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Nova Southeastern University

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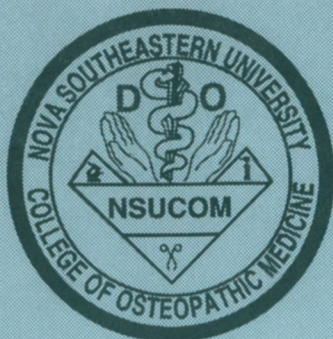
Medical Education Digest

*"Medical Education
Highlights for
Primary Health
Care"*

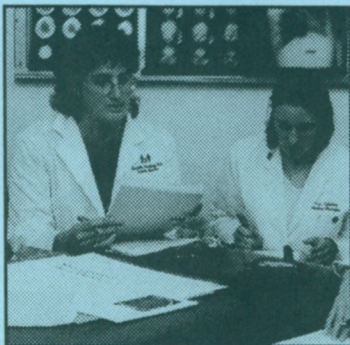
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Community Preceptors' Identity as Teachers



Most community preceptors, while trained to provide medical care, have received little training as teachers. However, they are heavily relied upon to train medical students and residents. Many medical schools have spent considerable effort to provide faculty development for community preceptors. Researchers at the University of Massachusetts conducted a study to determine what community preceptors think of themselves as teachers and what constitutes their "teacher identity." It was assumed that physicians who think of themselves as teachers were more likely to enjoy that role, to teach more, and to be identified by students as good teachers.

Community preceptors from 11 medical schools in New England and New York attended a two-day faculty development program called Teaching of Tomorrow (TOT). TOT was designed to strengthen the community preceptor's understanding of both teaching and learning. These were conducted from 1995-2000. In April 2001, graduates of TOT were invited to a Return of Teaching of Tomorrow (ROTOT) program that allowed them to refresh their skills and share experiences since participating in TOT.

The group, which consisted of 35 clinical preceptors, was able to identify elements that contributed to each participant's sense of identity as teachers. Many preceptors had a strong belief that being a physician means being a teacher. Primary care physicians appear to recognize that skills they use to teach patients are similar to the skills required to teach students. Questions asked of the preceptors included the following:

- When you hear the term "teacher identity," what comes to mind?
- How has your teaching evolved over time?
- What do you gain from your relationship with learners?
- What do you want your learners to gain from their relationship with you?
- We have talked about your view of yourself as a teacher, the change in your teaching over time, and your relationship with learners. How did you participation in TOT influence those things?
- What would help you strengthen your identity as a teacher?

(Starr S, Ferguson WJ, Haley HL, Quirk M. "Community preceptors' views of their identities as teachers." Academic Medicine. 78: 820-825; 2004.)

NSU College of Osteopathic Medicine

Future Faculty Career Development

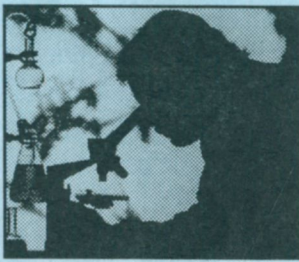


Traditional departmental structures in medical schools have served their purpose and now new ways to organize faculty are needed, according the editor of *Academic Medicine*, Michael E. Whitcomb, M.D. This is reflected by multidisciplinary centers and institutes being created in medical schools. He indicates that new approaches to organize faculty will pursue the mission of the medical school more efficiently and effectively. He also remarks that institutions need to pay careful attention to policies and procedures affecting faculty careers. In fact, he believes the future of the medical school depends on the degree that faculty are successfully nurtured. Junior faculty members must understand what is expected of them and should be provided with opportunities to meet these expectations. These responsibilities should be aligned closely to the specific mission they focus on. He concludes that faculty should be appointed to specific pathways, and that there should be specific criteria in decision making about advancement.

In addition, Dr. Whitcomb expresses reassurance that medical schools have developed more flexible approaches for junior faculty career development. He further states that since medical schools have grown so complex, medical schools should also develop specific career tracks to support career development in administration. It is no longer a reasonable expectation for faculty to make meaningful contributions to all of the institution's missions. Faculty members need faculty who excel as teachers and educators and as researchers, clinicians or administrators. Appointment, promotion, and tenure policies should support career development for individuals in each of these pathways.

(Whitcomb ME. "The future of academic medicine: Career development of junior faculty." Academic Medicine. 79: 195-196: 2004.)

