In the last issue of The Academic, I discussed the fact that we are currently educating physicians who will be practicing beyond the middle of this century. The reality is that we are preparing physicians for an unknown future. Understanding what they will need to know is a challenge. What is certain is that physicians will need the self-directed ability to acquire and assimilate new knowledge into their care of patients.

Thus the rationale for the emphasis of the Liaison Committee on Medical Education (LCME) on active learning by medical students, which is addressed by LCME standard ED-5-A:

A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

It is expected that the methods of instruction and assessment used in courses and clerkships will provide medical students with opportunities to develop lifelong learning skills. These skills include self-assessment on learning needs; the independent identification, analysis, and synthesis of relevant information; and the appraisal of the credibility of information sources. Medical students should receive explicit experiences in using these skills, and they should be assessed and receive feedback on their performance.

Self-directed learning may be one of the few durable skills we can help future physicians develop. In addition to the rate at which new medical knowledge is discovered, it has been frequently stated that about half of medical knowledge will become obsolete within five years. If this is true, it is therefore logical that the most valuable skill we can teach medical students is how to self-acquire and assimilate new knowledge into their patient care.

The LCME defines active learning as:

The process by which a medical student 1) independently, or collaboratively with his/her peers, identifies his/her learning objectives and seeks the information necessary to meet the objectives and/or 2) contributes to the learning of a group with information that he/she prepares and discusses. In active learning, the learner has a role in the learning outcomes achieved by the individual learner and his/her peers.

An important part of this definition is that the student defines their own learning objectives. Many faculty members struggle with this aspect of the definition. From the perspective of their own expertise, they reason: “I am the content expert. I write the examinations. Who better than I knows what the students need? I should define the learning objectives.” From the perspective of doing well on the next examination this is clearly true. In many cases, faculty members may have an accurate understanding of what students need to master and retain for the long-term. It is important to note that the standard related to active learning does not require that the entire curriculum be composed of active learning activities, only that the curriculum “must include instructional opportunities for active learning and independent study.” Thus an important question becomes “How
much is enough?” I am unaware of any data which effectively addresses this question. Anecdotally, a recent peer institution was directed to include a least six hours per week of active learning in their curriculum by the LCME following a finding of non-compliance with this standard.

The Quillen curriculum does include active learning. One course in each of the first two years is primarily based on active learning methodology – Case Oriented Learning in the first year and the Practice of Medicine in the second year. In Case Oriented Learning, students receive clinically oriented paper cases and in small groups define their own learning objectives. They then individually take a learning objective, develop the information to address the objective, and present the results to their small group in a subsequent session. In the Practice of Medicine, students receive standardized patient cases weekly. Following patient interviews and examinations, the students decide what questions they need to answer and what information they need to determine appropriate patient management. Their findings are then presented to and discussed with a clinical faculty member in small groups. Other faculty members have included smaller components of active learning in their courses.

An exciting first year concept for active learning is being developed by Dr. James Denham in the Medical Human Gross Anatomy and Embryology course. Using the cadaver as the “first patient,” students are recording all of the abnormalities they encounter. Then, across the remainder of the first year they will use the knowledge they glean from other courses to make end of the first year presentations related to what they learned from their “first patient.” The first year course directors have embraced this concept and its implementation should help meaningfully further integrate the first year curriculum.

The Rural Primary Care Track has long integrated active learning in its community based courses which involve students participating in a wide variety of clinically oriented projects. These projects require the students to identify knowledge and skills needed to implement projects and to address these issues.

The clinical clerkships regularly require students to identify their own learning objectives and acquire new knowledge. This effectively happens with each new patient a student sees and is reflective of what they will need to do in clinical practice.

I would challenge each faculty member and course director to identify some component of their teaching to be based on active learning methodologies. This does not preclude having faculty defined learning objectives and learning activities. The skills derived from such experiences will help better prepare our students for the unknown futures they face as practicing physicians.

