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The teaching of preventive medicine has become increasingly important. The Association of American Medical Colleges (AAMC) recommends that all medical schools teach students how to apply preventive medicine. AAMC further recommends that such teaching should be integrated throughout the continuum of medical education. Prior to graduation, medical students should demonstrate that they:

- Have the ability to define, prescribe, and get information about a population.
- Read clinical studies critically and apply them to health care.
- Understand the implications of local systems of health care.
- Incorporate principles of prevention to specific populations.
- Function as part of and collaborate with the health care team.
- Respect cultural diversity.


Influence of Rural Clerkships on Practice Location

A study conducted by Morehouse School of Medicine indicated that there appeared to be an association between a rural clerkship experience and practice in medically underserved communities.

However, the authors pointed out that physicians who were brought up in a rural community are more likely to practice in such a community than those who do not have such a background.

If their spouse came from a rural community, this too influenced practice in such an environment. They also noted that those medical students who reported an interest in family medicine were also more likely to practice in a rural area.

Women and graduates who are 28 years of age and older are also more likely to engage in family practice. In addition, medical school admissions practices can substantially influence the geographic practice location of graduates.

(Jones AR, et al. Influence of a Rural Primary Care Clerkship on Medical Students' Intentions to Practice in a Rural Community. The Journal of Rural Health. 16:155-161; 2000.)
Challenges and Opportunities in Preventive Medicine Curricula

It is important to provide future health professionals with the knowledge and skills associated with the discipline of preventive medicine.

The traditional Flexnerian curriculum model is being replaced with a single two-year interdisciplinary course centered on professional skills and perspectives. Frequently used small group settings are ideal for students to try out journal club skills and employ evidence-based medicine.

Early clinical experiences include multiple opportunities to incorporate the learning of clinical prevention. While students can not be guaranteed that they will see patients with certain disease states, every patient encounter includes issues in preventive medicine such as screening, immunization, lifestyle modification, and patient education.

The challenges associated with the restructuring of curriculum present opportunities to expand the role of preventive medicine.


Johns Hopkins Medical Collaboration in Singapore

Johns Hopkins University has extended its medical programs into Asia through the establishment of a program with the government of Singapore.

Referred to as Johns Hopkins Singapore, it intends to bring American style medical care to this Asian nation and perform research on diseases prevalent in the area as well as institute educational programs for Singaporean doctors and nurses.

The project is part of a plan by Johns Hopkins to make this 250-square mile nation a regional hub for medical care and education. Hopkins plans to develop a joint Ph.D. program in the basic sciences with the University of Singapore as well as a master's in clinical research.

It also will be developing continuing medical education courses, postdoctoral training, and a training program for nurses.

With 45 percent of the world's health care market expected to be in Asia by 2005, the project represents a significant commercial potential for both Johns Hopkins and Singapore.

(Mcmurtrie, B. Reaching Beyond Baltimore, Hopkins Sets up Shop in Singapore. The Chronicle of Higher Education. 46: A45-A47; August 18, 2000.)

Dermatology Group Develops Web-Based Dermato-Epidemiology Curriculum

A web-based dermato-epidemiology curriculum has been developed by the American Academy of Dermatology (AAD). It provides residents in dermatology with a curriculum designed to develop skills in critical appraisal of the dermatology literature, evidence-based medicine, general dermatoepidemiology, and health services research.

Currently, it is only available to members of the AAD at its website www.aad.org. The AAD curriculum was developed in response to a need for epidemiology training for dermatology residents. It is believed that training in epidemiologic principles and studies are important to understand many patient diseases and outcomes.

The program was developed in a manner that especially serves the need of residency programs with dermatologists that lack faculty with no specific interest in epidemiology and to create an interest in epidemiology by residents.

(Dermatology World. Page 5. August 2000.)
Problem-Based Learning Focuses on Older Physically and Behaviorally Challenged

An NSU-COM Predoctoral Primary Care Training project funded by the Health Resources and Services Administration (HRSA) is developing nine interdisciplinary PBL modules involving older adults with concurrent chronic disease who are also physically and/or behaviorally challenged.

The HRSA funds are derived from the Bureau of Health Professions and budgets $217,360 over a three-year period.

Approximately five of the cases developed will employ simulated patients.

Third-year medical students in a required geriatrics clerkship will interact with occupational and physical therapy students in the solution of these problems.

This interdisciplinary training experience will provide students from these professions with the opportunity to learn to work with each other as well as to learn their respective roles in the care of patients.

Charlotte Paolini, D.O., the project director, also serves as chair of the Department of Family Medicine's Geriatrics Division. All NSU-COM students complete a one-month rotation in geriatrics.

(Predoctoral Primary Care Training. Approved and Funded Grant Application. Health Resources and Services Administration. July 1, 2000.)

Educating Generalist Physicians for Rural Practice

Only 9 percent of physicians practice in rural communities, but 22 percent of the population of the United States live in medically underserved rural areas. Among the factors associated with the extent to which educational programs result in the creation of rural physicians are:

- **Rural mission of the program.**
- **Credible mentoring by faculty.**
- **Types of rural educational experiences.**
- **Backgrounds of students and residents.**
- **Desires of spouses and partners.**

A 1995 survey of graduating medical students (13,000 respondents out of 16,000 graduates) by the Association of American Medical Colleges found that only 294 had a goal to practice in a rural area. Those who were oriented to rural practice were slightly older than their peers, more likely to be married and have children, from public medical schools, preferred family practice, and performed volunteer work in a public health clinic or other program for medically underserved individuals. They took twice as many electives in rural and international environments.

Affirmative Action and the Role of Social Class in Selecting Medical Students

While medical schools stress racial diversity in the process of selecting an entering class, they downplay socioeconomic diversity. Their motivation responds to evidence that minority physicians disproportionately serve poor and ethnic minority communities.

However, little research in the United States is directed to the influence of the socioeconomic background of physicians and their practice and service patterns. A 1996 study showed a modest but statistically significant correlation between the social class of physicians and their service to disadvantaged communities.

It was concluded that the historical record and limited research helps support the argument that more physicians should be recruited from lower socioeconomic status backgrounds. It also was concluded that expanded racial diversity among physicians improves access to medical care and the ease of communication with ethnic minority patients.