

Medical Student Education

What your chairman needs to know

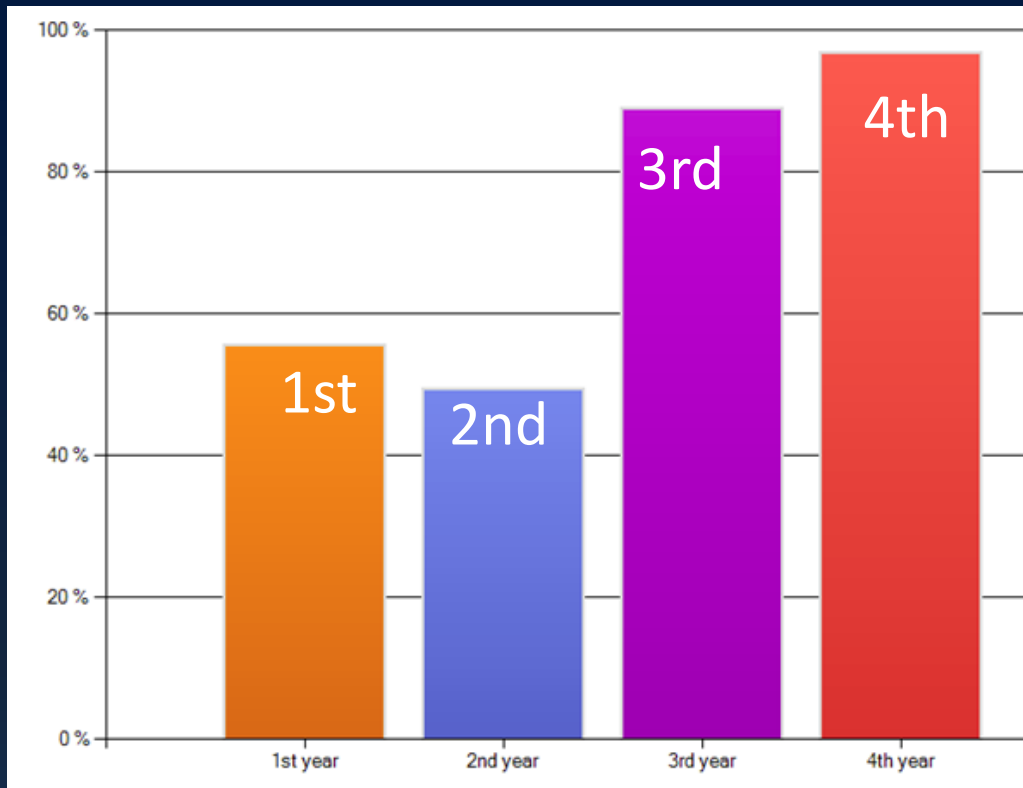


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Dartmouth Medical School
AMSER President 2010-2011

Survey	ASMER	SCARD
# members sent to	114	128
# completing survey	63	50
Response %	55	39

What are we teaching?

Its not just the radiology clerkship!



40% of responders:

- Course director of a pre-clinical course
- or
- Have a significant teaching burden in one

What year students do you formally teach?

Pre-clinical teaching

Gross Anatomy: 15

Neuro Anatomy: 2

Year 2 imaging: 4

Intro to clerkships: 4

Ethics: 1

PBL: 1

Why do we do it?

