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NOTE: I can't get the OVID link to work for the two individual Academic Medicine articles, so I apologize, if you wish to read the full article, you will need to log onto the library.

1. How Do Medical Schools Identify and Remediate Professionalism Lapses in Medical Students? A Study of U.S. and Canadian Medical Schools

Deborah Ziring

Academic Medicine July 2015 vol. 90(7) pp.913-920

Abstract

Purpose: Teaching and assessing professionalism is an essential element of medical education, mandated by accrediting bodies. Responding to a call for comprehensive research on remediation of student professionalism lapses, the authors explored current medical school policies and practices.

Method: In 2012–2013, key administrators at U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education were interviewed via telephone or e-mail. The structured interview questionnaire contained open-ended and closed questions about practices for monitoring student professionalism, strategies for remediating lapses, and strengths and limitations of current systems. The authors employed a mixed-methods approach, using descriptive statistics and qualitative analysis based on grounded theory.

Results: Ninety-three (60.8%) of 153 eligible schools participated. Most (74/93; 79.6%) had specific policies and processes regarding professionalism lapses. Student affairs deans and course/clerkship

directors were typically responsible for remediation oversight. Approaches for identifying lapses included incident-based reporting and routine student evaluations. The most common remediation strategies reported by schools that had remediated lapses were mandated mental health evaluation (74/90; 82.2%), remediation assignments (66/90; 73.3%), and professionalism mentoring (66/90; 73.3%). System strengths included catching minor offenses early, emphasizing professionalism schoolwide, focusing on helping rather than punishing students, and assuring transparency and good communication. System weaknesses included reluctance to report (by students and faculty), lack of faculty training, unclear policies, and ineffective remediation. In addition, considerable variability in feedforward processes existed between schools.

Conclusions: The identified strengths can be used in developing best practices until studies of the strategies' effectiveness are conducted.

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2. Characterising the effective modern medical school lecture

H. Vincent Lau , Robert Fallar and Erica Friedman

Medical Science Educator June 2015, Volume 25, issue 2 pp 107-112

Abstract

Introduction

Recent guidelines from the Liaison Committee on Medical Education (LCME) based on adult learning principles recommend promotion of active learning, which has led to the evaluation of audience response systems and optimization of multimedia use to enhance audience engagement. We assessed the use of these and similar new techniques in delivering medical school lectures in conjunction with traditional techniques, to develop updated "best practice" lecture guidelines and identify lecture characteristics that correlate best with student satisfaction.

Methods

We evaluated 39 recorded lectures given by 13 current or prior course directors of second-year pathophysiology courses at Icahn School of Medicine at Mount Sinai. Based on student ratings, the lectures were divided into those given by "above average" or "below average" lecturers. We scored each lecture on 47 distinct characteristics.

Results

Using the student *t* test to compare the "above average" and "below average" lectures for each characteristic, we found four characteristics that differed significantly between the two groups—oral summarization of key points, presence of summary slide in the presentation, asking questions that require a show of hands from the class, and rank of full professor as compared to associate or assistant.

Discussion

The characteristics that distinguish the "above-average" from "below-average" lecturers share a theme of summarizing information and engaging the audience through questioning involving the entire class. Our study did not identify improved student satisfaction with recently developed techniques such as using electronic clickers or asking students to discuss questions among themselves. Future work includes assessing the effect of subjective qualities of lecturers on ratings and evaluating a broader range of lecturers, including those who are not course directors.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s40670-015-0102-1/fulltext.html

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s40670-015-0102-1/fulltext.html

3. Peer Review of Lectures: a Durable Impact?

Peter McLeod , Yvonne Steinert, Radan Capek, Colin Chalk and Bonnie Barnett
Medical Science Educator June 2015, Volume 25, issue 2, pp 105-106

Abstract

Peer review is critical in funding decisions and awards. Peer review of teaching is uncommon. Four experienced lecturers in undergraduate Medicine were video recorded. In four separate 90-min meetings, three peers observed and discussed the lecturers' performances. Two years later, all four lecturers report a durable impact of the intervention.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s40670-015-0121-y/fulltext.html

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s40670-015-0121-y/fulltext.html

4. Access and Selection: Canadian Perspectives on Who Will Be Good Doctors and How to Identify Them

Bandiera, Glen MD, MEd, FRCPC; Maniate, Jerry MD, MEd, FRCPC; Hanson, Mark D. MD, MEd, FRCPC; Woods, Nikki PhD; Hodges, Brian MD, PhD, FRCPC
Academic Medicine July 2015 vol 90(7) pp. 946-952

Purpose: How to best select future doctors and the implications of selection for equity and access are timely, relevant, and complex issues that fundamentally affect other aspects of medical education such as curriculum design and social accountability. The authors thus conducted an environmental scan of practices related to access and selection in Canadian

medical schools.

