While it took 15 years for television and 37 years for radio, in only 3 years the World Wide Web has reached its first 50 million users. Originally, the Internet was a unique communications model employed by only a small cadre of people who typically were from the engineering and technology professions. Barriers to its use were complexity, time-consumption, and prohibitive expense. Today, most of the U.S. population is on the Web at home or at work.

Currently, approximately 95 million Americans have cell phones representing more than a third of the nation. Wireless networks and devices represent a mobile and untethered technology that allows students, faculty, and researchers an unending ability to communicate and collaborate. No longer are there the restrictions of the desktop or computer laboratory. Images will be able to be displayed anywhere, on a hand-held device, a wall, or on a white shirt. The technology is revolutionizing the cycle of data collection and analysis. Data can now be collected in the field and analyzed there without having to go back to the laboratory or some other processing center.


Recommendations of the American Academy of Family Practice for rural residency curriculum include four general areas. One is a two-month rotation to a rural family practice. A second is the area of practice management such as time management, utilization of health care teams, sensitivity to social issues of rural practice, and development of a clinical information system. The third general area includes such clinical topics as occupational medicine, trauma and emergency care, geriatrics, and surgery along with procedural skills. Fourth on the list is community-oriented primary care such as fostering experiences in local leadership roles in public health, school health, and training in public health education and public speaking.

There is strong evidence that medical knowledge and procedural skills are covered adequately to train rural practitioners. However, strength is still needed in the entire area of sensitivity to social issues unique to rural life. In addition, more attention needs to be given to the development of self-confidence to function effectively in an environment where resources are limited or distant. The key to retaining rural practitioners is in providing a curriculum that results in an awareness of the need and skills to integrate rural physicians and their families into rural environments.

Preventing PowerPoint Induced Sleep

Researchers in a study at the U.S. Air Force Academy have noted the overuse or misuse of PowerPoint. PowerPoint can have great value, however, if used correctly. Some tips that can insure that value include:

- Keep the lights on and use a powerful projector.
- No more than three slides per minute should be used.
- Fonts should not be less than 24 point.
- Type and backgrounds should be dark.
- Do not turn your back on the class.
- Do not read slides out loud.
- Decide in advance whether slides are for elaboration or simplification.
- Distribute printed copies of the slides.
- Let the audience know what you are going to say and what you have said.
- Slides should be an outline — not the essence of a presentation.

(Brown, DG. "PowerPoint-Induced Sleep." Syllabus. January 2001; 17.)

Rewarding Excellence in Teaching

Both Harvard Medical School and the University of California, San Francisco, School of Medicine, are creating multimillion dollar academies promoting teaching excellence. Funds are being reserved to directly compensate faculty for time spent teaching and for other initiatives designed to improve the quality of education.

The schools committed about $10 million and also are seeking foundation and individual donor support.

This is in response to pressures on faculty to generate clinical and research revenue that compromises the time they devote to teaching. The program reemphasizes the importance of teaching. Faculty are selected to be members of the academy after an extensive application and peer review process evaluating their leadership and mentoring roles and national recognition. Members of the academy are given protected time for teaching through endowed chairs. Faculty development is provided along with instructional improvement grants and educational retreats. The program increases the prestige of teaching and rewards gifted and passionate teachers. Other institutions also have established mechanisms to recognize teaching such as the University of Tennessee Health Science Center that appoints members for three-year terms and grants them $5,000 stipends.


Rural Training Tracks

Rural training tracks (RTT's) are family medicine residencies that provide one year of urban-based residency training followed by two years in a rural community. In the second and third year of training, the resident lives in the community and works closely with rural faculty, specialists, and hospitals. It brings model rural practices under the umbrella of the academic health center, creating expectations and opportunities for research and evaluation of rural health care issues.

A survey of 13 RTT's identified by the Family Medicine Review Committee of the Accreditation Council for Graduate Medical Education (ACCGME) found that 94 percent of the graduates felt adequately trained for practice by their RTT experience. The survey found that 76 percent of graduates have a primary office in a rural community and 61 percent practice in a designated health professions shortage area (HPSA). It was concluded that rural-based graduate medical education can adequately train family doctors for the demands of rural practice and result in high placement rates after graduation. RTT's provide a model for quality educational experiences, producing graduates with the skills and inclination to serve rural America.