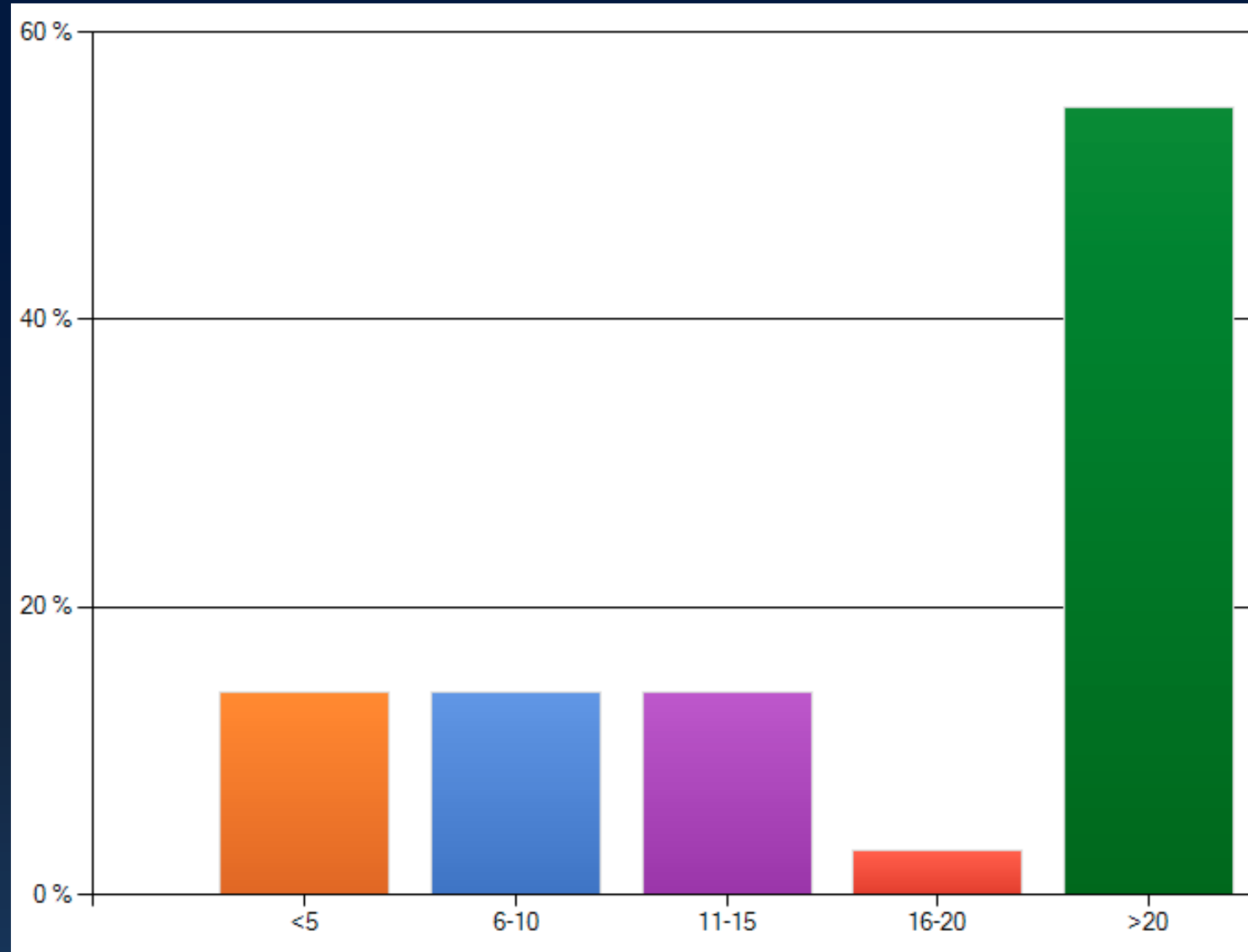
- We think radiology needs to be integrated into the pre-clinical curriculum & throughout the 4 years of medical school
 - Ensures all students at least have some formal education in radiology
- All students need to know core fundamentals of the role of imaging in the care of their patient

Why do we do it?

- Want to expose students to radiology early
 - Influence future career choice
 - Influence their opinion of our specialty
 - Recognition of radiologists as leaders
- Time spent teaching is 'cost savings' in the general sense; we are educating our future referrers

Teaching- how much, and when?

How many medical student teaching sessions do you do annually? (lectures, small groups, labs, clinical, pre-clinical)



