fourth Wednesday of the month but are grappled with on a daily basis by physicians whom they admire.

What do you find most rewarding about teaching in the clinical setting? Most challenging?

The most rewarding part of teaching in the clinical setting is watching the students grow as physicians, and watching them become passionate about patient care. Pediatrics is a challenging field for many students who are more comfortable taking care of adult patients. Many students have little experience working with children, and they must push the limits of their comfort zone when dealing with Pediatric patients and their families. Luckily, most patients are very welcoming to the students, and it is wonderful to see when the student comes out of the room with a smile after a good encounter. My favorite part of teaching is watching the "Eureka moment" when the student realizes how much fun and rewarding it is to take care of patients. Suddenly all those facts they learned in the preclinical years make sense when they see how it applies to the patient in front of them. *(Cont'd on page five)*

TUSM Objective Structured Clinical Examination (OSCE)

The much anticipated opening of the Clinical Skills and Simulation Center at 35 Kneeland Street this summer will coincide with the launch of the new TUSM Objective Standardized Clinical Examination (OSCE) program. In past years, fourth year student were required to travel to Brown Medical School in Providence in order to participate in the OSCEs. Starting in July 2008, OSCEs will take place right on the TUSM campus. OSCE dates will generally be on Tuesdays and Thursdays in the summer and Wednesdays and Fridays in the early fall. Student sign up will begin within the next month. Please contact Margaret Ivins or Associate Dean McVoy in the OEA for further details (617-636-0889).

Student Spotlight: Cheryl Sherrod

What motivated you to become involved in the Educational Strategic Plan?

Often people hear about how health disparities affect our country. The idea of how disease is not color blind and burdens certain populations disproportionately is pretty well known. African American men are 38% more likely than whites to die from cancer.[1] Hispanics living in the United States are 1.5 times more likely to suffer from diabetes than non-Hispanic whites.[2] Although only 4% of the population, Asian Americans and Pacific Islanders represent over half of the chronic hepatitis B infections and deaths.[3] The idea of how disparities impact the workforce is also prevalent. African Americans, Hispanics, and American Indians account for 6% of doctors and 7% of nurses and dentists even though they constitute almost one-third of the U.S. population.[4]

But in August of 2006 when I walked into Sackler and realized I was one of four African American medical students in a class of about 170, this idea became my reality. As I enthusiastically became engaged in my studies, I could not help but look up from my books and see the lack of teachers and professors who looked like me. No longer was this idea of such cultural disparities some safe political issue that I could bring up as side dish in a dinner conversation. This was my reality.

My number one priority in coming to Tufts is to be the best physician for my patients. The general idea of how to achieve this goal is pretty straightforward: learn as much as you can from as many places as you can. Study books. Listen to your teachers. However having worked before I came to medical school, I also know that there can be a large gap between theory and practice. You can honor all of your first- and second-year classes and ace the boards. But at the end of the day if you cannot establish a relationship with your patient, how can you elicit an accurate history in order to put your knowledge to work? Or let's say you bypass the history and obtain a diagnosis primarily through labs and imaging studies, on what premise does the patient trust you in order to comply with your treatment?

I believe that medical school curriculum is a very important place to begin to address these issues by training a generation of physicians who not only have the proper theoretical tools to approach these problems but also opportunities to put them into practice in a clinical setting. Learning how to address barriers whether they are race, ethnicity, language, gender, sexual orientation, socio-economic status, or religion is vital in bridging the gap between provider-patient communication.

You've been a vital contributor to the Key Themes Working Group. Describe your role on the committee. What has been most rewarding? What has been most challenging?

As Diversity Representative for the class of 2010, I primarily offer a student's perspective on how to shape the key themes as well as how they might be integrated into the curriculum. Most recently, I drafted some guidelines on how and where the key theme of cultural competency might be integrated into our new curriculum.

The most rewarding aspect is to see how the faculty desires to make things change for the better. It is a wonderful opportunity to hear first hand what they would like you to get out of a particular class or clinical experience. They have sacrificed their time in order for the future classes to have a well-rounded education.