Leonard Meiselas, M.D., professor of medicine (rheumatology) at Weil Medical College of Cornell University, asked a group of medical students at a New York City museum participating in a pilot course called “The Art of Observation” if a subject in a painting was sitting or standing. He then asked them to explain why they made that conclusion.

Dr. Meiselas then asked them to describe what they saw in the face and eyes of a subject in a painting. Students assessed such features as the lips, skin coloration, expressions, and emotions in paintings they observed. They also were asked to notice and interpret visual cues in the human face and body, a skill often undervalued in the current managed care and technological environment. “A Rash in a Frame” is a course at Yale University School of Medicine, required of all first-year students. They visit an area museum in small groups and study the same Victorian pictures, which are chosen because of their wealth of detail. Students are then asked to look at photographs of actual patients and interpret the meaning of drooping eyelids, uneven skin tone, collagen-deprived lips and asked to guess what they could about the subject’s health and happiness.

The curator at Yale was inspired to help develop the course after visiting a friend scheduled for surgery. She noted that when a resident stopped by to check her friend in the hospital the day before the operation, he barely lifted his eyes from the chart, remained standing in the doorway, and assumed her lack of questions as permission to leave quickly.

(True Value of Residency Programs

The impact of managed care, Medicare reimbursement reductions in graduate medical education, and the Balanced Budget Act of 1997 have caused residency program sponsoring organizations to show an increase in revenue.

A model has been developed that shows the value of residency programs to sponsoring teaching hospitals. This includes revenue versus expenses generated by teaching, patient care, and various intangible benefits.

These intangible benefits include such important items as cost avoidance from physician recruitment, favorable impact on risk management exposure, image impact, and new business impact to facility. Financial benefits may include GME revenue from Medicare and Medicaid, charitable revenue, grants, and professional and facility fees. Residency directors should work towards identifying all that the residency program contributes to its sponsoring organization and local community.

(Exraining Student Clinical Education

Clinical clerkships continue to revolve around the treatment of hospitalized patients suffering from acute diseases explains Donald Nutter, M.D., former executive associate dean at Northwestern University Medical School. He says that to reflect the changing health care environment, more emphasis needs to be given to prevention, chronic care, rehabilitation, and the management of ambulatory patients.

In addition, the student-driven fourth-year medical school experience appears to be an insufficient conclusion to medical school education. While the preclinical medical school curriculum has undergone considerable reform, the clerkship model of the third and fourth year of medical school has remained virtually unchanged for the past quarter century.

An Association of American Medical Colleges Josiah Macy Junior Foundation-funded project is taking on an in-depth study on the state of clinical education in order to develop suggestions for curricular reform.

("AAMC Project to Examine Medical Students’ Clinical Education.” Reporter. Association of American Medical Colleges. December 2000; 11.)

Academic medical centers are using faculty development programs to improve faculty retention, job satisfaction, productivity, and performance. Such programs empower faculty to excel as educators and create academic communities that value teaching and learning. Faculty development includes professional, leadership, instructional, and organizational components.

Growing workloads and the need to prepare community-based faculty for their role as teachers have made faculty development essential. Brody School of Medicine at East Carolina University established an Office of Faculty Development to create and sustain a unique culture of learning. For three days in August, new faculty members meet the institution's leadership and learn about the school's requirement for promotion. Mentoring is a significant part of the program emphasizing core values and prioritizing them. The school's three-day program called "Teaching Skills for the Medical Educator" focuses on career advancement and the development of skills necessary for promotion.

To make faculty development work, Deborah Simpson, Ph.D., of the Medical College of Wisconsin recommends that leadership support is critical as well as starting small. She recommends that programs should affect a variety of faculty members from diverse departments.

(Proctor, J. "Faculty Development Programs Gain Ground: Medical Schools Invest in Their Most Valuable Resource." Reporter. Association of American Medical Colleges. January 2001; 8-9.)

The Medical Education Digest also is available for viewing on the Internet at http://medicine.nova.edu/ostmed/admin/facdev.

"Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia, 30033-4097; telephone number: 404-679-4501) to award bachelor's, master's, educational specialist, and doctoral degrees. Nova Southeastern University admits students of any race, color, sex, age, non-disqualifying disability, religion or creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."