



The Bethesda Clerkship for 2009-2010

A subset of the year 3 Continuity Medicine Curriculum is taking place at Bethesda Hospital and is actively being planned by the "Bethesda Education Team."

Consisting of the clerkship discipline coordinators, the Bethesda education team is meeting regularly to plan the family medicine, ob-gyn, pediatrics and psychiatry experiences. The coordinators who bring their enthusiasm, sense of innovation and energy to the table are respectively Drs. Jim Byrnes, Ira Karmin, Sarah Wood and Madeleine Stam. The longitudinal courses Physicianship Skills and Integrated Patient Care will complement the clerkship activities by continuing the focus on chronic illness and community preceptor interactions and are co-directed by Drs. Agarwal, Belkowitz and Servoss.

Areas of focus include the framing of the clerkship objectives in the context of competencies as opposed to listing of simple factual knowledge acquisition. We continue to remain aligned with the main campus

objectives. The Accreditation Council of Graduate Medical Education (ACGME) set of six competencies provides the framework for this work, which began and was implemented in the year 1 and 2 courses.

Assessment methods for each of the 6-week clerkships are being reviewed to ensure that the competency of a student is met. In addition, documentation specific to each clerkship is being assembled to serve as the reference syllabus used during a comprehensive orientation day. A subset of students will start at Bethesda in June 2009 and go through the orientation day that covers the four clerkships. The orientation will then be repeated in December 2009 for the second group of students.

Dr. Albert Biehl is vice president for medical affairs at Bethesda Hospital: "Our doctors have supported the regional medical program since the beginning. The clerkship year is a natural extension of the partnership and we are all eager to participate in making it successful."

Left to right: Dr. Robin Fiore, class of 2012 students Amy Schiffman, David Cummings, Benjamin Vipler, Christina



Cordova, Fayeza Raza, Jamie Tidwell, Cameron Freed, Katherine Ferris, learning community faculty mentor Dr. Suzanne Weiner. The weekly learning community includes a dedicated time for reflection on the past week's clinical activities and immersion of the Integrated Patient Care courses. In addition, there is a rotation of activities monthly including journal club, case presentations, communication lab, medical humanities, and ethics/cultural competency topics.

Medical Student Wellness program now in its second year

Recent articles in The Annals of Internal Medicine⁽¹⁾ and the New York Times⁽²⁾ have brought attention to the stress of medical school and the high risk of burnout among students. The UMMSM Regional Campus has taken a preventative approach, with a Medical Student Wellness Series that begins at the very start of year 1. A lecture on Medical School Wellness is given as part of the Introduction to the Medical Profession course, and teaches students how to recognize and manage stress, and promotes student wellness as essential to the development of a balanced, caring physician. The lecture is followed by voluntary biweekly informal group meetings, in which students discuss the medical school experience and share their strategies to manage stress. Facilitated by faculty, sessions have focused on anxiety, sleep deprivation, preventing burnout and maintaining relationships outside of school. The program has been a success and is now extended to run throughout the year.

⁽¹⁾ Dyrbye L, Thomas M, Massie F et al. Burnout and Suicidal Ideation among U.S. Medical Students. Ann Intern Med. 2008;149: ⁽²⁾ Chen, P, Medical Student Burnout and the Challenge to Patient Care. New York Times. 2008, 10/31.

From Clinical Science and Medical Education...

Who? Dr. Madeleine Stam is an Assistant Professor of Psychiatry and Behavioral Sciences. A graduate of The Mount Sinai School of Medicine, she completed her residency in psychiatry at The New York Hospital. She was previously the Director of Medical Student Education and Associate Director of Residency Training at Cabrini Medical Center in New York City, and specializes in the treatment of mood and anxiety disorders.

What? Dr. Stam joined the Regional Campus in September 2008 as the Clerkship Discipline Coordinator for Psychiatry. She has been developing the third year curriculum, in addition to running the Medical Student Wellness Series. She will also be teaching in the CMC Neuroscience and Behavioral Medicine course.

Why? “Regardless of future specialization, doctors must be able to care for patients with a wide range of psychiatric problems. For most students, the psychiatry clerkship will be their only exposure to the field. Joining the faculty at the Regional Campus has been a tremendous opportunity to be involved in developing and implementing a program from the ground up. It is exciting to be a part of a medical school that is committed to developing innovative, integrated educational programs, and that emphasizes the importance of a bio-psychosocial approach to patient care throughout all four years of training.”