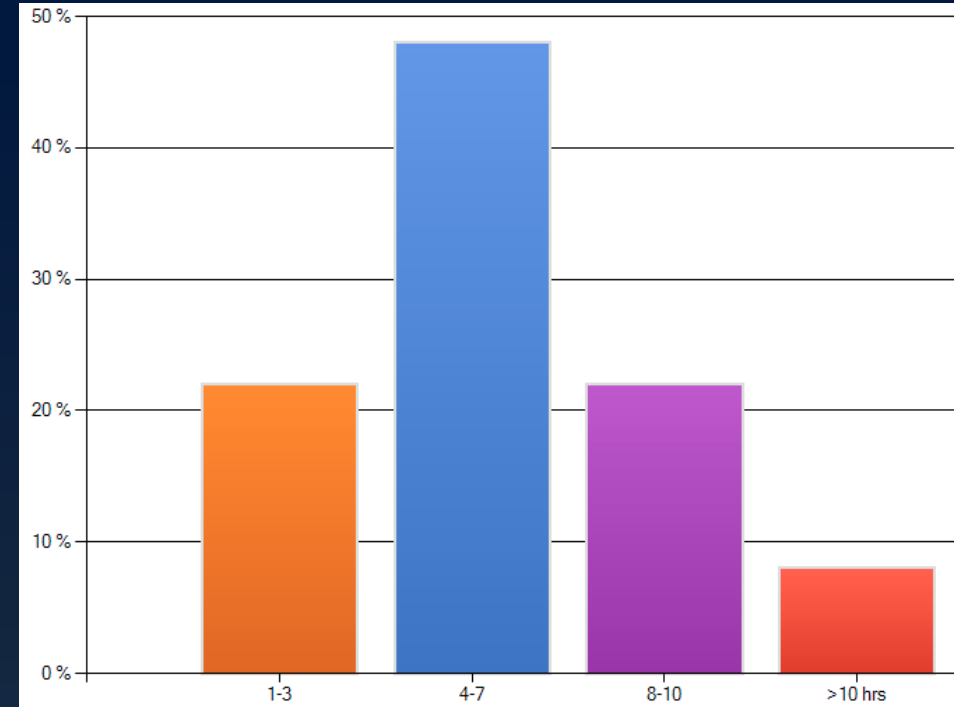
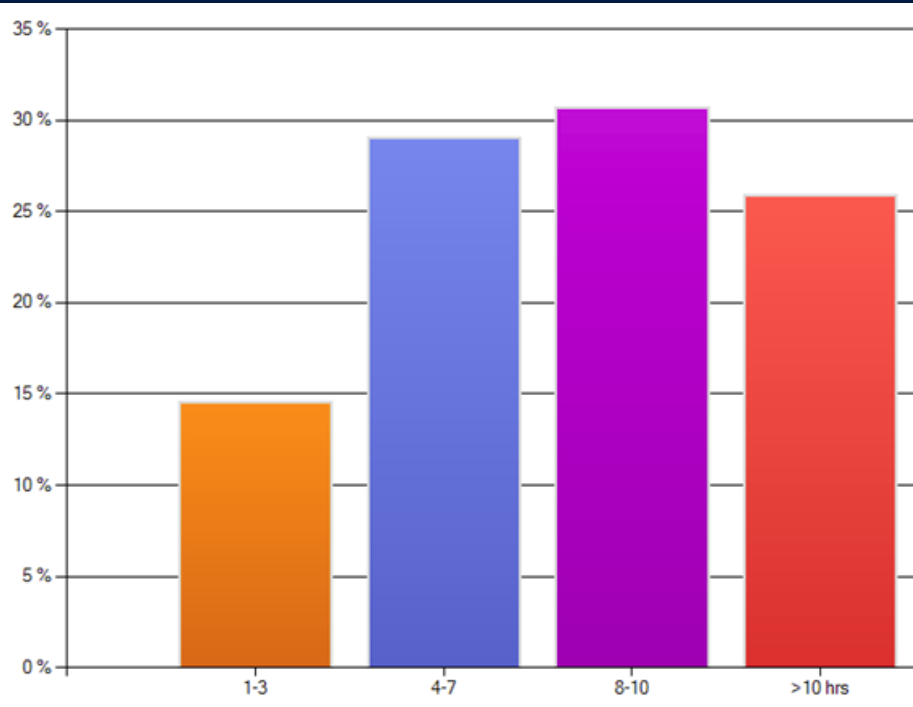
Challenges in teaching students

- They aren't 'mini residents'
- Choosing content MUCH more difficult
 - Pre-clinical vs clinical students
 - Content must tie into their current course work
 - What they have been exposed to/know thus far
 - What content is appropriate for the mixed group of future primary care docs and specialists?
 - What is the goal?
 - Teaching interpretation skills
 - Teaching appropriate utilization, risks, ordering
 - Teaching imaging algorithms
- Lecture preparation more time consuming

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How many hours does it take you to initially prepare a high quality one hour lecture for medical students?