The aspect of the project I am most concerned about in regards to the cultural competency key theme is the implementation of the recommendations. As mentioned before, part of the disparity is not only in the student body but also in the workforce. This is a long term project that requires aggressive recruitment of more underrepresented faculty members that could not only contribute to the conversation about culture but also be involved in the full spectrum of the medical school activities ranging from the clinic to research to student advising. Implementation of the curriculum specifically would require not only finding appropriate lecturers but also training of current faculty members (including attendings) in how best to help students reach these goals. These all are large tasks which do not happen overnight. However with the appropriate plan in place, involvement of dedicated faculty, and financial resources, the possibilities are endless. And from what I have seen serving on the Key Themes Working Group, we are off to a promising start.

What has been your favorite course thus far (and why)?

Every Wednesday I look forward to getting out of the classroom and into the clinic for our Physical Diagnosis II course. My placement at the Lemuel Shattuck hospital has been my best learning experience at Tufts by far! The patient population at the Shattuck is primarily minority and underserved. I have seen everything from CNS Toxoplasmosis to ascites and have encountered so many clinical scenarios that reinforce what we are learning in class. What truly makes this a unique experience is the faculty who is not just committed to giving us a firm foundation in taking a history and conducting a physical exam but also pushes us to consider the patient as a whole: his/her family background and the ethical implications of our own actions.

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[1] American Cancer Society. *Cancer Facts and Figures 2003.* (Atlanta: ACS: 2003).
[2] U.S. Centers for Disease Control and Prevention, "National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2003"(Atlanta:CDC, 2004).
[3] Presidents Advisory Commission on Asian Americans and Pacific Islanders, *Addressing Health Disparities: Opportunities for Building a Healthier America,* 2003 (24 January 2005).
[4] IOM, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce.* (Washington National Academies Press, 2004).

Mary Y. Lee, MD, Medical Education Research Day

The first annual Mary Y. Lee, MD, Medical Education Research Day took place on March 5, 2008. The event honored former Dean for Educational Affairs, Mary Lee (currently Associate Provost, Tufts University), a leader and innovator in medical education. The meeting was widely attended by faculty from the entire Tufts community as well as TUSM students. The keynote speaker, Dr. Elizabeth G. Armstrong, Director of Education Programs, Harvard Medical International; Professor, Harvard Medical School and Director, Harvard-Macy Institute, started off the day with the talk *The Outcomes Logic Model in Medical Education*. Dr. Armstrong urged that, in evaluating educational programs, we go beyond process and outputs and increasingly focus on outcomes (short- and long-term behavior changes) and the impact of those outcomes on those who we serve.

Over twenty posters, exploring many aspects of student and resident education, were on display. The Planning Committee selected four noteworthy posters for oral presentations:

Increasing the Quality and Quantity of Feedback in Medical Education
Presenter: Kevin Hinchey, MD
Authors: Michael Picchioni, MD, and Kevin T Hinchey, MD
Baystate Medical Center/Tufts University School of Medicine

Resident Teaching During Work Rounds
Presenters: Laura K. Snydman, MD, Daniel Chandler, MD,
Tufts Medical Center

Reflective Writing and Facilitated Discussion Enhance Teaching of Clinical Ethics
Presenter: John O'Reilly, MD
Authors: Elisabeth Bennett, Maura Brennan, MD; Thomas Campfield, MD; John O'Reilly, MD
Baystate Medical Center

Poster by Dr. Stan Jacobson et al. One of the many that were exhibited on March 5.

Simulation Based Training for Third Year Medical Students – A Combined Medical and Surgical Effort to Link the Theory with Practice
Presenters: Gladys Fernandez, MD and Mihaela Stefan, MD
Research Team: Mihaela Stefan, MD, Gladys Fernandez, MD, Elizabeth D'Amour RN, Michael Picchioni, MD, David Page MD, Joel Abraham MD, Rukshana Cader MD, Neal Seymour MD, Richard Wait MD, PhD
Baystate Medical Center

The Conference schedule allowed all attendees to attend two afternoon workshops: *Educational Research Funding and Resources* conducted by Mary Y. Lee, MD, and Maria Blanco, EdD; and *Evaluation Strategies Used in Medical Education Research* taught by Janet Hafler, EdD and Keith White, PhD.