When?
Dr. Stam teaches part-time on a year round basis.

Where?
Dr. Stam will be teaching at the College of Biomedical Science for the CMC Neuroscience and Behavioral Medicine

course, and at the South County Mental Health Center for the Psychiatry Clerkship.

One45 software invaluable to the teaching mission at the regional campus.

Since implementation of the new curriculum in August 2007, the one45 software system has been central to every aspect of curriculum management.

One45 is web-based, so the user can log in on campus, from home (or abroad!), or from a clinical site. The software provides curriculum scheduling and stores for ready access all session objectives, materials and even videos. It provides to students a convenient location for access to grades. In addition, it is used to distribute the various evaluation forms related to faculty, student and course performance. The evaluation information is used to monitor the quality of the program.



The one45 system has made the distribution and collection of these evaluations easier. In the period of July 21– December 1, 4922 forms have been distributed to the Year 1 and 2 students.

Congratulations for achieving a 98% completion rate!

From Basic Science...

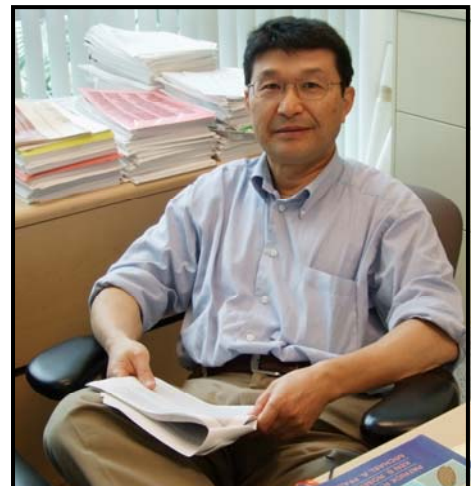
Who? Dr. Yoshimi Shibata is a Professor. After graduating from Tohoku University at Sendai, Japan, in bacteriology and immunology, he did postdoctoral training and joined the faculty at East Carolina University. He has been with FAU since 2003.

What? Dr. Shibata is interested in macrophage ontogeny and diversity. His research focuses on how particular macrophages contribute to development and/or inhibition of chronic inflammatory diseases, including tuberculosis, asthma and autoimmune diseases. Dr. Shibata participates in the teaching mission in graduate level courses in host defense and inflammation, training of graduate students and postdoctoral fellows in his laboratory. He is a lecturer and a PBL facilitator in the medical program.

Why? “I like teaching, since I always have new opportunities to challenge my own learning and that of others, by asking how problems caused by disease can be examined in the laboratory and how the answers from experiments can be applied to solve the disease problems.”

When? Year-round, but the medical teaching is in the fall of the M1 year, during the Fundamentals of Biomedical Science course sequence.

Where?
Dr. Shibata’s research laboratory and teaching efforts are at the College of Biomedical Science.



Save the date!