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**LCME Timeline**

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<td>Email to Faculty / Staff Meetings with Chairs / Clerkship Directors, and Course Directors Committee appointments Distribute Course / Clerkship Forms</td>
<td>Preliminary database compiled / distributed to committees / committees establish meeting dates</td>
<td>Reports due from Committees</td>
<td>Updates made to database</td>
<td>Self-study summary report and database to LCME</td>
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Integrated Grand Rounds
Reid Blackwelder, MD, FAAFP

Some of you are aware of the Integrated Grand Rounds created by the M2 Curriculum Committee, but some may not be. This is a brief summary of the great work that some of your peers have accomplished over the past year. Members of the committee are myself, Dr. Earl Brown, Dr. Ron Baisden, Dr. Rich Feit, Dr. Theresa Lura, Dr. Martha Byrd, Dr. Russ Hayman, Dr. Michelle Duffourc, Jamie Reagan (M3), and Jessica White (M2). During a recent LCME planning meeting, Dr. Olive mentioned that this session would be a good one to mention to the review committee as it demonstrated intercourse education, using different teaching methods and combining basic sciences, clinical sciences, ethics, and professionalism aspects.

The goal of Integrated Grand Rounds was to create a forum in which the sophomore medical students could connect their basic science knowledge with the clinical skills they were starting to develop. They would use their communications skills, and the thought and presentation process of the Practice of Medicine. The basic sciences part would tap into current, as well as first year material.

Each session has patient contact. In two of the three sessions, a real patient was in the room and engaged in the process. In another session, a video was used as the patient was too anxious to actually be present. Both have advantages and will form the basis of future sessions. The three sessions have tapped in to the expertise of the following basic science faculty: Dr. Salah Shurbaji, Dr. Don Hoover, Dr. Russ Hayman, Dr. Ron Baisden, Dr. Ken Ferslew, Dr. Tom Kwasigroch, Dr. Earl Brown, and Dr. Michelle Duffourc.

Another aspect has been the ability to tie in ethical questions, and aspects of professionalism in to these sessions. In addition, students from the clinical years were also brought in to serve as mentors for the small group work that is part of the process.

The session on 8/4 which focused on "foot pain" was remarkable in a couple of ways. Dr. Paul Monaco strongly encouraged the first year students to attend the session. Dr. Theresa Lura and Dr. Ramsey McGowen made

Dave Walters, MD - Recipient of 2011 Leonard Tow Award

The recipient of the 2011 Leonard Tow Humanism in Medicine Award for the Quillen College of Medicine is David N. Walters, MD, Professor of Surgery. Dr. Walters has served as staff surgeon at the James H. Quillen VA Medical Center since 1989. He treats his patients with a degree of respect and caring that is uncommon in the current medical environment. He not only displays compassion for his patients but goes to great lengths to pass that compassion, along with his knowledge and enthusiasm, to the medical students who work with him. Dr. Walters’ is a role model who displays his professionalism in practice.

The Gold Foundation sponsors the annual Leonard Tow Humanism in Medicine Awards for faculty members. This award is presented to the faculty member who best demonstrates the Foundations’ ideals of outstanding compassion in the delivery of care, respect for patients, their families, and healthcare colleagues, as well as demonstrated clinical excellence. The Gold Foundation began this award in 1991 at Columbia University College of Physicians & Surgeons.

The award is given to faculty members demonstrating the following characteristics:

- Consistently demonstrates compassion and empathy in the delivery of care to patients
- Serves as a role model - illustrates professional behavior by example
- Approachable and accessible to students
- Welcomes opportunities for teaching and one-on-one mentorships with students
- Exhibits enthusiasm and skill in professional and personal interactions with students
- Shows respect for everyone
- Demonstrates cultural sensitivity in working with patients and family members of diverse backgrounds

Continued on page 5
LCME Survey Team Bios

Members of survey teams for a given year are appointed by the principal LCME Secretariat approximately a year before the site visit. Members composing the survey teams are selected from a pool of around 200 medical practitioners and basic science and clinical educators, and educational researchers and administrators.