Please contact Ann Maderer if you'd like a copy of the program booklet that contains the poster abstracts, talk handouts and more. The second Mary Y. Lee, M.D. Medical Education Research Day is tentatively scheduled for the Fall of 2009.

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Participants at MYL Medical Education Research Day discuss their ideas. From Left: John O'Reilly, MD; Tom Campfield, MD; Sandra Bellantonio, MD; Scott Epstein, MD; Laurie Demmer, MD; Robert Kalish, MD; and Mary Y. Lee, MD.

Dr. John O'Reilly – Continued from page two.

The most challenging aspect of teaching in a busy outpatient Pediatric practice is balancing the time-space continuum between patient flow and quality teaching. Seeing 15 patients in an afternoon while teaching a medical student requires a great clinical support staff, creative teaching strategies, and the juggling skill of the performers at Faneuil Hall. The successful afternoon starts by reviewing the schedule with the student, looking for opportunities that meet that student's needs as a learner. The student may need to read about a particular syndrome before seeing the 2:00pm patient. After my introduction to the family, the student may do a focused exam on the 3:00pm patient with an unusual physical finding while I see a few patients for urgent visits. At 3:30pm I may prime the student to focus his or her attention on behavioral history of the school-aged child with ADHD. At 4:00pm I may ask the student to consider benefits and burdens of therapy options in, for example, a child with a chronic disease he/ she has seen whose asthma or hypertension is not well controlled on initial therapy. The days usually end with a large pile of charts on my desk, and a long list of questions for the student to answer. The student "homework" answers come back later by email, and often I learn as much from the students as they learn from me.

You, like I, were a medical student in the early 1980s. What is the biggest change in undergraduate medical education that you have notice during the past 25 years?

The biggest change is the incredible growth of medical knowledge and the accompanying methods of obtaining and managing that information. Perhaps the best example of this is the explosion of genetic information that is in the process of revolutionizing medicine. Back in the early 80's, I may have had enough genetic information to guess the color of Mendel's pea plants, or perhaps confirm the clinical diagnosis of Down Syndrome. I never would have guessed that genetic information would allow me to pick the most effective drug for an individual patient, or the risk of a specific disease for a specific patient that may not be manifest clinically for 20 years.

With the growth of the knowledge base has come a remarkable set of tools we can use to harness the power of that information. As a medical student, our sources of knowledge were: the dogmatic statements of the attending, library textbooks, and the Xeroxed article handed out on rounds. We learned to create file folders to hold articles until we needed them again, or until they decomposed into compost. Retrieval of information was almost never done in a timely enough way to impact decision making while the patient was still in the office. Now not a day goes by that I am not on TUSK looking at *Pub Med* or another on-line source to help me make decisions for patients sitting in exam rooms. It is not always as important that we impart our knowledge to the medical student as it is to teach them how to use the search tools to find out for themselves what the pertinent knowledge and evidence is available in the literature. Every student who comes through our Pediatric rotation presents at least one evidence-based PICO question. It is fascinating for me to see the questions they pose, and I learn a lot by reading their EBM responses.

Faculty Medical Education Journal Club - Maria Blanco, EdD

In this new edition of our Faculty Medical Education Journal Club, you will learn about:

Improving Bedside Teaching: Findings from a Focus Group Study of Learners*
Williams, K., Ramani, S., Fraser, B., and Orlander, J. Academic Medicine 83(3):257-264, March 2008. Available at:
http://ezproxy.library.tufts.edu/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=fulltext&AN=00001888-200803000-00009&LSLINK=80&D=ovft

Professionalism and the basic sciences: an untapped resource
Macpherson, C., and Kenny, N. Medical Education 42(2):183-188, February 2008
Available at:
http://ezproxy.library.tufts.edu/login?url=http://www.blackwell-synergy.com/issuelist.asp?journal=med

Also, we recommend that you consider reviewing the following articles:
Ward rounds: how prepared are future doctors?
Nikendei, C., Kraus, B., Schrauth, M., Briem, S. and Junger, J. Medical Teacher 30:88 -91, March 2008
Available at:
http://www.informaworld.com/smpp/content~content=a790624326

