Secret Ingredients to Making a Good Teacher

There is more to teaching than a checklist of skills, indicates Ronald J. Markert, Ph.D., Health Future Foundation professor of medical education and director of the Center for Medical Education at Creighton University School of Medicine. Dr. Parker lists the following components of a good teacher in a medical school:

- A good teacher wants to be a good teacher.
- The focus of instruction should always be on student learning.
- When instruction is based on the accumulation of factual knowledge, learning is quickly extinguished (usually after the corresponding test), but when teaching aims at a higher level of cognition, what is learned is organized and remembered in useful ways.
- Good teachers do not talk as much as less effective colleagues do.
- While it is necessary for a teacher to be highly knowledgeable in his or her discipline, it is perhaps more important to show enthusiasm and interest in teaching that discipline.
- Good teachers are always thinking about ways to improve what and how students learn.
- Learning complex concepts and principles and incorporating them into one's structure of knowledge require time, both to think and to practice application.
- Good teachers create an atmosphere where students are motivated by the intrinsic rather than the extrinsic (i.e., passing the next exam, getting a higher mark, etc.).

Family medicine residents can learn about end-of-life issues from the experiences of veterinarians. Residents watched videos produced by the American Animal Hospital Association of an actual euthanasia. They were then assigned to various veterinary clinics in the community with the goal of experiencing an animal’s actual euthanasia with the family present so as to see the interaction of the veterinarian with the family. At the end of the day the residents spent time with a behavioral science faculty member who accompanied them.

Most of the residents had little idea of the type of care and training required of the veterinarian. They were particularly impressed by the amount of time the veterinarian spent with the patients and family members. Residents indicated that discussion about euthanasia was enlightening and that they experienced a different perspective of a difficult situation. The authors point out that animals and issues related to animals can be a bridge to difficult human issues.


Family Medicine Preceptorships/Clerkships - A 25-year Experience

The preceptorship/clerkship experience enhances the clinical experience of medical students by providing them with the opportunity to work with practicing family physicians in a variety of community settings. It also provides benefits to the preceptor. Clinical faculty report that students bring a fresh intellectual curiosity to the everyday aspects of a family practice.

Many preceptors acquire a feeling of accomplishment associated with the transition of the student to a practicing family physician. The preceptor also is provided with a closer affiliation to the academic health center and such resources as continuing education, Internet access, and participation in the Department of Family Medicine. Approximately 75 percent of the graduates enter practice in locations with less than 25,000 people, indicating that the preceptorship/clerkship experiences influence future practice location. Communities are directly affected since their capacity to provide medical services is enhanced by preceptorships/clerkships as a result of their affiliation with an academic medical center. This early and frequent contact with primary care physicians may influence the career choice of the students in favor of family medicine.


Safety of Research Volunteers

In July, Johns Hopkins University had its federal research grants cut off as the result of the death of a healthy young female volunteer and for failing to build in adequate protective measures.

An editorial in the New York Times that followed the fatal event recommended that a way to improve the safety of research volunteers would be to create more institutional review boards (IRB’s) as John Hopkins is now doing. This would reduce the volume of research that IRBs’ supervise.

It was also suggested that the IRB increase the size of its staff to support the IRB workload. The Times editorial writer concluded, however, that the system will always rely on the diligence and good judgement of all involved to search as hard as possible for potential dangers and to be candid in warning volunteers of the dangers.

It also concluded that research must be reviewed and monitored to ensure that subjects are protected from beginning to end.

While virtually all students in osteopathic medical schools complete the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) because of institutional requirements as well as for state licensure, a small number elect to take the United States Medical Licensing Examination (USMLE). Both are three-part examinations typically given at the end of the second and fourth year of medical school and at the end of the first year of graduate medical education.

Following is a summary of osteopathic medical student first-time taker performance on the USMLE in June 1998. These students are compared to the performance of students attending U.S. and foreign allopathic medical schools.

### PERCENT PASSING

<table>
<thead>
<tr>
<th>Student Category</th>
<th>STEP I</th>
<th>STEP II</th>
<th>STEP III</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S./Canadian Allopathic</td>
<td>95</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Osteopathic Medical</td>
<td>87</td>
<td>85</td>
<td>97</td>
</tr>
<tr>
<td>Foreign</td>
<td>62</td>
<td>56</td>
<td>56</td>
</tr>
</tbody>
</table>

(Source: National Board of Medical Examiners. Performance Data on USMLE. 1999)

### Palliative Care for Cancer Patients

More than half a million people still die annually in the United States from cancer. While it is true that survival is longer today than in the past, the quality of life for these patients is greatly diminished. Many of the methods used for treating cancer causing pain, nausea, fatigue, and anxiety routinely go undertreated or even untreated. Because of the focus on cure, the critical need for palliative care, which emphasizes alleviating physical and psychological symptoms, is devalued.

The National Cancer Institute (NCI) spent less than one percent of its 1999 budget on any aspect of research or training in palliative care. The author, Kathleen M. Foley, M.D., a Memorial Sloan-Kettering Cancer neurologist and director of the Project on Death in America, serves on the Institute on Medicine’s National Cancer Policy Board. She advocates that the NCI designate centers of excellence which deliver innovative, top-quality palliative care to all segments of the population. This should include training professionals in medicine, nursing, psychology, and other disciplines to provide palliative care and conduct research.

Another barrier to palliative care, she indicates, is a lack of information, and this should be rectified by educating patients and their families about what they need to know about options for symptom control and care at the end of life. Organizations like NCI, the American Cancer Society, health insurers, and pharmaceutical companies should provide comprehensive, patient-oriented information about palliative care. Dr. Foley remarks that death is inevitable, but severe suffering is not. Public institutions need to move forward toward policies that value and promote palliative care, she says.

(Foley K. "Easing the suffering of cancer patients." The Scientist. 2001; August 20: p. 6.)
Southern Illinois University (SIU) medical school faculty believe it is important for geriatric education to be early in the curriculum and before there is clinical interaction with older adults to prevent negative impressions by the students about older people. Education in geriatrics may need to be carefully constructed to target the various dimensions that compose attitudes toward aging. Interdisciplinary education in geriatrics is effective in improving attitudes.

Fourth-year SIU students spend time with volunteers of advanced age and are impressed with the energy and involvement of these seniors. A simulation experience is used that includes activities in which students' senses are inhibited. This includes having them:

- Wear glasses with yellow lenses to simulate the yellowing of the lenses.
- Wear cotton balls in their ears to simulate hearing diminution.
- Wear rubber gloves with the index finger taped to the third finger to simulate decreased tactile sensation.
- Use an immobilizer in one extremity to simulate mobility problems.

The SIU program has resulted in improvement of medical student attitudes about older people and an indication by more students that they would consider specialization in geriatrics.

Robinson SB and Rosher RB. “Effect of the half-full aging simulation experience on medical students' attitudes.” Gerontology & Geriatrics Education. 2001; 21. No. 3: pp. 3-12.)