The survey team conducts a site survey to verify and update information compiled in the school's medical education database, clarify any issues that are unclear, view the environment and facilities for learning first-hand, and meet with administrators, faculty members, and students. The team will meet with the dean to explain its purpose and gain input in a conference at the beginning of the site visit, and meet with the dean and campus chief executive to summarize its findings about the program’s strengths and areas of noncompliance at the completion of the visit. (Source: www.lcme.org)

LCME members visiting Quillen are:

Cam Enarson, MD, MBA
was appointed Vice Dean for Finance and Administration, UNC School of Medicine, in July 2011. He oversees the medical school's offices of Finance & Business Operations, Human Resources, Facilities and Resource Planning, and Information Systems and serves as the school's Chief Operating Officer, reporting to the Executive Dean. Dr. Enarson also holds an appointment as professor in the Department of Anesthesiology.

Dr. Enarson earned his BA from Concordia College in Moorhead, MN, and his MD from the University of Alberta School of Medicine in Edmonton, Alberta, Canada. He completed a residency in anesthesiology at the University of Maryland and a fellowship in cardiothoracic anesthesia and intensive care at the Milton S. Hershey Medical Center of Pennsylvania State University. Dr. Enarson completed an MBA at the Wharton School of the University of Pennsylvania.

Michael J. Reichgott is Associate Dean for Clinical Affairs and Graduate Medical Education at the Albert Einstein College of Medicine, Bronx, NY. A 1965 graduate of the Albert Einstein College of Medicine, he completed residency in Internal Medicine, fellowship in Clinical Pharmacology, and received his PhD in Pharmacology, all at the University of California, San Francisco. He joined the faculty of the University of Pennsylvania in 1972, where he taught General Internal Medicine and was involved in research on anti-hypertensive agents. In 1980, Dr. Reichgott was appointed Chief of the Section of General Internal Medicine and Associate Chief of Staff for Ambulatory Care at the Philadelphia VA Medical Center.

He returned to Einstein in 1984 as Assistant Dean and Medical Director of the Bronx Municipal Hospital Center. In 1989, he became Associate Dean for Students and the College's first Associate Dean for GME. In that dual capacity, he was responsible for managing the College’s clinical education programs at both the undergraduate and graduate levels. In August 1999, Dr. Reichgott shifted his emphasis from students to working with Einstein’s broad network of affiliated institutions and clinical departments, becoming Associate Dean for Clinical Affairs and GME. In that capacity, he continues to oversee the College’s role as Institutional Sponsor for its residency programs.

Dr. Reichgott was a founding member of the Section on Resident Education of the Association of American Medical Colleges and served for many years on the steering committee of the Group on Resident Affairs. He was liaison to the steering committee of the Group on Educational Affairs and was the organizing Chair of the new GEA Section on Graduate Medical Education. He served as the AAMC representative on the Accreditation Council for Graduate Medical Education’s Institutional Review Committee and was recently appointed to its Standing Appeals Panel. He is a past Chair of the Governing Council of the

If you have received educational awards or have presented or published educational research, please let us know for recognition in future issues of The Academic. Office of Academic Affairs, PO Box 70571, Phone: 439-8002, greenesl@etsu.edu

Editor—Penny Little Smith, EdD
Contributing Editor—Ken Olive, MD FACP
Editorial Assistant—Sandy Greene
Dr. Isaac K. "Ike" Wood was appointed senior associate dean for medical education and student affairs in the VCU School of Medicine on July 1, 2008.

Dr. Wood graduated from VCU in 1982 from the School of Medicine. He stayed to complete an internship and residency in general psychiatry and a fellowship in child and adolescent psychiatry. Dr. Wood is a Professor in Psychiatry and Pediatrics.

He has received the school's top educational awards, including the Faculty Teaching Award and the Educational Innovation Award. He has received the award for the Outstanding Professor in the Behavioral Sciences every year since 1999. In addition, the medical school class of 1997 selected Dr. Wood as Teacher of the Year.