Compassionate Care Faculty Development Program

Through the generous support of the Kenneth B. Schwartz Center, TUSM is designing a faculty development program to train a core group of physicians from our affiliated hospitals to be 'master teachers' of compassionate patient care. This program will be an opportunity for faculty to develop, implement, and assess a compassionate care project at their clinical sites and receive feedback from a faculty peer and from the TUSM teaching faculty on how well they incorporate these skills into their teaching.
(Continued on page six)

Announcing the 2008 Innovations in Education Grant Awardees

by Dean Michael Rosenblatt

In 2004 I introduced the Innovations in Education Intramural Grant Program to recognize the importance of teaching at Tufts University School of Medicine (TUSM). The program has successfully promoted more than 20 teaching innovations by our faculty that enhance the core TUSM educational programs, including the Sackler School of Graduate Biomedical Sciences. Many of these projects have become self-sustaining, key elements of our curriculum.

Advances in basic medical science have diminished the boundaries between basic and clinical science. At the same time, our students need new skills to successfully navigate a changing health care delivery system. The rapid evolution of medical science and the dynamic role of the physician in society create a challenge to the traditional approach to medical education. Our Educational Strategic Planning initiative is addressing this challenge, and the Innovations in Educational Intramural Grant Program is available to support faculty as they develop resourceful approaches that meet our educational needs.

In this time of financial challenge, these grants provide an opportunity for faculty to more readily devote themselves to activities requiring effort above and beyond what is already expected. The Innovations in Education Intramural Grant Program has tapped into the extraordinary creativity of our faculty, fostering new collaborations and original projects, for the continued advancement of the TUSM educational mission.

I am delighted to announce the awardees for the 2008 Innovations in Education Intramural Grants program. After much deliberation, the Selection Committee chose five proposals from an outstanding pool of applicants (13 letters of intent and 10 full proposals).

The awardees address areas of curricular need noted in the Educational Strategic Plan, including innovative approaches to simulation-based training and its evaluation, the exploration of a longitudinal clinical experience, the development of compassionate care awareness, the integration of basic science and clinical teaching in Addiction Medicine and the implementation of the Classroom Response System.

Brief descriptions of the proposals will be posted on the Innovations Grant website http://www.tufts.edu/med/IG/, as will the deadlines for next year's grant cycle.

Please join me in congratulating the following faculty:

Ralph Aarons, MD, PhD
Director, Problem Based Learning Course
Tufts University School of Medicine
"The Tufts Medical School CRS Project"

Thomas Campfield, MD, and Michael Picchioni, MD
Departments of Pediatrics and Medicine
Baystate Medical Center
"The Long and Winding Road: Exploring the Feasibility of a Longitudinal Integrated Clinical Curriculum"

Gladys Fernandez, MD, Thomas Higgins, MD, William McGee, MD, and David Page, MD
Department of Surgery and Critical Care Medicine Division
Baystate Medical Center
"Simulation and Critical Care Medicine - Helping Students 'Get It'"

Robert Kalish, MD
Department of Medicine
Tufts Medical Center
"An Outpatient Subspecialty Based Model for Teaching and Learning Clinical Skills and Compassionate Care"

Emmanuel Pothos, PhD
Department of Pharmacology and Experimental Therapeutics
Tufts University School of Medicine
"Vertical Organization of Addiction Medicine at TUSM and Affiliated Hospitals"

Compassionate Care Faculty Development Program *(cont'd from page five)*

The program will be scheduled over an 18-month period and will include two workshops at TUSM in addition to a site-based project. The Compassionate Care Faculty Development Program builds upon the work of the Compassionate Care Faculty Advisory Group which developed a curricular template to teach compassionate care throughout the four-year curriculum. If you are interested in participating in the Compassionate Care Faculty Development program, please contact Sharon Freeman at 617-636-0891 (sharon.freeman@tufts.edu). For more information about the Kenneth B. Schwartz Center visit their website at: http://www.theschwartzcenter.org.