Bullying Doctors to Conduct Research



Research is an increasingly important aspect of graduate medical education for physicians. A study in the United Kingdom assessed the levels of stress and bullying experienced by physicians in training who undertake research and

associated it with poor morale and motivation, poor communication and decision making, and poor relationships with colleagues. A well-conducted and supervised short research project may be better for a physician's career than longer periods of research. The study concluded that it is time to move away from a professional culture that accepts and expects that stress and bullying is inevitable. This differs from the past perception that stress is an unavoidable and common aspect of a doctor's work. A survey of those training for a medical career in a London teaching hospital (N=160) and who were required to perform research indicated that while almost all felt they were supported, about half felt they were overworked, more than 65 percent felt isolated, and about a quarter felt that their professional status was threatened. Threat to personal status was defined as including belittling, unjustified criticism and monitoring of work, public humiliation, and intimidatory use of disciplinary procedures.

(Stebbing J, Mandalia S, Portsmouth S, Leonard P, Crane J, Bower M, Earl H, Quine L. "A questionnaire survey of stress and bullying in doctors undertaking research." Postgraduate Medical Journal. 80:93-96; 2004.)

Art and Teaching in Medical School



An insightful course entitled "Introduction to Bioethics and Humanities" is required for all first-year medical students at the University of South Florida.

In addition to the medical students, 10 to 15 people will be joining them, including civic leaders, nurses, practicing physicians, corporate officers, legislative leaders, and others. It was felt that insights could be drawn from a broad mix of disciplines, ranging from medicine to philosophy, religion, anthropology, and current film.

By examining various forms of art, it is felt that students may better understand the complexities of alcoholism, mental health, and dying. For example, addiction is portrayed in Eugene O'Neill's *A Long Day's Journey into Night*, the effects of depression are showcased in the film *The Hours*, and the dynamics of dying are displayed in the Pulitzer Prize-winning play *Wit*. Students also consider writings by physician-authors (e.g., Anton Chekov, Kate Scannel, and John Stone). Faculty come from medicine, nursing, public health, arts and sciences, and the visual and performing arts.

(Malloy M. "The arts as a teacher: A new program at USF combines bioethics with medical humanities." Association of American Medical Colleges. 5, August 2003.)

Geriatric Interdisciplinary Team Training



The goal of the Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program is to improve the care of elders. This is accomplished through the use of interdisciplinary training of health care students. Specific goals were to: establish national training models involving partnerships between providers and health professional institutions; improve academic responsiveness to health care delivery; develop well-tested curricula for interdisciplinary geriatric team training; create a cadre of well-trained professionals competent in gerontology and interdisciplinary team skills; and test models of staff development training for practicing health professionals

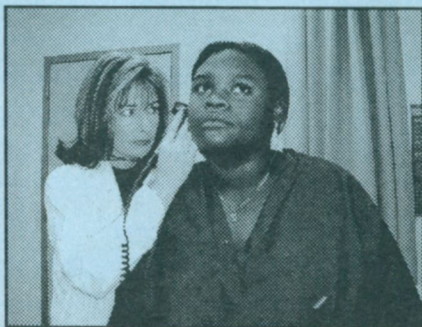
The core team included a physician, nurse, and social worker. However, there were 13 other disciplines involved including audiology, dentistry, ethics/religion, law, management/administration, nutrition, occupational therapy, pharmacy, physical therapy, physician assistants, psychology, public health, and speech pathology.

Indications when gains in teamwork outweigh inefficiencies include the following:

- ◆ The problem is complex enough to require more than one set of skills/knowledge.
- ◆ The amount of relevant knowledge/skills is so great that no one person can possess them all.
- ◆ Those individuals possessing the necessary skills/knowledge are capable of acting as equals.
- ◆ The individuals involved are working toward a common goal for which they are willing to take joint responsibility.
- ◆ High functioning teams can reach a level of synergy that enhances their efficiency and effectiveness.

(Fulmer T, Flaherty E, Hyer K. "The Geriatric Interdisciplinary Team Training (GITT) program. Gerontology & Geriatrics Education. 24 (2) 3-12: 2003.)