Dr. Wood’s projects have included creating a virtual psychosis laboratory where students may experience the debilitating effects of severe mental illness; Project HEART (Healing with Empathy, Acceptance, Respect and integrity), a nationally recognized program for helping students maintain humanism and altruism; and a comprehensive four-year career planning curriculum that was recently recognized by the Liaison Committee on Medical Education accreditation team as a strength of the school.

A Harvard Macy Scholar, Wood is a Fellow of the National Board of Medical Examiners for Self-Directed Learning and a peer reviewer for MedEdPortal and FOCUS, the continuing medical education journal of the American Psychiatric Association.

Dr. Maria Soto-Greene received her medical degree from UMDNJ-New Jersey Medical School, where she has been on staff since 1983. She serves as Vice Dean of UMDNJ-New Jersey Medical School. She is a tenured professor in the Department of Medicine and Director of the Hispanic Center of Excellence. Her honors include the Ingrid Brekke Nelson Award for Excellence in Medical Technology, Ciba Geigy Award for Community Service and several awards from the Boricua Latino Health Organization at the New Jersey Medical School. In 1996, she was chosen by the Medical Herald as one of the top 20 most influential people involved with Hispanic medical issues.

Dr. Heidi Chumley graduated medical school from the University of Texas Health Science Center at San Antonio where she also completed her Residency and Fellowship.

Dr Chumley joined the Department of Family Medicine at the University of Kansas School of Medicine in August 2004 as the Director of Predoctoral Education. She is involved locally and nationally with medical education as the chair of the Education Council and an appointed member of the Alliance for Clinical Education and the STFM Education Committee. Her academic interests are in medical student clinical skills development and the use of technology in medical education.

We are very excited about the success of these sessions, and the strong support that faculty throughout the medical school have given us. We look forward to continuing to create these sessions and are already setting dates for this academic year. We look forward to involving more and more of you in these sessions, and encourage you to attend.
I joined the office of Academic Affairs on June 13, 2011 as the Community Health Fairs & Specialties Clerkship Coordinator. I moved to Academic Affairs after working for a year and a half with the Office of Continuing Medical Education as a technical assistant. I graduated with a Business Management degree in 2001 from the North Carolina State University and with a Master in Public Health, Health Services Administration concentration, during 2008 from ETSU.

My responsibilities in this new position consist of working with the newly created Community Medicine Clerkship to coordinate and implement health fairs designed to serve low income and uninsured populations throughout SW Virginia and NE Tennessee. The Health Fairs encompass one week of each six week rotation in the Jr. Community Medicine Clerkship. Responsibilities related to the health fairs include working with communities up to one year in advance to identify health fair settings, identifying community interests for activities to include, advance trips to rural sites to evaluate facilities and logistics, arranging for student and faculty housing, data analysis related to services delivered, and community relations. Working with the students in these rural settings has been an interesting new dimension to my professional life. Also, as part of my newly acquired responsibilities, I am the coordinator for the newly created Jr. Specialties Clerkship under the department of Academic Affairs. This clerkship provides the opportunity for students to experience two weeks of three subspecialties, one in Surgery, one in Internal Medicine, and one other subspecialty of their choice. I coordinate all activities associated with the clerkship including student orientation, placement and evaluation.

As we move forward with the Health Fairs and the Specialties Clerkship, my goal is to develop these activities into outstanding learning experiences which will influence how our students practice medicine in the future.

Dave Walters, MD - Recipient of 2011 Leonard Tow Award cont’d

- Displays effective communication and listening skills
- Understands patients’ need for interpretation of complex medical diagnoses and treatments and makes an effort to ensure patient comprehension - shows respect for the patient’s viewpoint
- Sensitive to the patient’s psychological well-being
- Effectively identifies emotional concerns of patients and family members
- Engenders trust and confidence
- Adheres to professional and ethical standards
- Committed to reflection and objective self-evaluation of his/her skills
- Displays competence in scientific endeavors