

# yale mED - Office of Education Bulletin

April 2005

## COMMENTS FROM THE DEPUTY DEAN FOR EDUCATION - Herbert Chase, MD LCME:

- o The LCME has approved the current governance structure (EPCC, Preclinical Assessment Subcommittee, Clinical Assessment Subcommittee, and Curriculum Subcommittee).
- o In October of 2004, the LCME requested that Yale provide a copy of the institutional (school-wide) educational objectives, a summary of the courses and clerkships that have been reviewed since September 2003, and a list of actions taken as a result of those reviews. The report has been reviewed by the Dean and will be sent to the LCME shortly.

### Personnel

- o Greta Seashore, MD, retired from the EPCC and was replaced by Michael Schwartz, Ph.D.
- o Eve Colson, MD, was appointed director of the pediatric clerkship.
- o Robert Auerbach, MD, will be stepping down as the OB/Gyn clerkship director to pursue a career outside of Yale. Dr. Auerbach had a profound impact on the OB/Gyn clerkship in the short time he was director and will be missed.
- o David Katz, MD, will be stepping down as the DMS for EPH to pursue a career in television.

### Curriculum

- o Starting in June 2005, both the Ob/Gyn and Psychiatry clerkships will convert to a continuous six-week experience from the current discontinuous four and two-week experiences.
- o Clerkship Directors in Ambulatory Medicine, Neurology, Psychiatry, and Ob-Gyn have agreed to permit students to postpone one of these required third year clerkships to the fall of their fourth year in order to enroll in a "career-determining elective" (such as Dermatology or Ophthalmology) or to work on their thesis.

### School-Wide Objectives and Mission Statement

- o Many discussions of faculty and students resulted in the current version of the school-wide objectives and mission statement. As Dean Alpern said: "They are terrific!"
- o Faculty and students are encouraged to make further suggestions.

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*At the Teaching Faculty and Student Leaders Assembly Meeting on March 30, 2005, the leaders of the societies and subcommittees provided the following reports.*

### THE SOCIETY OF DISTINGUISHED TEACHERS

#### Frank Bia, MD

However, one expresses it, whether as passing the torch, mentoring younger faculty or as educational advocacy, we all have one overriding concern. We are not being replaced. How is the legacy to be maintained? Like municipal bonds whose coupons had been valued as educational currency over the years, we now face our maturity dates. But so does Yale as an institution, and medical education as a discipline. Who replaces the current cadre of

medical educators in what emerged as a business model that dominates medicine? How do we raise up the next generation of medical educators to follow us, when the resources to construct such careers appear to be diminishing? How can a young medical educator construct a viable career in such an environment?

So we looked at the current educational landscape in medicine and it was not a pretty sight: Shrinking GA funds available for departments to designate for teaching, if it's earmarked for such at all; clinical income that evaporates in a haze of overhead expenses and internal taxation; increasing reliance upon hospitalist and alternative models for in-hospital care-systems that

foster shorter lengths of stay, but virtually ignore the needs of clinical education; certifying organizations that rightly demand demonstrated competencies for medical students and residents, but learned in an 80-hour work week environment that sends residents home at noon, and turns teaching attendings into hospitalist during their on-service time.

The Yale University School of Medicine's *Society of Distinguished Teachers* seeks to honor, preserve and enhance the legacy of medical education at Yale. **The Society will be soliciting proposals for educational research and development grants to fund faculty projects.** The stated purpose of these initial small grants is to fund the exploration of

initiatives and concepts in undergraduate medical education at Yale. The goals include producing sustainable and adaptable innovations in either already existing or new programs in medical education. Most importantly the *Society* seeks to pair grant recipients with senior members of the *Society* for mentorship during their projects. The reasoning behind this arrangement is to encourage collaborations that provide continuity of purpose and enhance the teaching legacy at Yale Medical School through direct professional links with experienced faculty within the *Society*. Our hope is that the legacy medical education might continue through such projects and new relationships among an emerging generation of teaching faculty and those who are more experienced.

## **SOCIETY OF CLINICAL PRECEPTORS**

### **Frederick Haeseler, MD**

The *Society of Clinical Preceptors* is a new organization whose mission is to support clinical preceptors in their teaching and recognize and appreciate their contribution to medical education at YSM. A clinical preceptor is a physician who teaches medical students, one-on-one or in small groups, as they interact with real or simulated patients. The *Society* is currently comprised of about 200 physicians from the full- and part-time faculties and includes clinical tutors from the pre-clinical clerkship, clerkship attendings, and clerkship small group facilitators. All clerkships and departments are represented.

The principal activity of the *Society* is to provide faculty with educational programs and resources that support teaching.

**Plans are underway for a 5 session Faculty Development Course for the 2005-6 academic year.** The focus of this course,

which can be taken for CME credits, will be *teaching clinical skills to students, with an emphasis upon communication*. The schedule is as follows. All sessions are on Thursday evenings and include dinner.

- 9/22/05: Approaches to observing and giving feedback to students about their medical interviews
- 11/3/05: Teaching students to give difficult news to patients
- 12/8/05: Teaching students how to examine and diagnose patients with regional and systemic musculoskeletal pain syndromes
- 3/2/06: Teaching students how to counsel patients for behavior change
- 4/20/06: TBA

The *Society* also has developed a Precepting Workshop for faculty that can be customized and given jointly with departments to address specific needs and interests of clerkships. Plans are underway to make available individualized teaching consultations using the resources of the YSM Standardized Patient Program and the Clinical Practice Suite. The *Society* also has a new Website that includes online resources for teachers.

