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Alternative Medicine and Academic Health Centers

The implications of incorporating alternative and complementary medicine into established academic health centers was the topic of a conference sponsored by the University of Pennsylvania School of Medicine last month. Conference organizer and coordinator Alfred Fishman, MD, the William Maul Measey Professor of Medicine Emeritus and Senior Associate Dean for Program Development for the medical school, indicated that there was great pressure to provide unconventional therapies to bring comfort and improve the quality of life for patients. This is particularly true for women’s health, aging and cancer, Dr. Fishman indicated. Among the 100 physicians, researchers, and ethicists attending the meeting were the Executive Editor of the New England Journal of Medicine, Marcia Angell, Director of the Center for Alternative Medicine Research and Education at Harvard Medical School’s Beth Israel Medical Center, David Eisenberg, and Arnold Relman, Professor Emeritus of Medicine and Social Medicine at Harvard Medical School. Since there is little real basic or clinical research on these unconventional therapies, academic health centers, although wary of supporting unproven treatments, elected to set up centers focusing on research and education. Dr. Eisenberg suggested that there should be a future conference with leaders of Institutional

Declining Applicant Pool to Medical School

Compared to last year, in 1999 there was a 6 percent decline in the number of applicants to the 124 allopathic medical schools or a reduction from 41,003 to 38,529. The 16,221 students who matriculated in 1999 represent 43.1 percent of the 38,529 applicants who attempted to gain entrance to the medical schools. In addition, while underrepresented minority matriculants declined by 7.5 percent, the pool of black males plummeted by 14.9 percent and those who matriculated dropped by 15.6 percent. As a result, black students made up less than 2.4 percent of the 1999 entering class amounting to 883 in allopathic medical schools this year. This year also had the lowest number of underrepresented minority entrants since 1991.

(DAPMS pg.2)
Review Boards (IRBs) and pharmacy and therapeutics committees. Since these have the power to determine whether this therapy be allowed and if so under what circumstances, by whom, and according to what criteria and what credentials. Dr. Fishman reported that at the University of Pennsylvania a steering committee of experts was established so that anybody who wants to introduce a new therapy goes through a set pathway that evaluates both the therapy and related research. He indicated that, “We don’t want a system of practice that’s different from Western medicine. It’s not alternative... we use them as complementary therapies and evaluate each modality using conventional criteria”. One of the questions discussed was whether it was ethical to recommend or voice disapproval about a complementary and alternative medicine therapy you know little about in terms of relative risk or value. Is it ethical not to? Only a small fraction of such therapies have undergone enough credible research to provide evidence of safety, efficacy, or lack thereof, Dr. Eisenberg pointed out. ( Russo E. Academic Health Centers Embrace Alternative Medicine. The Scientist. December 6, 1999, p10)

Suppressing Negative Information in Dean’s Letters

A study of dean’s letters for 532 students from 99 U.S. medical schools concluded that suppressing negative information for the purpose of enhancing the student’s candidacy for residency positions, undermines the selection process. The study demonstrates that the utility of the dean’s letter is compromised by the willingness of some deans to withhold important information about their students. It also points out some fear of legal retribution by students whose letters describe genuine inadequate performance. (Edmond M, Rober­son M, Hasan N. The Dishonest Dean’s Letter: An Analysis of 532 Dean’s Letters From 99 US. Medical Schools. Academic Medicine. 74:1033-1035; 1999)

DAPMS (cont’d)

Women, on the other hand, made up 46 percent of the 1999 entering class, a historic high. There are 40 U.S. medical schools in which women in the first year outnumbered men compared to only 21 schools last year. Jordan J. Cohen, MD, President of the Association of American Medical Colleges, states that it is hard to escape the conclusion that the backlash of affirmative action has had a chilling effect on the aspirations of minority students. This is particularly so in the states of California, Texas, Louisiana, and Mississippi which were affected by recent legislation. Dr. Jordan expresses a concern that there will be a “dysfunctional mismatch” between the character of the physician workforce and the needs of an increasingly multicultural, multiracial society. (Cohen JJ. A Word From the President, Good News, Bad News. Reporter. Association of American Medical Colleges. December 1999, p 2)
Predicting Academic Generalists’ Work Satisfaction

