The University of Kentucky College of Medicine (UKCM), which is striving to facilitate its ability to recognize excellence and reward its faculty in tenure, promotion, and appointment procedures, has introduced an expanded definition of scholarship.

UKCM defines scholarship to include discovery of new knowledge, integration of information into new perspectives, application of existing knowledge to previously discovered knowledge, and teaching related scholarship (e.g. production of new materials, teaching methods, developing standardized patients, implementing new curricula, developing innovative combined degrees).

For example, among their guidelines for promoting an assistant professor to an associate professor, they include “Continuing publication of clinical observations, reviews, or analytical studies in peer-reviewed journals that are recognized as authoritative and that influence the practice of clinical or administrative medicine.”

Instead of this, the faculty member can also present as evidence the following: “Continuing development of teaching materials, including new curriculum offerings, educational programs, textbooks, syllabi, computer programs, or videotapes that make a unique contribution to the quality and method of teaching a given subject throughout the college of medicine and beyond the local community.” In this way, the college provides explicit recognition of multiple forms of scholarship.

(Nora ML, Pomeroy C, Curry TE, Hill NS, Tibbs PA, and Wilson EA. Revising Appointment, Promotion, and Tenure Procedures to Incorporate an Expanded Definition of Scholarship: the University of Kentucky College of Medicine Experience. Academic Medicine. 2000; 75:913-924.)

Using a Palm Pilot computer as a teaching tool for medical students has been demonstrated to have multiple applications at the University of Wisconsin College of Medicine. Medical software included in the device ranged from preventive medicine guides, history and physical examination protocols and medications to pediatric and adult dosage calculations.

Faculty were trained in the use of the Palm Pilot, and student response was enthusiastic, leading to further exploration of its use, especially in the ambulatory care environment.

(Bowere DJ, Bertling CJ. Using Palm Pilots as a Teaching Tool During a Primary Care Clerkship. Academic Medicine. 2000; 75:541-542.)
**Smart Card Use in Academic Health Centers**

An initiative at the University of Texas Medical Branch in Galveston brings 13,000 physicians, nurses, and staff members into an electronic clinical information system. This involves a magnetic “swipe card” that requires a PIN number and carries a small amount of information and an imbedded-chip smart card that contains a tremendous amount and variety of data.

It contains a compact version of the patient’s electronic medical record and biometric identifiers to insure privacy (e.g., retinal scans, fingerprints). It permits digital signaturing and certifying that eliminate the need for paper signatures and faxes when prescribing medications. The smart card also is allowing exploration by health insurers to use the device for member eligibility, personal change information, authorization, and perhaps even instant reimbursement.

(Hagland M. Smart Cards knock at Healthcare’s Door. Healthcare Informatics. October 2000; 78-82.)

**Interactions Between Physicians and Nurses in Health Professional Education**

Academic health centers should expand the use of interprofessional teams in patient care programs. These teams should include medical and nursing faculty as well as students. Ways should be identified to reward and recognize faculty who participate in such ventures. Evaluation models of interprofessional teams need to be developed that include students.

In addition, innovative ways to reduce professional barriers need to be identified to make interprofessional education possible. This may mean changing faculty schedules, calendars, or faculty promotion and development guidelines. Interprofessional interaction and communication skills should be added as a basic competency required by both nursing and medical students. Joint courses are advocated for both medical and nursing students in such topics as ethics, medical information, cultural competency, and community health.


**True Value of Family Medicine Residencies**

While residency programs are being increasingly pressured to show a “profit,” they often are not recognized for the indirect and intangible benefits that they bring to the sponsoring institution. That is, what happens if they go away?

For example, there is cost saving by using residents as surgical assistants, referrals to local consultants resulting in revenue from admissions by local surgeons and other specialists, outpatient procedures, and ancillary services that are provided within the system. The authors suggest that every family practice residency director should work toward identifying all that a residency program contributes to its sponsoring institution.

They point out that relying solely on profit and loss statements to determine the value of a residency program is an inappropriately narrow point of view and a potentially costly mistake.


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*Residency Programs Reap Rewards!*
A special issue of Academic Medicine, the journal of the Association of American Medical Colleges, provides sketches in its September issue on the curricula at 130 U.S. and Canadian medical schools. Most of the schools indicate a significant trend to small-group teaching such as patient-centered, student-directed, problem-based learning (PBL) and the employment of standardized patients (SP’s). The use of PBL extends to the basic medical sciences in many schools. In a majority of schools, PBL is also used in the third year. There also is a trend for significant reduction in lecture time so that this form of education is kept at a minimum. A large number of schools are requiring students to own computers -- and many recommend them -- but several report that most students own one anyway.

The University of Miami School of Medicine, for example, limits the number of lecture hours per week to fewer than nine and requires five hours of small-group sessions weekly. Its new curriculum will emphasize self-directed learning and the use of evidence to formulate decisions and actions. The University of South Florida College of Medicine decreased the total number of curricular hours by 21 percent in years one and two and increased small-group learning in basic science courses. It also required every student to purchase a laptop computer and includes an Intranet server devoted to curricular content. In addition, it is developing online curricular materials.

(Faculty Practice Plans)

Faculty Practice Plans

The Association of American Medical Colleges (AAMC) reports that faculty practice activities account for 35 percent of medical school revenue. The AAMC’s Group on Faculty Practice (GFP) consists of 415 physician and executive administrative leaders who provide a national forum for the discussion of issues of importance related to academic faculty practice.

They attempt to provide information and direction to navigate the changing health care delivery system to meet both patient and market place demands in concert with their academic missions. This includes an annual report that consists of a financial survey of practice plans that has financial, legal, and organizational data on faculty practice plans. They also publish Academic Clinical Practice quarterly.

The GFP Summer Symposium in July addressed such topics as implementing service improvement plans, measuring and demonstrating quality health care, and managing faculty productivity.

(Faculty Practice Plans)
Brown University School of Medicine sponsors the HIV Education Prison Project that includes a newsletter called HEPP NEWS. The publication provides a forum for problem solving targeting correctional facility administrators and physicians, nurses, outreach workers, and case managers. It provides information on HIV treatment, efficient approaches to administering HIV treatment in the correctional environment, national and international news related to HIV in prisons and jails, and changes in correctional care that impact HIV treatment.

Brown University Office of Continuing Medical Education also provides continuing medical education credits to physicians who accurately respond to the questions in a special section of the newsletter. The publication is distributed free by fax or e-mail. Contact by fax: (800) 671-1754 for a complimentary subscription to HEPP NEWS.


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