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Study Analyzes Clinical Education of Medical Students

Major concerns about the clinical education of U.S. medical students were summarized in the first phase of a 2001 study of the Association of American Medical Colleges. The concerns listed in Project on the Clinical Education of Medical Students include:

1.) Lack of awareness by clinical faculty of clinical clerkship specific objectives.
2.) Lack of adequate teaching of fundamental clinical skills.
3.) Lack of appropriate patient populations.
4.) Lack of integration into third and fourth-year clinical experiences that focus on contemporary medical issues.
5.) Lack of attention to educational coherence in the design and conduct of the fourth year.
6.) Lack of support for career development and advancement of clinical educators.
7.) Lack of funding of faculty contributions to the educational program.
8.) Lack of teaching skills of resident physicians.
9.) Lack of attention to the education of medical students by department chairs.
10.) Lack of adequate centralized oversight and management of clinical education of medical students.

Jordan Cohen, M.D., president of the Association of American Medical Colleges, states that there is an imbalance in the manner in which medical school applicants are accepted. He believes there is an underemphasis in the personal characteristics of candidates for admission because they are harder to measure compared to academic performance, which is easier to assess. As a result, some potential medical school applicants are discouraged in applying for admission.

Dr. Cohen believes this may be one of the reasons why applications are down over the last five years. For example, the nation's allopathic medical schools had 34,859 applicants last year, representing a six percent decrease from 2000-2001. In addition, the applicant decline is being attributed by Dr. Cohen to be due to undergraduates selecting business or other careers, the loss of physician autonomy due to managed care and governmental regulations, as well as the high cost of medical education. Furthermore, applications from underrepresented minorities such as African Americans, Native Americans, Mexican American/Chicanos, and mainland Puerto Ricans have also dropped by 4.5 percent and female applicants by 3.2 percent. Dr. Cohen stressed that methods to communicate to potential doctors why medicine is still among the most noble and gratifying professions need to be identified.

(Greene J. “Are med school admission policies in for a change?” American Medical News. December 2001.)

**Teaching Physician Medicare Documentation Requirements**

Modifications of teaching physician documentation requirements for Medicare were proposed by the Association of American Medical College’s Group on Faculty Practice Steering Committee that are intended to reduce the regulatory burden of documentation requirements. This is an important initial step to address regulations related to teaching physicians. The initial draft more accurately reflects academic practice and reduces the need for physicians to document unnecessary and duplicative information.

These modifications were presented at a meeting with the Practicing Physician’s Advisory Council (PPAC), a mandated advisory body to the Department of Health and Human Services (DHHS).


**Educating Students About Pharmaceutical Company Promotion**

Over 85 percent of the prescription drugs in current use were introduced in the last 30 years. In addition, nine percent of total health care costs are for prescription drugs. There is a profound impact on health care costs and pharmaceutical company profits on how doctors obtain information about new drugs. Continuing education courses describing drug utilization are frequently funded by the pharmaceutical industry.

It is important to foster critical thinking skills, health care economics, medical ethics, clinical pharmacology, and evidenced-based medicine with medical students. This is particularly relevant because students and residents interact regularly with pharmaceutical representatives and need to be able to evaluate the choices they will have in dealing with proprietary interests.

This includes their assessing exaggerated claims, anecdotal references from “detailers” as well as other physicians, and acquiring information about costs and adverse effects. In addition, the author hopes that students will be influenced to think critically. Hopefully, students would appreciate that promotional material may not always be balanced, accurate, or fair.

(Wilkes MS and Hoffman JR. “An innovative approach to educating medical students about pharmaceutical promotion.” Academic Medicine. 2001; 76: 1271-1277.)
Qualifications of Physician Educators and Ski Instructors

Medical school faculties have the responsibility of training physicians to be professional practitioners who have the ultimate responsibility for the health, life, and defense against disease of the people who seek their services. No one is permitted to engage in medical practice without meeting certain educational and examination requirements. However, how much or how little education and training a skier chooses to undertake is entirely at his or her option.

For those who educate and train doctors, there are no prerequisites for doing so that relate to the teaching/learning function itself. Medical school faculty appointments are obtained by being or becoming an outstanding clinician or researcher. Their knowledge, skills, or attitudes regarding teaching are secondary at best during the hiring process. Very few faculty receive a peer evaluation of their teaching skills and little interest in faculty development is common in medical schools. In addition, there is no continuing education requirement in the area of teaching and learning for medical school faculty.

The article's author is both a highly experienced medical school faculty member as well as a certified ski instructor. He indicates that ski instructors must pass some kind of entry exam given by the school. In addition to demonstrating their ability to ski, they must also demonstrate their potential as ski instructors. A ski school director may say he can always teach you how to ski, but teaching you how to teach is more difficult.

All ski school instructors are expected to participate in in-service training programs for instructors and be exposed to continuing education in recent developments in how to teach people to ski. The author concludes with the statement that the medical profession has much to learn from ski instruction, his second profession.


Web Technology for a Medical School Stroke Curriculum

A new online stroke curriculum called StrokeSTOP has been developed at the University of Massachusetts Medical School in collaboration with the American Stroke Association. With 1,500,000 stroke deaths annually, most medical students receive little training in risks and prevention in this disorder in their first year of study. New risk-assessment methods and interventions have made comprehensive stroke education more important. A need to teach about stroke education in the first year neuroscience curriculum was identified by Sue Billings-Gagliardi, Ph.D., StrokeSTOP director and professor of cell biology and neurology at the medical school.

The curriculum's purpose is to identify and modify patient risk factors as well as new post-stroke interventions. A set of 11 web-based modules focus on the blood supply of brain structures, stroke pathology, risk prevention, diagnosis, and aftercare. Instructional texts, radiographs and scans, diagrams, case studies, self-tests, and patient videos make up the interactive modules. Students are provided multiple opportunities to learn, recognizing that they assimilate information in different ways.

A new component of the project is the interactive video case bank called Stroke Risk Detective. Student use this component to determine counseling strategies to get the best results for patients and what risk factors to address. StrokeSTOP uses real patient situations that include many different risk factors which students have to address. At the end of the module, students view the actual decision and compare it to their own (for more information visit www.umassmed.edu/strokestop).

Many medical school faculty conclude that efforts to redesign courses and employ new instructional methods are not worth the effort since almost all medical students succeed regardless of the instructional strategy used. However, this conclusion needs to be qualified since passing courses and the medical board examinations do not demonstrate that students are able to apply what they have learned to clinical situations. Studies of how students learn support the concept that students learn best when they are actively engaged by material that is presented in a variety of ways and formats. Teaching strategies must take into account the three aspects of learning: memory formation, maintenance, and retrieval or access.

Educators, including those in medical schools, too often focus on trying to correct students' defects rather than building on their strengths. As in sports, coaches use the player's strong points as the most effective means of overcoming or ameliorating deficits. Computers, now widely used in education, are tools rather than techniques in themselves. The best computer applications make it possible for students to learn by: (1) working at their own pace; (2) working in the order that makes most sense to them; (3) incorporating approaches and materials appealing to their learning styles; (4) supplementing and expanding the potential of lectures outside the class by making available the visual material from lectures.

Case-based and problem-based learning are active processes allowing students to re-conceptualize both new and old material and reflect on it. This type of learning connects information obtained from lectures to the larger world outside the classroom. Using such active learning methods incorporates self-directed learning and prepares students to become lifelong learners.

(Reese AC. "Implications of results from cognitive science research for medical education." Medical Education Online. 1998; 3: 1-12.)