A University of Texas Southwestern Medical Center at Dallas project led to the development of a measure that could be used to predict the work satisfaction of primary care faculty and result in their retention. The project participants reported a 38% turnover rate for generalist faculty. In a twenty-four month faculty development program they designed and field tested a measure to identify work dimensions and faculty characteristics that could predict academic generalists’ work satisfaction. Eleven academic generalist work satisfaction dimensions were identified including:

1. Professional relationships
2. Professional advancement
3. Autonomy in the workplace
4. Clinical resources and activities
5. Teaching activities
6. Professional status
7. Compensation
8. Institutional governance
9. Patient population
10. Administrative service
11. Research or scholarly work

It was also found that older age, male gender, Caucasian race, and living with children are predictors of work satisfaction. In addition, minority faculty mentors, regular work hours, quality of schools, and access to adequate childcare, seem to play a role in work satisfaction. For women faculty, the balance between work and family commitments was a concern. A sense of mission was important to minority and inner city physicians. They also indicated the importance of measuring generalist work satisfaction on a regular basis since this could help focus strategic planning efforts for academic generalist divisions and departments. (Coyle YC, Aday LA, Battles JB, and Hyan LS. Measuring and Predicting Academic Generalists’ Work Satisfaction: Implications for Retaining Faculty. Academic Medicine. 74:1021-1027: 1999)

Dependability of Student and Resident Evaluation of Faculty

A University of California Davis Medical Center study of comparable numbers of student and faculty peers evaluated lecturers in both live and video formats. The study involved 40 second-year student volunteers out of 102 students and 30 full and part-time faculty from the Department of Psychiatry. The results suggested that faculty peer evaluation of lectures are valid measures of teaching effectiveness. However, they also suggest that this may be overvalued and yield little new information when compared with medical student evaluations. It was recommended that peer evaluation utilize faculty expertise to assess different dimensions of teaching than those evaluated by students. It also concluded that faculty peers effectively and validly evaluate videotaped lectures. (Leamon HL, Servis ME, Canning RD, Searles RC. Dependability of Student and Resident Evaluations of Faculty. Academic Medicine. 74:ppS22-S24;1999)

A Good Doctor

The Association of American Medical Colleges conducted a public opinion survey to determine what people believe makes a good doctor. While 87% indicated that it was recommendations from friends or a family member, as many as 85% said it was the ability to communicate well and having a caring attitude. Explaining complicated medical procedures and good listening skills were selected by 76 and 77% respectively. In addition, having board certification was selected by 70%. 50% of those who were polled selected the willingness of doctors to accept certain health insurance. About one third of those surveyed included years of practice as an indicator. Only 27% included attending well-known schools or training programs as one of their indicators of what makes a good doctor. (Data Shot: What Makes a Good Doctor? Reporter. Association of American Medical Colleges. October 1999: p1)
Greetings of the Millennium from the Editorial and Production Staff

In This Issue... Alternative Medicine, Dean’s Letters

Basic Principles of Working with Older Persons

The Director of the Suncoast Gerontology Center at the College of Medicine of the University of South Florida, Eric Peiffer, recommends that trainees in geriatrics and gerontology learn certain principles to be successful in working with older patients at the beginning of their program. These principles include:

1. Older patients are treatable.
2. Care of older patients requires an interdisciplinary approach.
3. Intervention should always be preceded by comprehensive assessment (physical, mental, social, financial).
4. Care of the older patient requires a new type of service, the coordination of services or care management.
5. The role of the family is critically important in the care of the older patient.
6. Care of older patients requires special training in geriatrics and gerontology.
7. Not only are older patients treatable, they are educable.
8. Older patients are not only treatable and teachable, they also teach us about aging.
9. When you’ve met one older person, you’ve not met them all.
10. Every older person is a page in history.
11. Take the time to discover the patient’s and the patient’s family’s expectation from treatment.
12. Do not let fear of possible side effects serve as a basis for undertreatment.
13. Working in the field of geriatrics is very rewarding, even addictsing, for most health professionals.
14. The practice of geriatric medicine is far more challenging, intellectually and emotionally stimulating, than most would surmise.
15. Whenever we work out something that works out well for an older population, it will serve the rest of us extremely well.
16. Today there is not an older patient for whom we can’t do something.

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