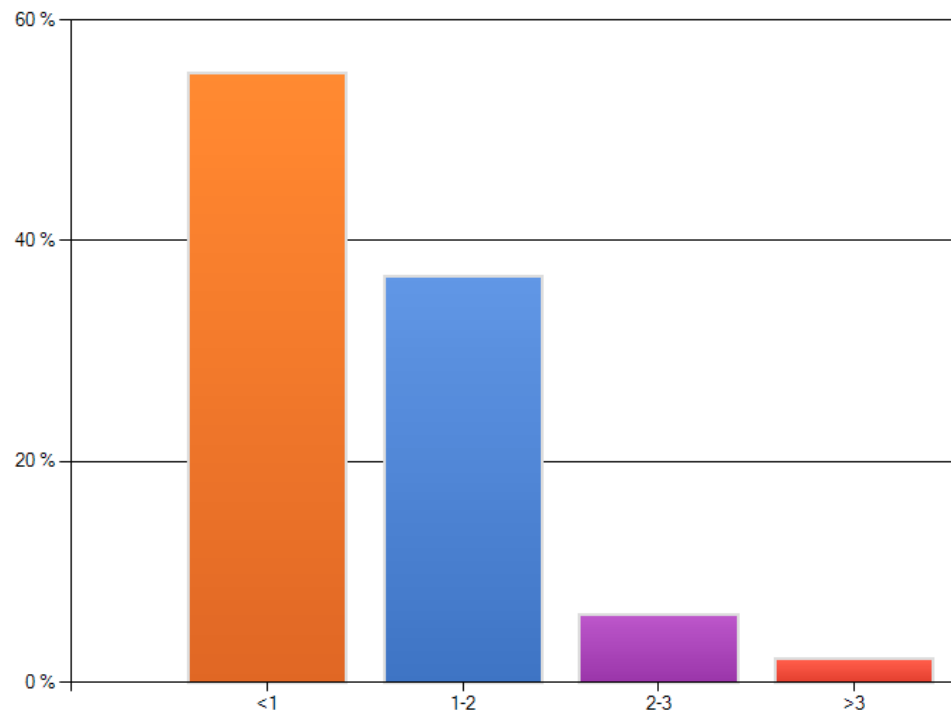
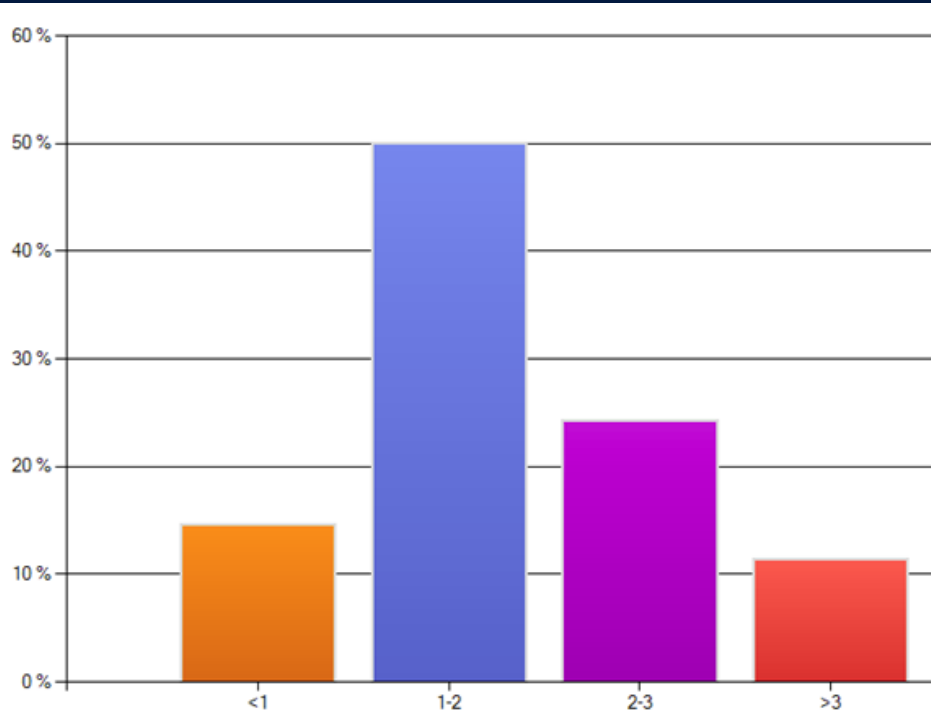
8+ hours: 57%

30%

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If you give the same lectures annually, how much time (in hours) do you spend revising a one hour lecture each year?



