OEOL newsletter of the office of educational affairs

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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 <u>ann.maderer@tufts.edu</u>.

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Thank You to 1st & 2nd Year Course Directors

With the end of the 2007-2008 academic year, it is time to congratulate our students for a job well done and wish them luck on next year's endeavors. It is also time to express our sincere gratitude to the hundreds of TUSM faculty who lecture, teach small group and laboratory sessions, and instruct in the clinical setting in clerkships and fourth-year rotations. We want to especially recognize and thank the 43 faculty who direct the 37 first- and second-year courses (see table, page two). As you know, the first two years at TUSM lay the foundation of scientific and medical knowledge that allows students to move skillfully and successfully into the clerkship years and beyond. Indeed, TUSM students continue to excel in obtaining residency positions at the top training programs in the most competitive specialties.

Each year our first- and second-year course directors perform a Herculean task in creating their courses. This past year these 43 basic scientists and clinicians orchestrated the delivery of more than 1000 lectures and nearly 450 hours of small group and laboratory experiences, in many instances doing the classroom or small group teaching themselves. In addition to the rigors of direct instruction, the faculty are responsible for assembling and disseminating all course materials. The course directors arranged nearly 9000 pages of syllabus material, writing and editing many of the entries independently, and authored more than 2400 exam questions! They also posted more than 40,000 power point slides on TUSK so that Tufts students could continue to learn and review the material outside of the classroom. Furthermore, these dedicated individuals spent countless hours in face-to-face and on-line meetings with both students and staff. Throughout this year each course director met regularly with the team in the Office of Educational Affairs to review student evaluations of their respective courses. In so doing,

each course director demonstrated a desire to continually work to bring his or her course to the next level of excellence. Simultaneously, each course director devoted many hours of work to the Educational Strategic Plan to ensure the TUSM curriculum evolves to meet the challenges of a changing scientific and medical environment.

Please join us in thanking the first- and second-year course directors for their exceptional efforts



Special Appreciation to Dr. Susan Hadley

After nine years at Tufts, Susan Hadley, MD, has taken a position at Bassett Medical Center in Cooperstown New York. There her challenge will be to develop an accredited medical school curriculum for 3rd and 4th year medical students who will complete their clinical training at Bassett. She will also continue to practice Infectious Disease. Although she has truly loved her time at Tufts, this allows her to pursue a long held dream of living in a rural area and continuing an academic career.

We express our sincere gratitude to Dr. Hadley for her tremendous efforts supporting the educational mission at TUSM. She served on the Curriculum Committee since 2004 and has been Chair this past year.

Dr. Hadley has also directed the Pathophysiology course, the ID Pathophysiology section, and the Infectious Disease student selective and elective courses. She was actively involved in the ESP, co-chairing the Key Themes Working Group and a member of four other working groups.

Very best wishes and thanks to Dr. Hadley!

