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Why Choose a Geriatrics Career?

The shortage of geriatricians is expected to worsen as few medical school graduates enter the specialty and the number and proportion of older adults continues to grow rapidly.

Medical student clerkships in generalist fields have been shown to lead to a greater interest in those specialties. Impediments to making career choices include lack of information, lack of support, and not knowing one's interests or abilities.

The authors suggest that publicizing the positive, attractive aspects of geriatrics could have a direct application in providing greater awareness of geriatrics as an academic discipline and encourage more primary care physicians to include geriatrics in their practice.

They recommend that societal factors, attitudinal factors, and experiential factors be studied because of their potential influence on career choice.

Since it appears to be important to expose students to family physician role models in order to demonstrate the competence and comfort of those role models with their specialty's breadth, it is plausible that this may apply to geriatrics as well.


Curriculum Guidelines on Complementary and Alternative Medicine

The Society of Teachers of Family Medicine (STFM) found in a 1995 survey that 28 percent of family practice residencies included formal teaching in complementary and alternative medicine (CAM).

This is likely to have increased since that survey was performed. However, there is no defined curriculum in CAM at the residency or medical school level. The STFM Group on CAM has developed a set of curriculum guidelines for family practice residents.

They recommend that all family practice residencies begin to introduce a curriculum in CAM, the depth of which will vary depending on the skills and interests of faculty in the programs as well as the demand for and interest in CAM by the population of patients in the residency.

The guidelines delineate attitudes, knowledge, and skills that residents should develop in CAM so they can adequately function as advisors and advocates to patients. However, they must also be made aware of the elements of CAM which remain unproven and require research.

Graduating residents should be willing to discuss CAM with patients and possess a willingness to admit their lack of knowledge. Faculty development programs must be a priority for groups seeking to implement a curriculum in CAM.

Student and Resident Evaluations of Faculty - How Dependable Are They?

It is relatively simple to collect students' ratings of preceptors teaching skills. However, it is essential to assess the dependability of the ratings if they are to be used in decision making.

By employing graphs and charts, a degree of reliability is often assumed by readers that may not be justified.

Preceptors' scores based on only a few student raters must be interpreted with caution, the authors advise.

Student ratings based on input from a few students may be useful to red-flag a preceptor, but decisions based on such information are difficult to defend unless a large number of ratings (e.g., 15-20) are available. Simply adding more items probably does little to improve the overall dependability of the measurement.


Integrative Residency Promotes Internal Medicine and Preventive Health

Griffen Hospital, an affiliate of Yale University School of Medicine, and representatives from Yale's School of Public Health have pioneered an integrated internal medicine and preventive medicine residency program. It is intended that the program helps to facilitate understanding between the two disciplines.

Residents are provided training which includes experience in traditional clinical settings as well as in environments that require them to apply preventive medicine knowledge in public health agencies. In a four-year program, residents complete the requirements of both an internal medicine and preventive medicine residency including the completion of an M.P.H. at Yale.

David Katz, M.D., M.P.H., who directs the preventive medicine program, states, “We’re working to make two halves (medicine and public health) a single whole.” Dr. Katz had to convince both specialty boards that no corners were cut. Jeffrey Lederman, D.O., a second-year resident in the innovative program, indicated that he would like to practice clinical medicine as well as be employed in a state health department. He also said that he and his fellow residents apply both medical and public health models to solve problems patients present.

According to Dr. Katz, the integrated residency provides doctors with an opportunity to maximize the potential good doctors can accomplish.

Development of reliable and valid tools to measure teaching effectiveness has a direct impact on learners, faculty, and medical organizations.

Stanford University School of Medicine has developed a program for the evaluation of faculty in settings that include teaching contact in lectures, small group clinical case discussions, inpatient wards, and outpatient clinics.

A seven-category form (SFDP-26) was developed, validated, and implemented at Stanford that includes learning climate, control of session, communication of goals, promotion of understanding and retention, evaluation, feedback, and promotion of self-directed learning.

While the validation was done for clinical evaluation, it also included contact in lectures, small group clinical case discussions, inpatient wards, and outpatient clinics.

Videotaping lectures that faculty peers can later observe and evaluate in conjunction with course materials appears to be an effective and valid method of engaging larger numbers of busy clinical faculty in the peer evaluation of teaching effectiveness.


Genetics in the Medical School Curriculum

"They (students) don’t expect to be a good physician without learning about the kidney – well, they can’t ignore genetics anymore than they can ignore the kidney," emphasizes Huntington Willard, Ph.D., chair of genetics and director of the Center for Human Genetics at Case Western’s medical school.

He reported that the very first lecture the first-year medical students heard on their first day was one dealing with where we are going with genetics and genomics. The more that is learned from the Human Genome Project, the more that it is understood about the major role that genetics is going to play in our understanding and treatment of very common disorders.

Keeping up with the genetics revolution is not easy. A 1997 survey concluded that a third of the physicians studied were not able to distinguish an inconclusive result from a negative one in a genetic test for colon cancer.

Another study performed in 1999 by the Association of American Medical Colleges showed that 44.4 percent of 1999 medical school graduates reported that the time they had spent on genetics instruction was inadequate.

Teaching in medical genetics must span the entire undergraduate medical curriculum, as well as the postgraduate years, stresses the Association of Professors of Human or Medical Genetics.

(Shaw G. Not Your Father’s Genetics Curriculum. Reporter. Association of American Medical Colleges; 9, No. 1; 8-9, October 1999).
Requiring Palliative and End-of-Life Care in the Medical Curriculum

University of California at San Diego medical students get end-of-life (EOL) care education throughout their curriculum. In year two this includes EOL issues in ethics, pharmacology, and physical diagnosis. Year three has a required hospice and palliative care experience and year four offers a subrotation in hospice and palliative care.

Even first-year students have an experience in EOL that allows them to accompany doctors who explain "bad news" to terminally ill patients.

In 1997, the National Academy of Sciences issued recommendations in a report entitled Implementing Quality End-of-Life Care.

One recommendation is that "Educators and other health professionals should initiate changes in undergraduate, graduate, and continuing education to ensure that practitioners have relevant attitudes, knowledge, and skills to care well for dying patients."

Charles von Gunten, M.D., Ph.D., medical director of the Center for Palliative Studies at the San Diego Hospice and part of the UCSD School of Medicine faculty, encourages medical schools to show their support of EOL by including palliative care faculty at their institutions. While 122 (96.1 percent) U.S. allopathic medical schools provide some instruction in EOL, only six (4.7 percent) have a separate required course in EOL.