Method: The authors drew and built on a literature review, key informant interviews, and expert panel discussions conducted as part of the 2008–2009 Future of Medical Education in Canada project to detail the empirical basis for prioritizing the study of access and selection, the evidence base of current practices, and implications for medical schools.

Results: Data clustered around four principles: (1) selection criteria must address current attributes and future potential, (2) access to medical school and diversity within the class are linked to a school's social accountability framework, (3) sound instruments and protocols are necessary to maximize reliability and validity, and (4) medical schools must be accountable for the effectiveness of their admissions processes. Although initiatives addressing barriers exist, ongoing challenges include recruitment and selection for overall diversity, adoption of better criteria for nonacademic achievement, and empirical validation of selection processes.

Conclusions: Evidence-based selection processes can optimize the provision of broadly competent physicians for a given population. Schools must work to minimize systematic barriers for specific groups. Although this analysis provides a Canadian perspective, the principles and implications are relevant to medical education institutions elsewhere.

To read more: I can't get the OVID link to work for the Academic Medicine articles no matter what I try. I apologize, if you wish to read the full article, you will need to log onto the library.

5. **When I say….Mindfulness** Ben Lovell
Medical Education July 2015 vol. 49 (7) Pp. 653-655

(no abstract)

http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.12660/full

http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.12660/full

6. The Flipped Classroom for medical students:
https://www.youtube.com/watch?v=MvlMCvtrbD0&feature=youtu.be

7. Competency-structured case discussion in the morning meeting: enhancing CanMEDS integration in daily practice.

I.S. Hassan, H.S. Kuririyet al
Advances in Medical Education and Practice 2015, vol.6, pp. 353-358

Abstract:
Outcome-focused, competency-based educational curricula have become the norm in residency training programs. The Canadian Medical Education Directives for Specialists (CanMEDS) framework is one example of such a curriculum. However, models for incorporating all the competencies in everyday clinical practice have been difficult to accomplish. In this manuscript, a CanMEDS, competency-structured, acute case discussion in a regular morning meeting was undertaken. All the diagnostic and therapeutic interventions were explicitly organized and discussed under their respective CanMEDS competency headings. Post exercise, the majority of residents felt that they were more competent in all the competencies and indicated their willingness to continue having similarly structured acute case discussions in the future.

To read more:
http://web.b.ebscohost.com.ezproxy.library.uvic.ca/ehost/pdfviewer/pdfviewer?sid=ab94c601-8ae2-4dbf-8508-5ec866ec542b%40sessionmgr198&vid=3&hid=102

http://web.b.ebscohost.com.ezproxy.library.ubc.ca/ehost/pdfviewer/pdfviewer?sid=ab94c601-8ae2-4dbf-8508-5ec866ec542b%40sessionmgr198&vid=3&hid=102

8. What students really learn: contrasting medical and nursing students' experience of the learning environment Matilda Liljedahl , Lena Engqvist Boman, Charlotte Porthén Fält and Klara Bolander Laksov

Advances in Health Sciences Education Vol 20 (3) August 2015 765-779

Abstract: This paper explores and contrasts undergraduate medical and nursing students' experiences of the clinical learning environment. Using a sociocultural perspective of learning and an interpretative approach, 15 in-depth interviews with medical and nursing students were analysed with content analysis. Students' experiences are described using a framework of 'before', 'during' and 'after' clinical placements. Three major themes emerged from the analysis, contrasting the medical and nursing students' experiences of the clinical learning environment: (1) expectations of the placement; (2) relationship with the supervisor; and (3) focus of learning. The findings offer an increased understanding of how medical and nursing students learn in the clinical setting; they also show that the clinical learning environment contributes to the socialisation process of students not only into their future profession, but also into their role as learners. Differences between the two professions should be taken into consideration when designing interprofessional learning activities. Also, the findings can be used as a tool for clinical supervisors in the reflection on how student learning in the clinical learning environment can be improved.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s10459-014-9564-y