In addition to faculty development, the *Society* can assist preceptors with the following.

- CME credits and free attendance at the *Society's* educational courses and programs
- Yale network access and assistance
- Temporary faculty appointment while departmental appointments are pending
- ID badge for library and building access
- Parking for medical student teaching

- Annual certificate of appreciation for teaching
- Letters of recommendation in support of promotion/ appointment

To be a member of the *Society*, physicians must be available to teach in at least one clerkship rotation per academic year and agree to be listed in the *Society's* online directory. For further information or to contact the Director, visit our website at <http://info.med.yale.edu/clerkships/society/index.html>

## **THE CURRICULUM SUBCOMMITTEE**

### **John Hughes, MD**

### **Michael Schwartz, PhD**

The task of the Curriculum Subcommittee (CSC) is to evaluate the structure, content, goals and objectives of the entire medical school curriculum. The separate but related task of assessing how well the various curricular goals and objectives are carried out is assigned to our colleagues on the Assessment Subcommittees. A large part of the task of the CSC is to make sure that the medical school curriculum is consistent with the recently revised School-Wide Objectives and with the guidelines of the Liaison Committee on Medical Education (LCME), the national body that oversees medical school education. In addition, the CSC will serve as the forum for review of proposals for changes to the curriculum, whether additions, deletions, or modifications of existing components.

The Subcommittee has chosen to review the clinical curriculum this year, and plans to review the preclinical curriculum next year. It is hoped that this sequence will provide useful information on how well the preclinical courses prepare students for their clerkships, and give some guidance on course content to the preclinical course directors.

The following 4 working groups review all required third-year clerkships:

- Surgery and Anesthesia
- Pediatrics and Obstetrics-Gynecology
- Brain and Behavior (Psychiatry and Neurology)
- Internal Medicine

So far reviews have been completed for Ob-Gyn, Psychiatry, Neurology, and inpatient Internal Medicine, while the reviews for Surgery, Pediatrics, and ambulatory Internal Medicine are under way. All reviews and reports will be completed by the end of June.

The second major task has been the formation of the Pharmacology Task Force, an interdisciplinary group comprising students, basic science faculty, and clinical faculty, for the purpose of assessing the content and distribution of the Pharmacology curriculum throughout the four years of student education.

This task force was created at the urging of Dr. Herb Chase, in recognition of the explosion of information in pharmacotherapeutics and the rapidly expanding number of therapeutic agents available to clinicians. These changes place increasing importance on understanding mechanisms of action, to assess the quality of clinical trials, the ability to evaluate alternative drugs, and knowledge of the sources of available pharmacologic information. The goal of this task force, therefore, is to make recommendations for the content, sequencing and distribution of this information in the courses, modules, and clerkships. This Task Force has had several meetings already, and plans to have a final report completed by October 2005.

## **THE PRECLINICAL ASSESSMENT SUBCOMMITTEE**

**Stuart Flynn, MD**  
**Joanne Foody, MD**

The mission of the Preclinical Assessment Subcommittee (PAS) is to work in concert with the Curriculum Committee in the evaluation of the design and delivery of every preclinical course. Simultaneously, PAS explores how students are assessed in each of these courses, including the interface between the course and the students regarding the assimilation of stated goals and objectives. The PAS reports directly to the Educational Policy and Curriculum Committee (EPCC).

The PAS has devoted extensive energies to vetting various methodologies to optimize these assessments. Discussions included exploring the feasibility of introducing problem based learning (PBL) into the preclinical curriculum, with the result that some course directors noted that they already utilize certain aspects of PBL in their courses. There was consensus that the implementation of PBL in our curriculum has valuable potential in specific courses, in particular the modules, and in light of this realization, module directors have assumed the discussion of PBL teaching.

In the PAS's attempt to devise means by which to assess the preclinical courses and students, there has been thorough discussion regarding the value of reviewing individual courses, soliciting both faculty and student comments and utilizing various modalities of evaluation which are presently in place, versus a more global assessment of the preclinical years. Some course directors felt that significant elements of course evaluation presently are taking place for individual courses, including

electronic evaluations by the students and insights from student focus groups who share their classes thoughts. However, this present structure of course assessments, in isolation from one another, results in some limitations in regards to the sharing of "best practices" among courses as well as the development of a more comprehensive picture in regards to how the various courses relate to one another. In addressing these issues, the PAS is considering merging its efforts with the present course review paradigm, i.e. Advisory Groups, electronic course evaluations, etc. Opportunities of using this integrative format to address student assessment will also be examined.

## **REPORT FROM THE CLINICAL ASSESSMENT SUBCOMMITTEE**

**Frank Bia, MD**  
**Robert Rohrbaugh, MD**

This committee has developed a viable process for subcommittee review of each clerkship including use of student testimony, E-value data, and reports from the AAMC, which include graduating students' input and meetings with clerkship directors. Our priorities during the review process including preceptorship, clinical skills acquisition and student portfolio construction. Once reviews are complete they are followed by submission of committee findings to the EPCC for review. Each clerkship will later undergo a follow-up process for evaluation of implementation. While requiring a somewhat lengthy process on the part of committee members, we have strived to keep the effort within the group itself and not impose more work upon the clerkships' staff.

**For questions, comments and suggestions please contact**  
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