Reduced Family Practice Residency Debate



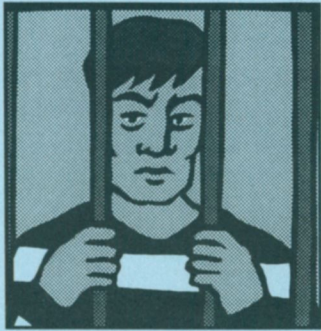
The director of the family practice residency program for the University of California, San Francisco-Fresno, California, is proposing that the family practice residency be reduced to two years. Over the past five years, the number of medical students selecting a residency in family practice has declined. Graduates of family practice residencies are having difficulty practicing the broad range of skills they learned during training. For example, the rapid increase in malpractice premiums and turf battles with obstetricians has pushed the family physician from the labor and delivery room. In addition, many family physicians have given up hospital care with the increased presence of hospitalists.

In addition, the role of the family physician needs to be better defined. While some scoff at the family physician just being an ambulatory-based primary care provider, that arena is by far the largest health care market in the United States. Indeed there are 217 ambulatory care visits per 1,000 persons per month compared to 8 hospital visits per 1,000 persons per month. The family practice physician can claim superiority in the primary care ambulatory setting. There are solid economic arguments favoring the reduction of family practice training from three to two years. Family physicians are at the bottom level of physician's salaries. It is unlikely that family physician with two years training would be paid substantially less, and there would be societal savings as a result of reducing Medicare subsidies to graduate medical education by one year.

The money saved could be used as incentives for family practice physicians to engage in practice in rural and medically underserved areas. In addition, the ability to train competent family physicians less expensively may reduce the need to train lower-cost and lesser-trained clinicians. This paradigm is already being followed in Canada. Reduction in training time could prove to be a major cost-effective program. The major obstacle may be the unwillingness of the specialty to take this step because of perceived reduction in stature.

(Zweifer J. "Why we should reduce family practice training to two years?" Academic Medicine. 78: 885-887; 2003.)

Correctional Medicine Student Program



Each year, an average of 72 medical students from Nova Southeastern University College of Osteopathic Medicine rotate through a Florida Department of Corrections facility. A curriculum has been developed around special topics that include such areas as chronic disease management, infectious diseases, and the unique aspects of the patient-provider relationship in the prison context. The program brings the academic community to correctional institutions that are essentially cut off from the medical education community. Students receive experience that leads to new perspectives about the rights of patients and the delivery of ethical health care to this special population. Students focus on issues unique to the prison system such as mandated intake examinations, sick call, hospital secure units, legal considerations, and ethical dilemmas related to confidentiality. A disadvantage of the program is the feeling of isolation because of the remote location of the prison. In the student evaluation, special attention was focused on the orientation. They felt the following components should be in the orientation:

- √ ensuring safety and security of students
- √ legal and ethical issues related to confidentiality and prisoner rights
- √ exposure to infectious disease
- √ role of the health care providers in prison
- √ rules and regulations of the facility and health care
- √ gaining access to restricted areas

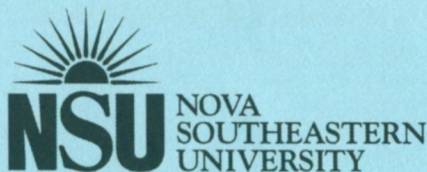
(Alemagno SA, Wilkinson M, Levy L. "Medical education goes to prison: Why?" Academic Medicine. 79: 123-127; 2004.)

Virtual Microscope for Histology Course



Medical students at the University of North Carolina School (UNC) of Medicine instantly receive high-resolution images of tissues on their computer screen. They can view simultaneously tissues at different magnifications, which cannot be done with light microscopy. In this way the big picture is always available even when they focus on a very small field with very high resolution. By using the DVD, a paper histology manual is unnecessary. The virtual microscope eliminates the need for costly microscopes that can be difficult to maintain. UNC's histology course uses 200 slides that are of the same quality and have the same structures. The DVD system provides all students with the exact same high-quality images. Another benefit of the DVD slides is that students can carry their histology course with them. The professor and chair of the department of cell and developmental biology at UNC, Vytas Bankatis, states that the histology course traditionally taught to medical students is inefficient. In addition, he feels that technical difficulties associated with uneven tissue slide quality and aging microscopes reduce quality teaching time. Another benefit of the DVD is that it can be used beyond the first year of medical school and be reviewed when taking pathology when students want to review basic material. Examples of DVD slides are available at: <http://www.unc.edu/newsserv/pics/research/petrusz/tongue1>.

("New DVD virtual microscope developed at school of medicine." University of North Carolina at Chapel Hill School of Medicine. Newswise; March 2, 2004; <http://www.newswise.com/articles/view/503532/?sc=wire>.)



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