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s10459-014-9564-y

9. Understanding resident ratings of teaching in the workplace: a multi-centre study
Cornelia Fluit, Remco Feskins, et al
Advances in Health Sciences Education August 2015, Volume 20, issue 3, pp 691-707

Abstract: Providing clinical teachers with feedback about their teaching skills is a powerful tool to improve teaching. Evaluations are mostly based on questionnaires completed by residents. We investigated to what extent characteristics of residents, clinical teachers, and the clinical environment influenced these evaluations, and the relation between residents' scores and their teachers' self-scores. The evaluation and feedback for effective clinical teaching questionnaire (EFFECT) was used to (self)assess clinical teachers from 12 disciplines (15 departments, four hospitals). Items were scored on a five-point Likert scale. Main outcome measures were residents' mean overall scores (MOSs), specific scale scores (MSSs), and clinical teachers' self-evaluation scores. Multilevel regression analysis was used to identify predictors. Residents' scores and self-evaluations were compared. Residents filled in 1,013 questionnaires, evaluating 230 clinical teachers. We received 160 self-evaluations. 'Planning Teaching' and 'Personal Support' (4.52, SD .61 and 4.53, SD .59) were rated highest, 'Feedback Content' (CanMEDS related) (4.12, SD .71) was rated lowest. Teachers in affiliated hospitals showed highest MOS and MSS. Medical specialty did not influence MOS. Female clinical teachers were rated higher for most MSS, achieving statistical significance. Residents in year 1–2 were most positive about their teachers. Residents' gender did not affect the mean scores, except for role modeling. At group level, self-evaluations and residents' ratings correlated highly (Kendall's τ 0.859). Resident evaluations of clinical teachers are influenced by teacher's gender, year of residency training, type of hospital, and to a lesser extent teachers' gender. Clinical teachers and residents agree on strong and weak points of clinical teaching.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s10459-014-9559-8

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s10459-014-9559-8

10. Medical electives in sub-Saharan Africa: a host perspective
Ben Kumwenda, Jon Dowell, Katy Daniels and Neil Merrylees
Medical Education June 2015 vol 49 (6) 623-633.

Abstract

Context
Electives are part of most Western medical school curricula. It is estimated that each year 3000–4000 undergraduate medical students from the UK alone undertake an elective in a developing country. The impact of these electives has given some cause for concern, but the views of elective hosts are largely missing from the debate.

Objectives
The purpose of this study was to evaluate the organisation, outcomes and impacts of medical electives in sub-Saharan Africa from a host perspective.

Methods
A qualitative analysis of 14 semi-structured interviews with elective hosts at seven elective sites in Malawi, Zambia and Tanzania was carried out. A framework analysis approach was used to analyse 483 minutes of audio-recorded data.

Results
Hosts were committed to providing elective experiences but their reasons for doing so varied considerably, in particular between urban or teaching hospitals and rural or mission hospitals. Nurturing a group of professionals who will understand the provision of health care from a global perspective was the main reason reported for hosting an elective, along with generating potential future staff. Hosts argued that the quality of supervision should be judged according to local context. Typical concerns cited in the literature with reference to clinical activities, safety and ethics did not emerge as issues for these hosts. However, in under-resourced clinical contexts, the training of local students sometimes had to take priority. Electives could be improved with greater student preparation and some contribution from sending institutions to support teaching, supervision or patient care.

Conclusions
The challenge to both students and their sending institutions is to progress towards giving something proportionate back in return for the learning experiences received. There is clearly room to improve electives from the hosts' perspective, but individually host institutions lack the opportunity or ability to achieve change.
To read more:

http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.12727/full

http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.12727/full

11. Strategies to Remain Current with the Medical Education Field
Medical Science Educator June 2015, volume 25, (2) pp. 163-170
S. Beth Bierer, Cecile Foshee, Sebastian Uijdehaage

Abstract

Educators in health professions education should know about current issues and emerging trends related to their roles and the field at large. This knowledge informs scholarly work and helps identify best practices to adopt, pitfalls to avoid, and role models to emulate. The literature and expert opinion suggest a four-stage approach for educators to maintain their knowledge of best practices: PLAN, PULL, PUSH, and PLAY. This paper proposes strategies to show how a deliberate approach, supported with technology, may make the overwhelming task of staying up-to-date in the ever-changing field of medical education more manageable and personally rewarding.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s40670-015-0110-1/fulltext.html

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s40670-015-0110-1/fulltext.html