TUSM 1st & 2nd Year Course Directors 2007-2008

First Name	Last Name	Degree	Year	Semester	Course
Ralph	Aarons	MD, PhD	1 st & 2 nd	Fall- Spring	Problem Based Learning
Paul	Abourjaily	Pharm.D.	2nd	Fall-Spring	Pharmacology
Lester	Adelman	MD	2nd	Fall	Neuroscience
Laurence	Bailen	MD	2nd	Spring	Pathophysiology Gastrointestinal
James	Baleja	PhD	1st	Fall	Biochemistry
Brien	Barnewolt	MD	2nd	Spring	Physical Diagnosis I & II
Rachel	Buchsbaum	MD	2nd	Fall	Hematology/Oncology
Andrew	Camilli	PhD	2nd	Fall	Microbiology
John	Castellot	PhD	1st	Fall	Cell, Tissue & Organ Biology
Augustus	Colangelo	MD	1st	Spring	Physical Diagnosis I
Laurie	Demmer	MD	2nd	Fall	Genetics
Paulo (James)	Dice	PhD	1st	Spring	Physiology
Maria	Garcia-Moliner	MD	2nd	Spring	Systemic Pathology Pulmonary
Scott	Gilbert	MD	2nd	Spring	Pathophysiology Renal
Richard	Glickman-Simon	MD	2nd	Spring	Population Medicine
David	Greenblatt	MD	2nd	Fall-Spring	Pharmacology
Alvar	Gustafson	PhD	1st	Fall	Cell, Tissue & Organ Biology
Susan	Hadley*	MD	2nd	Fall	Infectious Disease- Pathophysiology
Munther	Homoud	MD	2nd	Spring	Pathophysiology Cardiovascular
Robert	Kalish	MD	2nd	Fall	Pathophysiology Musculoskeletal
Michael	Kneeland	MD, MPH	1st	Fall	Epidemiology/Biostatistics
Paul	Kwan	PhD	1st	Spring	General Pathology
Nora	Laver	MD	2nd	Spring	Systemic Pathology Cardiovascular
Thomas	Linsenmayer	PhD	1st	Fall	Cell, Tissue & Organ Biology
Teresa	Marino	MD	2nd	Spring	Pathophysiology Reproductive
Stephen	Naber	MD, PhD	2nd	Fall	Systemic Pathology Musculoskeletal
Mark	Pearlmutter	MD	1 st & 2 nd	Fall-Spring	Selectives
Anastassios	Pittas	MD	2nd	Spring	Pathophysiology Endocrine
Emmanuel	Pothos	PhD	2nd	Fall	Addiction Medicine
Arthur	Rabson	MD	1st	Fall	Immunology
Steven	Ralston	MD	1st	Fall-Spring	Medical Ethics
David	Ricklan	MD, PhD	2nd	Spring	Systemic Pathology Renal
					Systemic Pathology Reproductive
					Systemic Pathology Gastrointestinal
Beverly	Rubin	PhD	2nd	Fall	Neuroscience
Jonathan	Schindelheim	MD	1st	Fall	Interviewing
				Spring	Human Growth and Development
Edward	Silberman	MD	2nd	Fall	Psychopathology
Barbara	Talamo	PhD	2nd	Fall	Neuroscience
Arthur	Tischler	MD	2nd	Spring	Systemic Pathology Endocrine
John	Unterborn	MD	2nd	Spring	Pathophysiology Pulmonary
Robert	Willson	PhD	1st	Spring	Clinical Anatomy
Lawrence	Wolfe	MD	2nd	Fall	Hematology/Oncology
John	Wong	MD	2nd	Spring	Evidence Based Medicine
Margo	Woods	D.Sc.	1st	Fall	Nutrition and Medicine
Andrew	Wright	PhD	1st	Fall	Molecular Biology

*Scott Gilbert, MD, will replace Dr Hadley as course director of Pathophysiology. Please see page eight to learn more about Dr. Gilbert.

Student Spotlight:

Kathleen Rey Caridad and Jeff William MERC representatives

What is the role of a MERC rep? How does the MERC group work together to foster improvement in the curriculum?

KRC: The Medical Education Representative Committee (MERC) is chaired by the elected student Curriculum Committee representatives (Jeff William and myself for M'10), and is made up of students who volunteer to serve as liaisons between the class and course directors throughout a given semester during the pre-clinical years at TUSM. There are usually two student representatives per course which, depending on the semester, leads to about 20-30 students on the committee. In addition to representing their classmates on this committee, the MERC Reps are also meant to be in continual contact with the director of their course, in order to directly help him or her make immediate improvements based on the feedback discussed at the meetings (for example, by adding/improving small group sessions or review sessions, or altering the length, format, or content of lecture slides and having them posted on TUSK in a timely manner), and to relay important information about the course from the professors back to the class.



JW: Once a month, we hold a "MERC meeting" with of all of the MERC reps for the semester in attendance. As curriculum representatives, we have found that this group of volunteers represents a very accurate cross-section of class opinion. In this meeting, we share both positive and negative feedback about however many courses we can cover in our lunch hour. With group discussion and immediate feedback from the deans in the OEA, we are able to voice our opinions concerning our current courses and we sometimes can even effect change while we're taking the course. If the alteration is something that takes time, we hope that next year's class will benefit from the changes we have instituted.

What role do students play on the Curriculum Committee? Is there an opportunity to foster real change?



KRC: Students play an incredibly important role on the Curriculum Committee, and at each meeting I am impressed and flattered by how much credence the faculty and administration on the Committee give to our opinions. I think they recognize and appreciate the fact that we, as students, are most directly impacted by decisions the Committee makes, and they want to know what we believe works and doesn't work. Most remarkably, I can think of a few times when "disagreements" have arisen between members of the committee, and they have actually looked to us students to be the deciding voice. I don't know how it is at others schools, but I can say from experience that, at TUSM – whether on the Curriculum Committee itself, or in one of the many working groups of the Educational Strategic Plan - students definitely have the opportunity to foster real change.