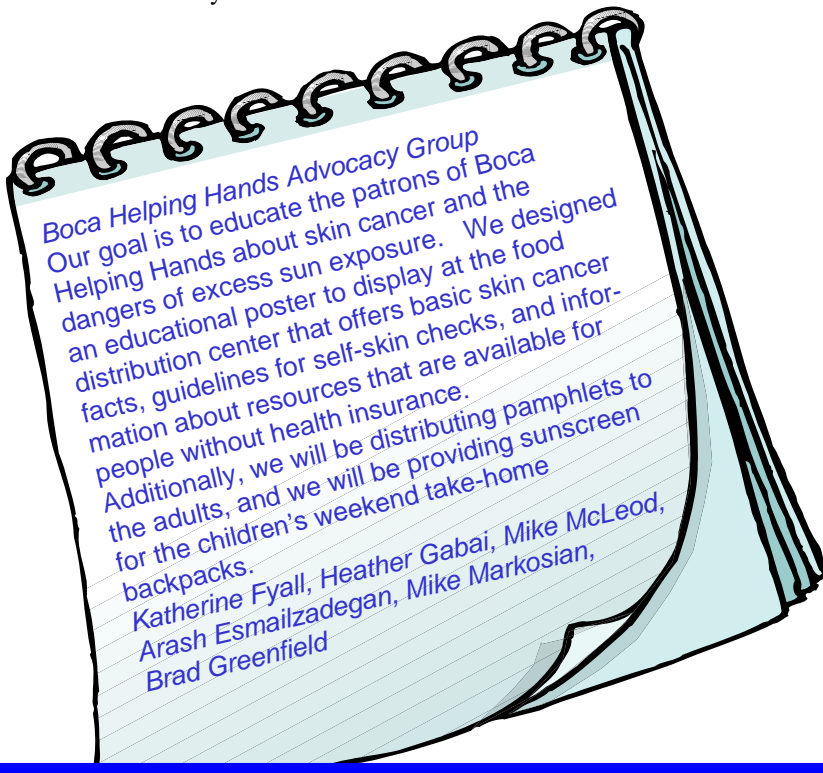
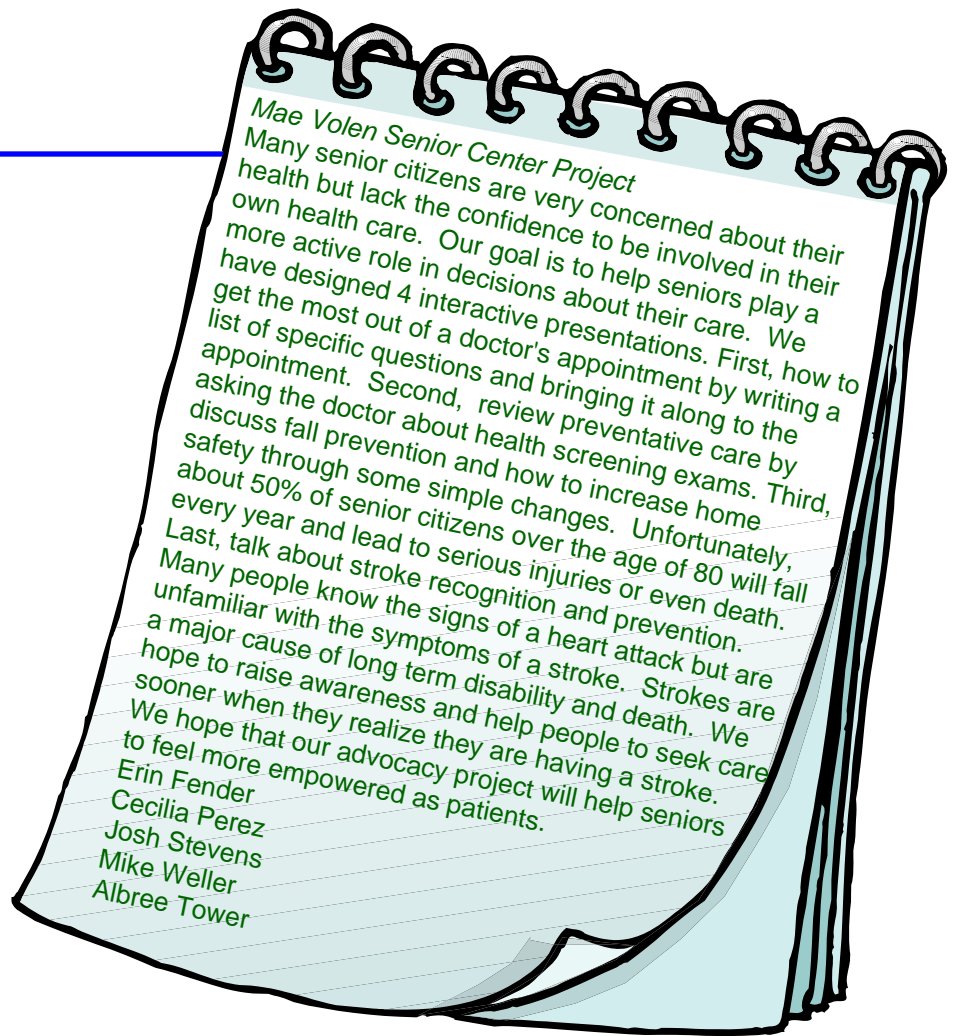
**MedEd Journal Club
every 3rd
Wednesday
of the month.**

http://bioserv.biomed.fau.edu/meded_facdevjournal_club.html

Addressing chronic illness through a health advocacy curriculum: getting students involved

The Continuity Medicine Curriculum (CMC) emphasizes care for chronic disease. These chronic diseases are related to preventable health issues often better dealt with outside of the examination room. Future physicians must be trained to recognize their responsibility to identify health issues and acquire skills that equip them to address issues at individual and societal levels. We expect that our students will be poised to become leaders in both of these areas thanks to hands-on experience through a health advocacy curriculum embedded within the CMC.

