Academic medical centers are including more clinician-educators in their training programs. Reliable documentation of their teaching quality and quantity is required. Stanford University School of Medicine has a program to define the components of effective clinical teaching called the Stanford Faculty Development Program (SFDP) that includes seven categories. They are:

1.) Establishing a positive learning environment (i.e., ambience of teaching interaction including learner’s comfort and stimulation).

2.) Control of the teaching session (i.e., teacher’s ability to focus, manage, and pace teaching encounter).

3.) Communicating goals (i.e., clearly establishing, expressing, and negotiating expectations regarding learners, skills, attitudes, and knowledge from teaching interaction).

4.) Promoting understanding and retention (i.e., teaching methods to enhance learner’s initial comprehension and ability to remember targeted content).

5.) Evaluation (i.e., techniques employed by the teacher to assess learner's achievement of goals, for guiding further development, or for assessment of competence).

6.) Feedback (i.e., how teacher provides information to learners to improve their performance).

7.) Promoting self-directed learning (i.e., teacher’s role in enhancing learner’s ability to identify and act on his or her own educational needs with and without outside assistance).

In 1986, the Age Discrimination Employment Act of 1967 was amended to prohibit mandatory retirement on the basis of age for almost all workers. Tenured university employees aged 70 or older were initially exempted, but were protected under the law in 1994. With the ratio of children under 18 to adults over 65 predicted to be almost equal by 2030, increased participation in academia by employees who are beyond the traditional retirement age is expected to emerge.

The director of the Institute for Clinical and Laboratory Science at Pennsylvania Hospital in Philadelphia, F. William Sunderman, M.D., Ph.D., believes in continuous work, every day. Dr. Sunderman, who holds doctoral degrees in medicine and chemistry, also holds a doctorate in literature. He is 102 years old. Universities are becoming forerunners in new possibilities for older people in creative ways. They are relying more on part-time positions than in the past for both younger and older workers. It is debated whether this is due to changes that represent a reduction in economic security or a new era of choice and lifestyle options. It also provides opportunities for universities to individualize portfolios with more teaching and service at later ages as older faculty become less research productive. While a cohort of retiring professors drop out immediately, there is a group that continues to write, consult, and do theoretical study rather than experimentation.


**ACGME and End-of-Life Residency and Fellowship Training**

A Medical College of Wisconsin and Harvard University study examines the lack of physician education in end-of-life (EOL) care. The National Board of Medical Examiners recently began the process of including questions on EOL in its licensing examinations. Consensus-based educational guidelines for physician education in EOL care have been developed. No review of EOL training is yet required by the residency accreditation process (i.e., Residency Review Committees) and the Accreditation Council for Graduate Medical Education (ACGME).

The study found that EOL was emphasized to some extent in geriatrics, internal medicine, and neurology. Internal medicine subspecialities did not list EOL as a requirement except for hematology/oncology and geriatrics. Pediatrics subspecialities failed to list any EOL requirements except for ethics. Surgery including critical care, orthopedics, and obstetrics and gynecology contained no EOL content except ethics. Neurosurgery had no EOL content except for pain and general physician-patient communication. Radiation therapy, general vascular, urologic, and pediatric surgery, and orthopedics-oncology had no required EOL content. It was recommended that Residency Review Committees include EOL care as a specific education domain.


**Patients Desire Compassionate Physicians, Not Robots**

The University of Rochester's medical and dental curriculum includes a program in which students undergo a two-week assessment of professional competence. The course focuses on the people skills that are necessary to help establish good doctor-patient relationships. A Miami Herald news columnist challenges the medical education industry to create doctors with good bedside manners. He reminds us that since health care has become more corporate in nature, more insurance driven, and more cost conscious, many patients feel like pawns in a game others are playing. Just because someone is motivated to go into the healing arts, the columnist states, doesn't mean that he or she is born with the skills patients most want.