JW: Students play an essential role on the Curriculum Committee because we are the only colleagues that see each and every part of the Tufts curriculum first-hand. Each course director and professor puts a whole lot of work into their course, but may not have any perspective on other courses or more importantly, how their course fits into the curriculum as a whole. However, students are also at the disadvantage of being near-sighted, as we haven't been through what's to come! We serve a unique and indispensable role on the curriculum committee but our impact is completely dependent on how our feedback is received. (continued on page eight)

Featured Faculty: Jim Baleja, PhD

Dr. Jim Baleja is Associate Professor of Biochemistry, Biochemistry Course Director and co-chair for the MedFoundations ESP Working Group.

Biochemistry is the first major course experienced by our first year students. What do you find most rewarding about teaching first year medical students? What is most challenging?

Directing a course and teaching our first year students is a privilege and a joy. The course has been put together jointly by the Biochemistry faculty. We start and finish the course with a case study in diabetes, and it is most rewarding to see the same faces that are thoroughly puzzled at the beginning of the semester end up nodding along at the end of the semester. One of the most challenging aspects of the course is setting the pace of a course that takes into account the diverse backgrounds that the students have in the first semester of first year. While some are science majors, others have had little exposure to chemistry or biology, and some have been away from science for several years. At the same time, the non-science majors usually ask the most thought-provoking questions because of their outsider's view. Some of these students will struggle in the first part of the course, but there is no distinction between science and non-science majors by the end of the course, partly due to their own efforts, as assisted by the many tutoring mechanisms we have in place.

You have a leadership role in the Educational Strategic Plan. A major goal is to create a truly translational curriculum where basic science and clinical medicine are taught and considered hand-in-hand across all four years. What strategies do you currently employ to bring clinical medicine into the classroom? How will this be achieved with the new curriculum?

Personally, I was inspired by the HBO series "Six Feet Under", in which each episode started with a death. The format that followed was similar, but never formulaic - there was a portrayal of the family and friends of the individual who passed, something to do with the funeral arrangements, and at the end of the program, the funeral itself. But the death was to only provide a framework; the real essence of the show is on the interpersonal relationships of the family that ran the funeral home and their relationship with society. Several years ago, I starting using a similar framework for Biochemistry, by introducing case studies at the beginning and end of my lectures, but in-between describing the biochemical concepts related to (sometimes only tangentially!) to the case. I actually found the taking time for the description of the case SAVED time in the class, as the students could follow along better given a solid framework. More recently, I have regularly invited patients and their physicians to come to speak to the class. Again, students report that the review by the physician of the biochemistry focused on a live patients strongly reinforces their understanding. We have focused these presentations on leukemia, sickle cell disease, glycolysis, high cholesterol, and protein metabolism.

Going forward, I see more patient presentations that will be 'shared' among the different scientific disciplines. For example, a patient with breast cancer will be followed up by discussions of the genetics, immunology, and biochemistry behind the disease. The biggest challenge I see moving forward is to create a mechanism so that lecturers and course directors know what is happening in the curriculum as a whole.

What is the focus of your research?

My laboratory uses nuclear magnetic resonance (NMR) spectroscopy and other biophysical methods to understand protein-protein interactions. We then use structurebased approaches to develop inhibitors of protein-protein interactions. In our project with human papillomavirus (HPV) we have used the three-dimensional structure of a peptide that binds one of the viral proteins to select small molecules that mimic the inhibitory action of the peptides. These compounds are now being developed to increase their potency both in vitro and in tissue culture. In a related project that is less applied, we are developing inhibitors to uncover the general housekeeping pathways that regulate cellular endocytosis and exocytosis.



What does a Biochemistry Professor do in his spare time?

I'm usually lucky during the week if I can find some time before 6:30 in the morning or after 9 in the evening to explore other interests, although I do exercise most mornings, hopefully getting to the gym or on a run by 7:30am. On the weekend, I usually set aside some time to learn Italian for an upcoming trip planned for 2009 and every other week or so I get to a concert or the theatre. When summer fully gets going, I'll work on my yard. I'm proud that I've been able to morph a patch of mud in my backyard with three sprigs of grass into a respectable lawn over three years. I've also personally renovated most of my condo in Jamaica Plain, bringing the place back to its 115-year-old splendor. Recently, I've taken short trips to Napa Valley, New York, and Provincetown, usually for long weekends.

OEA notes...