Students are introduced to the concept of health advocacy in the year 1 course Introduction to the Medical Profession through a lecture and visits to specific Palm Beach County community agencies. The Physicianship Skills courses of year 1 and 2 expand into a more formal program under the guidance of course co-director Dr. Julie Belkowitz. Dr. Belkowitz is a pediatrician who brings her long standing interest and experience in health advocacy to the regional campus from her practice and research at the main campus. She recently reported on interventions to improve home safety knowledge through a mobile children's safety center.



Small groups of students are matched with community-based organizations with the goal of identifying the specific health needs of those clients. We are fortunate to work with a group of incredible community agencies including Aid to Victims of Domestic Abuse (AVDA), Mae Volen Senior Center, Boca Helping Hands, Palm Beach County Literacy Coalition, Toussaint L'Ouverture High School and The Guatemalan Maya Center. Students work with the agency staff to devise action plans during year 1 for implementation at the individual, community and policy levels during the second year.

Our Class of 2011 students are currently working with people of all ages, backgrounds and experiences to raise awareness about issues including obesity, health literacy, sun safety, and health screening. Students will be presenting their innovative and creative projects on February 19. See you then!

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Faculty Development Corner:

How long is long enough? Developing the one-best-answer question with clinical content can be challenging. Here are a few more helpful tips from authors who are currently writing for the national board exam organizations.

- ◆ For a year 1-2 item, the "right" amount of stem is usually about 5 or so lines long. Vignettes tend to be shorter for Year 1 and longer for Year 2 items.

A 32-year-old man who uses IV drugs presented to the ER because of fever and prostration. He had chills, cough, and sweats for 2 days. Blood pressure is 110/60 mm Hg, pulse 110 bpm, respiratory rate 18/min, temperature 100°F. He appears toxic. Auscultation of the heart reveals holosystolic murmur at the left sternal border, louder with inspiration. Chest auscultation reveals crackles bilaterally. CxR shows cavitory lesions. The most likely diagnosis is endocarditis involving the:

- A. Aortic valve
- B. Bicuspid valve
- C. Mitral valve
- D. Pulmonic valve
- E. Tricuspid valve

- ◆ **Pitfall:** Don't make the vignette "window dressing" -- the information in the vignette should be necessary to answer the question.

An example would be a long vignette, with the question, "What is the most likely cause of x?" The vignette would not be necessary. However, if the question were "What is the most likely cause of this patient's acute condition?", the vignette would be necessary.

- ◆ Always use the same order for presentation: Age, sex, race/ethnicity only when important to answer, reason for medical attention and where because of "x" for "y" duration (the latter is the chief complaint).

Brief history -- only what is important - don't include "red herrings"

Brief physical - only include what is important. If you include one vital sign, include all: i.e., blood pressure, pulse, respiratory rate, temperature. Include positive and negative physical findings that are pertinent to the case.

Lab data - include only what is important. Nothing should be included because it is "routine."

Quarterly quote:

"You can do PBL in lecture, but you can't lecture in PBL."

Dr. Christopher Burns,
Department of Clinical Science
and Medical Education

Then, the lead-in statement or question. Be sure the vignette is necessary to answer the question.

Generally, vignettes get longer as students become more clinically savvy.

Medical Students in Action: UMMSM at FAU on a mission

Medical Students in Action is a group of medical students and doctors from the UMMSM. They are dedicated to serving underprivileged rural regions of the Dominican Republic. Since 2004, MSA has made five annual medical mission trips during the University spring break. During the week of March 31- April 6, class of 2011 students Marvin Smith, Mary Mercer, Elisha Scott, Isabel Lamour and Benjamin Wang travelled thanks to donations from various faculty members, family, and friends.

MSA offers medications at no cost for a wide range of illnesses, including intestinal parasites, skin infections, hypertension, diabetes, and asthma.

Class of 2011 student Mary Mercer makes new friends. (photo contributed by: Benjamin Wang)