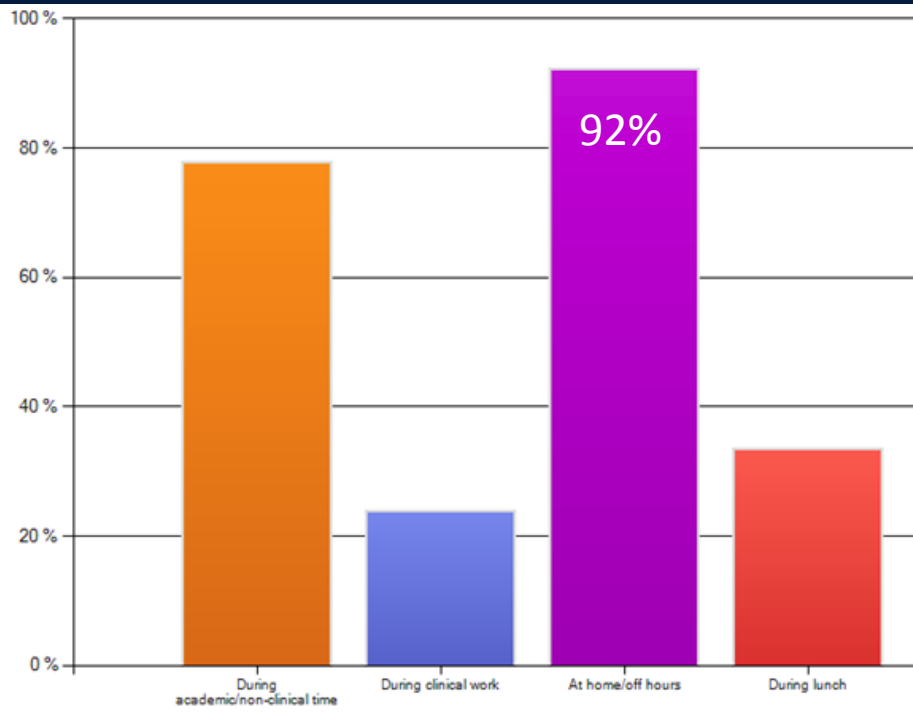
>2 hours: 37%

8%

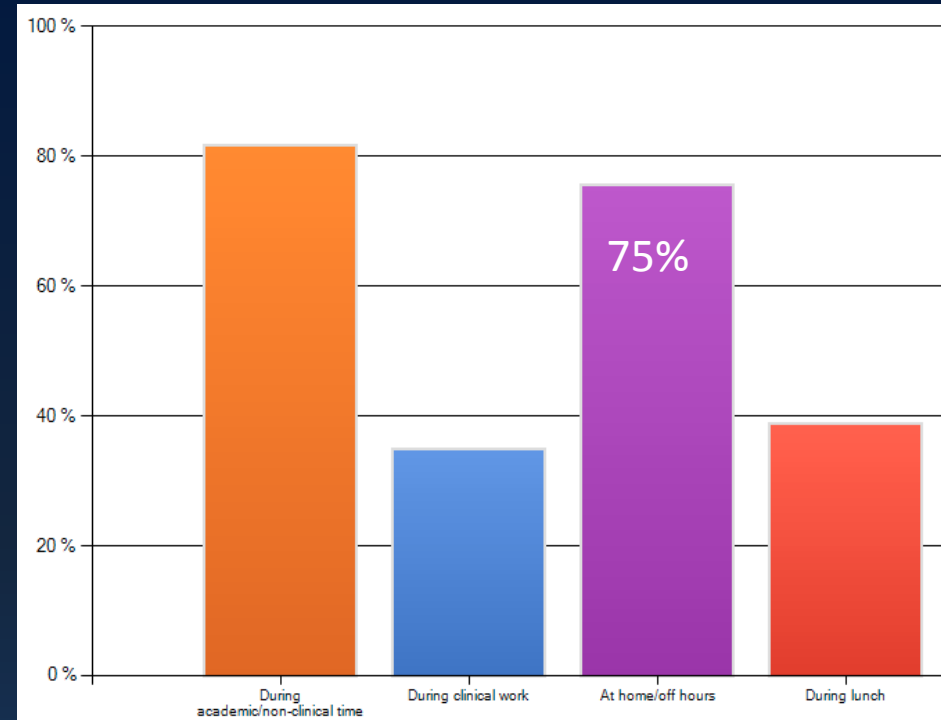
When are we doing this work?

When is your faculty preparing medical student teaching materials/lectures, etc.? Check all that apply.

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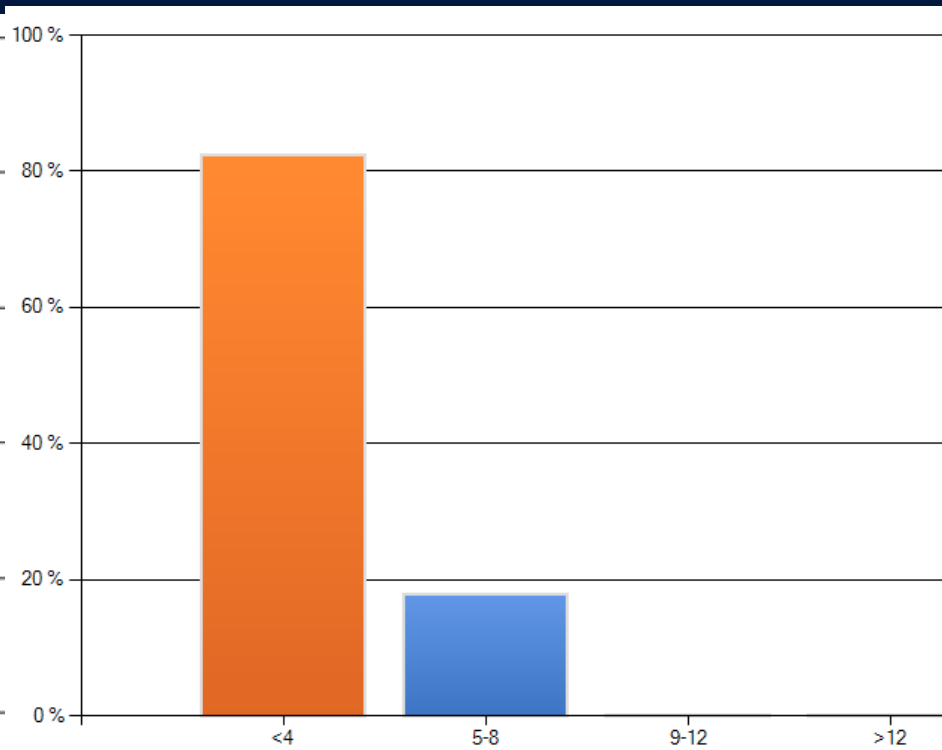
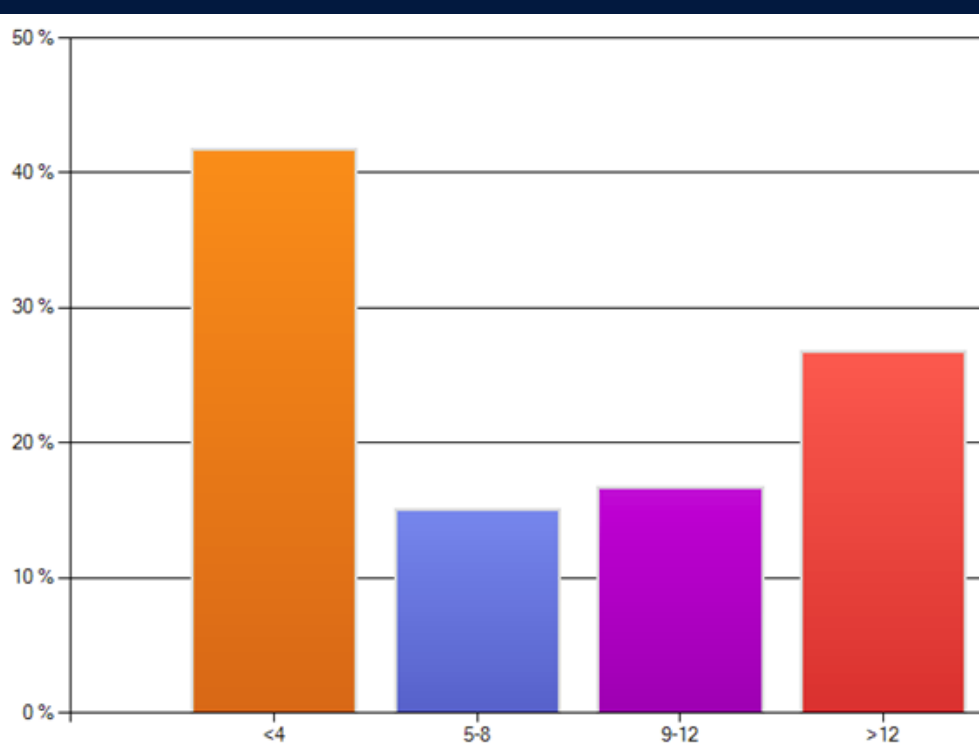
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How many hours/month do your faculty spend preparing medical student lectures/teaching materials while at home? (this includes preparation of lectures, creating teaching tools and materials, preparing and grading exams, counseling, problem solving, scheduling, etc)