TUSM's Objective Structured Clinical Examination (OSCE)

Starting in July 2008, the Objective Standardized Clinical Examination (OSCE) program will take place right on the TUSM campus at the Clinical Skills and Simulation Center at 35 Kneeland Street. Exam dates will generally be on Tuesdays and Thursdays in the summer and Wednesdays and Fridays in the early fall. Faculty who are interested in precepting for the OSCEs should contact Ann Maderer, <u>ann.maderer@tufts.edu</u>, 617-636-2191.

Clinical Skills Interclerkships

The Clinical Skills Interclerkships took place on April 9 at Baystate Medical Center for students at Baystate and April 16 at TUSM. Seventy-five faculty and residents, thirty-five Standardized Patients and fifteen staff participated in these allday teaching exercises for about 170 TUSM Third-Year students. In this iteration of the CSI, we piloted two new features: 1) we invited Residents to precept along side faculty, and 2) we gave students the opportunity to practice presenting their case during the feedback portion of the exercise.

Finding the OEA

While the Sackler building is renovated, the entire OEA will be housed at 35 Kneeland Street, third floor (the new Clinical Skills and Simulation Center). We expect to be at this location until mid-August at which point most of the OEA will return to the original location – Sackler 3. A subset of the office staff will stay on at 35 Kneeland. **Donna Merrick, Kasia Zawadzka** and **Samantha Fleming** 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.

AAMC-Northeast Group on Educational Affairs (NEGEA) 2008 Annual Educational Retreat

All AAMC member schools are affiliated with a regional Group on Educational Affairs. Each region hosts annual meetings, online forums, and resources to support medical educators. The purpose of the Northeast Group on Educational Affairs (NEGEA) is to promote excellence in the education of medial students, residents, and physicians through the professional development of medical educators. Regional meetings provide a forum for exchanging ideas, learning new strategies, and developing plans that may facilitate a medical school's own work. This year the NEGEA meeting was hosted by the University of Vermont College of Medicine in Burlington, VT, on April 12-13, 2008. The theme of the meeting was Collaboration Across the *Continuum*, and engaged participants in all levels of medical education: undergraduate, graduate and CME. The following TUSM projects were presented at this meeting:

<u>Short Communication</u>: Blanco, M., Epstein, S., Brunton, M., Gaden, N., Gravlin, G., Hudson-Jinks, T., Sullivan Smith, M. and Wilder, E. *Medical Student/Nurse Partnership Program: A Pilot Study of Pre-clerkship Medical Student/Nurse Interactions on the Wards*.

Short Communication: Dawiskiba, MI, Kalish RA, Blanco MA, Hafler JP. A Pilot Study Using Videotaping and Webdiver to Explore Student Compassionate Care Interactions in a Rheumatology Patient-Partner Experience.

<u>Poster</u>: Pothos, E, Aarons, R, Hafler, JP. *Vertical Organization of Addiction Medicine at TUSM and Affiliated Hospitals.*

<u>Poster</u>: Jacobson, S., Polak, J., Epstein, S., Firsken, S. and Albright, S. Using Computarized Tomography (CT) Imaging of Cadavers to Enhance Students Learning in Anatomy.





Maria Blanco, Ed.D. Assistant Dean for Faculty Development

We are pleased to announce that Maria Blanco, Ed.D, Assistant Professor of Psychiatry, has been appointed Assistant Dean for Faculty Development in the Office of Educational Affairs at the Tufts University School of Medicine effective June 1, 2008. In this capacity, she will oversee faculty development initiatives and programs throughout TUSM.

Dr. Blanco received a Bachelor of Science in Psychopedagogy from the El Salvador University, School of Educational Psychology in Buenos Aires. She then completed Fellowship training in Neuropsychopedagogy at the Dr. Garrahan National Children's Hospital. Maria then worked for

five years as an Educational Consultant, Faculty Developer, and Educational Researcher for the Schools of Medicine and Nursing at the Austral University in Pilar, Argentina. In 2002, she was the recipient of a Fulbright/National Ministry of Education Grant. She subsequently came to the Harvard Graduate School of Education, where she earned a Doctorate of Education in Teaching and Learning. She simultaneously worked as an Educational Consultant and Researcher in Faculty Development in the Office of Educational Development at the Harvard Medical School.

Maria has contributed numerous publications and scholarly works to the field of Medical Education. She is a peer reviewer for the prestigious journal, Medical Education, and for the MedEdPORTAL. Her work has been presented at the meetings of the American Association of Medical Colleges, the American Educational Research Association, the Association for Medical Education in Europe, the Arnold P. Gold Foundation Symposium, and the Northeast Group on Educational Affairs. Her research on Peer Review of Teaching has garnered national and international attention. Indeed, in the last four months she has been an invited speaker at Ben Gurion University of the Negev in Israel, Temple University School of Medicine in Philadelphia, and the University of Illinois at Chicago, College of Medicine.