(Tammeus B. "Let's train doctors to have more heart." The Miami Herald. Tuesday, February 5, 2002; p. 9B.)
Medical Educators and the Art of Teaching Children

Occasionally medical educators are called upon to teach a class of children. That sounds like a piece of cake. But is it? Just because you are involved in teaching medical students, residents, and physicians doesn’t mean you are prepared to face a class of children throughout the spectrum of grade school. The first tip is to know your audience. Medical teachers and scientists tend to overestimate the sophistication of the class. Develop a lesson plan that is appropriate to the level of the student. Realize that there is a big difference between schools, especially because students come from different socioeconomic groups. Call the teacher since he or she can be your best asset, helping you to gear your talk to the appropriate level.

Another step is to bring props to jazz up the talk. Skip the PowerPoint presentation and bring something to do instead. The third piece of advice is to lighten up. Enthusiasm is contagious; if you’re tentative, they’ll be tentative. Capture the students’ attention and their curiosity will follow. A fourth tip is to get moving. Small children move around a lot. To get their attention, the more you move, the more they will have to keep watching you. Don’t stand at a lectern and lecture. Give the kids a turn handling props. This helps send a message that the medical scientist is approachable. After the class, follow up with the teacher. Don’t wait to hear back from the teacher. Send the teacher an e-mail asking if any questions came up that you could answer and that you enjoyed the session. Many teachers would welcome your input, creating the partnership that is needed.


Palliative Care Education in Medical School

Because of the aging of America and the continued increase in the prevalence of chronic disease, the need for future physicians to address palliative care is becoming more important. Facilitating this is the radical change that has occurred in the medical curriculum, including the move from a lecture-driven and departmentally run format to a centrally-governed, multi-model, goal-oriented, integrated approach. Medical schools are demonstrating diminished lecture time in the preclinical years, emphasizing student achievement at a level of scientific fluency instead of rote memorization of scientific facts. This approach integrates problem-based learning that includes interdisciplinary curriculum where the line between the pre-clerkship and clerkship years is not as decisive.

One of the results of this is the creation of a new atmosphere where content in such areas as palliative care can be integrated seamlessly into the curriculum. This helps to resolve major barriers such as lack of curriculum time, lack of faculty competence in palliative care, inadequate patient populations, and lack of funding. In a Robert Wood Johnson-funded project involving 13 of 14 New York medical schools, areas of content in palliative care were derived through the use of the Palliative Education Assessment Tool (PEAT). PEAT is a self-administered assessment tool to uncover areas in the curriculum where palliative care is taught. It assesses seven core palliative care domains. They are:

- Palliative medicine - overview and population perspective
- Pain - basic science and applied clinical skills to manage pain
- Neuropsychologic symptoms
- Other symptoms
- Ethics and law - legal and ethical dimensions of palliative care
- Patient/family/caregiver perspective on end-of-life care
- Clinical communications skills

"Any faculty member that could be replaced by a videotape, CD, or Web site should be replaced—as soon as possible," remarks Jack M. Wilson, former provost and dean at Rensselaer Polytechnic Institute and current chief executive officer of UMassOnline. He further remarks that teaching is not presenting and watching is not learning. Furthermore, teaching is not about content even though content is very important. It was announced by MIT that it was providing free access to the materials of all of its courses.

When asked why would anyone then want to pay for courses at MIT if it was giving away its courses free, the answer was that it was not giving away its access to classes, the library, academic credit, its students, the campus, or any other aspect of the educational environment. Of the entire "value chain" of higher education, Wilson asserts that content is the least valuable part. While students must certainly be interested in content, they are far more interested in the total educational experience, including interaction with faculty, stimulating interaction with students, team-generated case studies, academic credit from a respected university, and the experience of being part of an academic community. A few principles that Wilson states include:

1.) The value of a university learning experience, whether online or traditional, is far more than content.
2.) Content-based intellectual property is more valuable to faculty than the university.
3.) Development of digital materials requires sharing of ownership between faculty and university with minimal restrictions.
4.) No one should own courses, syllabi, pedagogies, or ideas.


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