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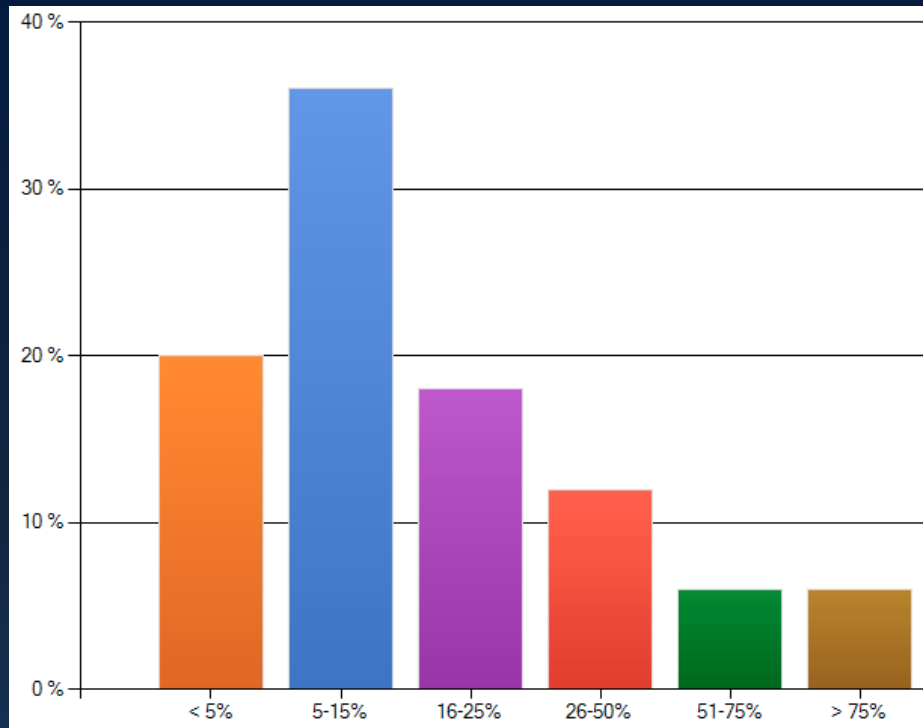
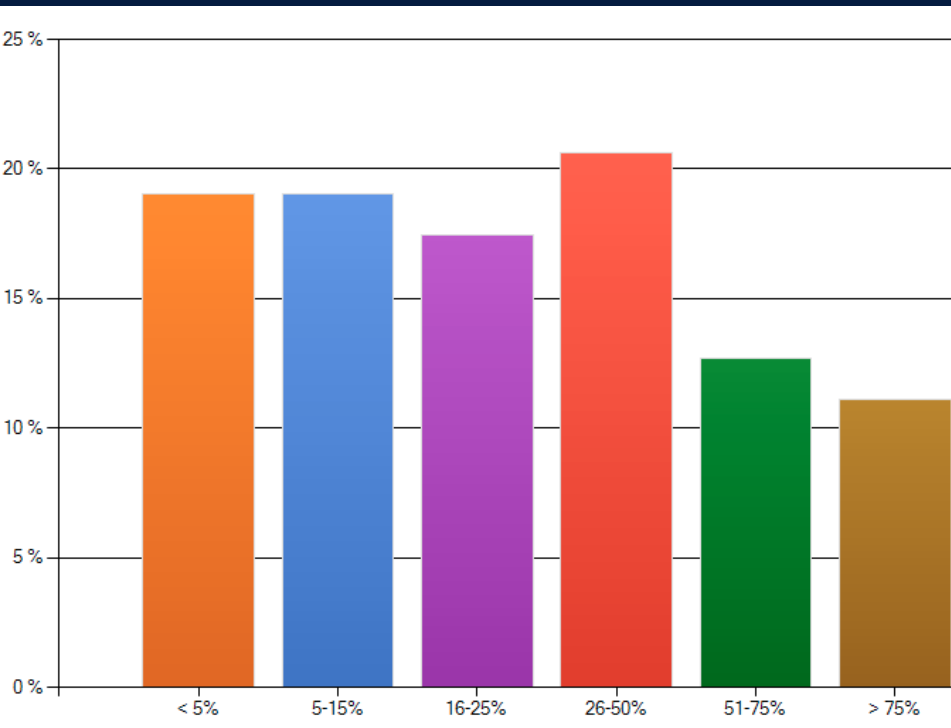