Maria came to the Tufts University School of Medicine in February of 2007. Over the last 16 months she has skillfully coordinated and helped lead the School's Educational Strategic Plan – an effort comprising 17 committees/working groups and more than 150 faculty and students. She has simultaneously had a leadership role in several Medical Education Research Initiatives that will transform our educational Program. Most importantly, Dr. Blanco has already made sentinel contributions to the Faculty Development Program at Tufts. Please join us in congratulating Maria on her new position.

Faculty Medical Education Journal Club

Clickers in the Large Classroom: Current Research and Best-Practice Tips. Caldwell, J. CBE-Life Sciences Education, 6(1): 9-20, Spring 2007. <u>http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1810212&blobtype=pdf</u>

The impact of clerkships on students' specialty preferences: what do undergraduates learn for their profession? Maiorova, T., Stevens, F., Scherpbier, A. and van der Zee, J. *Medical Education*, 2008: 42(6): 554-562 <u>http://ezproxy.library.tufts.edu/login?url=http://www.blackwell-synergy.com/issuelist.asp?journal=med</u> http://www.blackwell-synergy.com/doi/full/10.1111/j.1365-2923.2008.03008.x

Also, we recommend that you consider reviewing the following articles:

AMEE Medical Education Guide No.22: **Refreshing lecturing: a guide for lecturers.** Brown, G. and Manogue, M. Medical Teacher. 2001; 23(3): 231-244.

http://www.informaworld.com/smpp/content~content=a713686930~db=all~order=page

Teaching Communication in Clinical Clerkships: Models from the Macy Initiative in Health Communications. Kalet, A., Pugnaire, M., Cole-Kelly, K., Janicik, R., Ferrara, E., Schwartz, M., Lipkin, M. and Lazare, A. Academic Medicine. 2004; 79(6):511-520. *Abstract:* http://www.ncbi.nlm.nih.gov/pubmed/15165970?dopt=Abstract

TUSM's Comprehensive Faculty Development Program

The educational contributions of TUSM faculty members are an absolutely vital component of the school's mission and strategic plan. TUSM is committed to supporting and recognizing faculty efforts through a comprehensive faculty development program.

TUSM's comprehensive faculty development program is targeted to faculty who teach in the pre-clerkship years; to residents and faculty who teach in the clerkships and clinical electives; and, to students who participate in a medical education elective course or course teaching assistantships; and. The program is based on TUSM's Educational Strategic Planning principles, and on an institutional faculty development needs-assessment survey that the Office of Educational Affairs is conducting. This faculty development program includes TUSM's Educational Research Program. The goals of the faculty development program are to:

- Promote the fulfillment of the Educational Strategic Plan's learning and teaching principles through a longitudinal faculty development program targeted to students, residents and faculty members.
- Address faculty's needs for professional development.
- Support individual faculty educational contributions.
- Offer a variety of venues to help faculty enhance their educational contributions.
- Help faculty advance their career as medical educators by developing their educational contributions into scholarly work and educational scholarship.
- Promote the recognition of faculty educational contributions through faculty development.
- Assist with the design, implementation and evaluation of residentsas-teachers programs.
- Participate in the design, implementation and evaluation of medical students-as-teachers initiatives.
- Create a collegial faculty/resident/student forum around TUSM's teaching and learning practices.
- Promote the train-the-trainers model throughout the faculty development efforts.
- Contribute to developing a scholarly curriculum through a robust faculty development program.

The specific goals of TUSM's Educational Research Program are:

- Assist faculty with the design, implementation, analysis and dissemination of educational research projects.
- Guide faculty through the IRB process.
- Inform faculty about intramural and extramural grant opportunities.
- Support faculty through the grant submission process.

- Promote local, national and international dissemination of faculty educational research projects.
- Enhance faculty scholarly teaching and educational scholarship.
- Create a supportive faculty forum to discuss and exchange educational research projects.

For more information about the Faculty Development and Educational Research program, please contact Maria Blanco, <u>maria.blanco@tufts.edu</u>, 617-636-6588 or Sharon Freeman, <u>sharon.freeman@tufts.edu</u>, 617-636-0981.

Tufts' Distinction Awardee Susan Albright, MUP

The OEA congratulates Susan Albright, Director of TUSK, who recently received a Tufts' Distinction Award in the category Change Agent. This award category recognizes a person "for creating new opportunities for innovation [and] honors catalysts for change-those who see solutions where others may not. Nominees in this category have earned a reputation for flexibility, creativity, efficiency, and entrepreneurship in tackling tough issues. They approach challenges with curiosity and confidence, and have a gift for getting others involved. They deliver results through new ways of working and by drawing on best practices." (http://distinctionawards.tufts.edu/?pid=9)



Scott Gilbert, MD, will replace Susan Hadley, MD, as Pathophysiology Course Director. Dr. Gilbert is Associate Professor of Medicine at Tufts University Medical School (TUSM) and coordinates the educational activities within the Division of Nephrology at Tufts Medical Center. He is the Director of the Fellowship Training Program and coordinates housestaff nephrology education, overseeing rotations on the Ward and Consult services and in the ambulatory Kidney and Blood Pressure Center. Dr. Gilbert is active in reform of the educational curriculum at Tufts Medical Center and TUSM, where he serves on the MedFoundations Working Group. He plays a major role in medical student education at TUSM where he directs the Renal Pathophysiology Course and the Consultative Nephrology elective. Dr. Gilbert's other educational activities include teaching renal pharmacology at the Sackler School of Graduate Biomedical Sciences at Tufts University. Dr. Gilbert is also the medical director of the Kidney and Blood Pressure Center. His clinical interests are the treatment of chronic kidney disease, renal artery stenosis, hemodialysis and transplantation. Dr. Gilbert's research interests include the management of lupus nephritis and the treatment of renal artery stenosis.

COMING ATTRACTIONS

The next issue of **OEQ** – to be published in <u>September</u> (not August) – will feature:

- Aisner Physical Diagnosis Teaching Prize awardee
- ◆ Zucker Teaching Prize awardees
- Clickers in the classroom

Student Spotlight (continued from page three)

What roles do/have you played in the Educational Strategic Plan?

KRC: Once I finally became familiar with what the ESP was all about throughout the course of my first year, I was excited to join working groups and to really have a voice in the planning process during my second year. Much of my focus in that regard this past year was with the Key Themes working group, which was charged with ensuring that critical themes (many of which were specifically advocated for by students) are appropriately and successfully incorporated into as much of the new curriculum as possible. These include topics like health disparities and culturally competent care, EBM, professionalism, and ethics, and strategizing where to include these themes in the new curriculum has been a challenging and exciting task. In addition, when the Curriculum Committee broke into subcommittees this year, I joined the "Curricular Change and Innovation" group in order to help serve as a bridge between the ESP and the Curriculum Committee itself. Finally, knowing that there are a lot of students from all four classes serving on ESP working groups, Jeff and I organized a meeting for students to come and discuss how the planning process is going and where they'd like to see it move in the future. As representatives of the student body on a committee that really will consider our suggestions, we thought it was important to make sure we were in touch with the students and their concerns; I'd really like to have another student meeting like that, if we can manage it with our third-year schedules.

JW: Given our academic schedules it has sometimes been challenging to serve a consistent role on the ESP committees. However, I have been to meetings on the restructuring of the first year courses into an integrated setting and offered my own opinions on how courses can be presented with similar topic coverage. I have also been fortunate to play a large role on the committee on assessment and evaluation, to further improve how our courses as we transition into a new type of curriculum

Although it's early do you have a plan (or a sense) of how you want your career to unfold?

KRC: I'm definitely not a person who has known for a while, or even has figured out by now, what I ultimately want to do in my career. In terms of specialty, I still believe I could end up going in any direction, from Primary Care or Family Medicine, to Neurology or Psychiatry. In general, though, I do see myself remaining involved with a medical school in some capacity, perhaps as a teacher and possibly even in administration. I also have some experience with editing and publishing (in my "previous life" before coming to medical school), and have thought about being involved in journal work. So far I've liked so much of what I've learned and been exposed to in medical school, but hopefully the next two years will really help me narrow my focus and clarify my ultimate goals.

JW: While I don't know what I want to specialize in when I grow up, I do have more of an interest doing some teaching than I did before. With the exposure to so many different professors, I have enjoyed some fantastic lectures and struggled mightily through some less desirable ones. I am looking forward to coming up with a style of my own, using my own experiences as a guide, to find the best way to reach and teach students. I'm also excited to get out of the classroom and see what the real world is like on the wards.