40% are spending 9+ hrs /mth working at home

With regard to the medical student clerkship/elective director, what percentage of their academic/NCT at work do they spend on student teaching and education?

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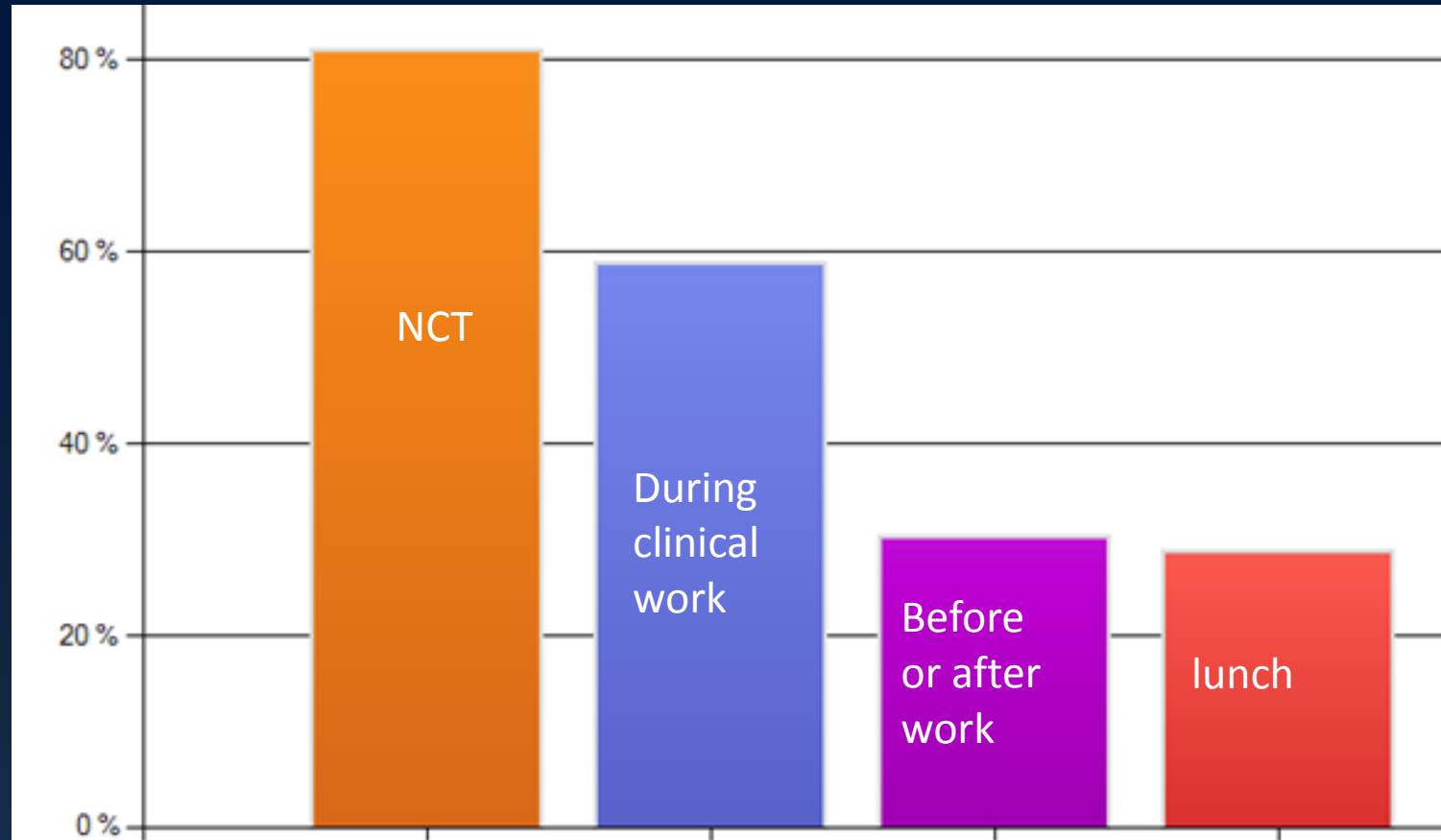


24% > 50% of NCT

12% > 50% of NCT

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When do you give medical student lectures or lead small group teaching sessions?
Check all that apply.

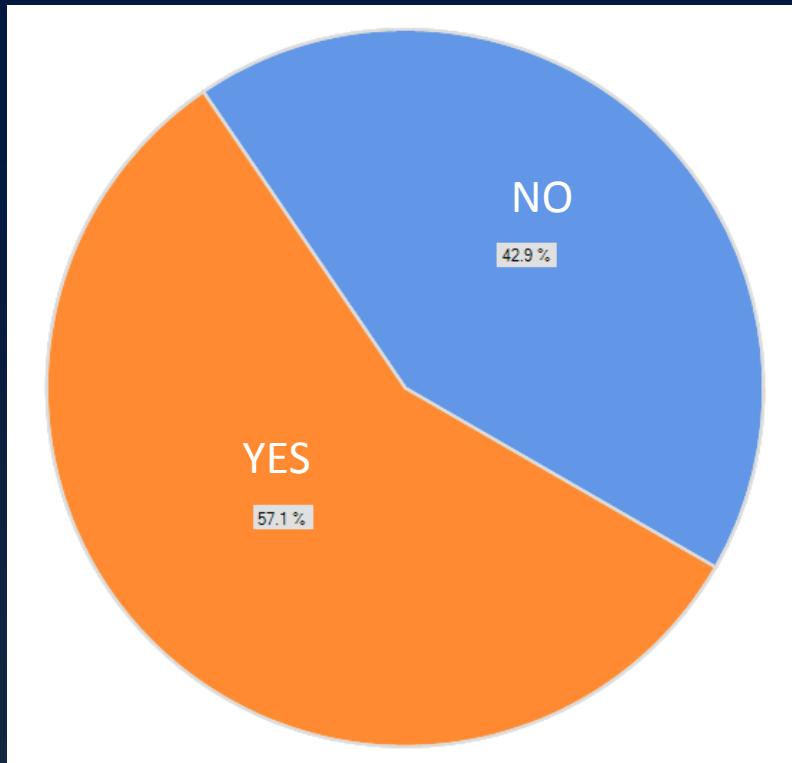


“I must stay late to make up clinical work later”

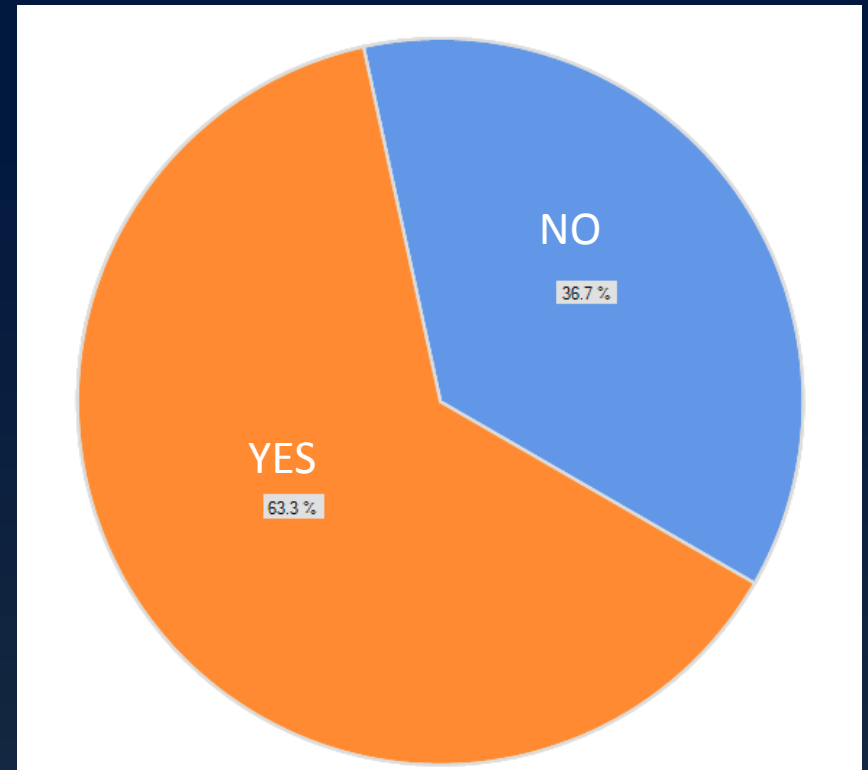
“I have protected time for med student education 3 days per week from 9AM-4 PM”

Do you allot adequate academic/non-clinical time to your faculty to perform the duties necessary to teach medical students?

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Most common AMSER comments were that so much NCT/academic time is used for teaching, that little time is left for other academic endeavors

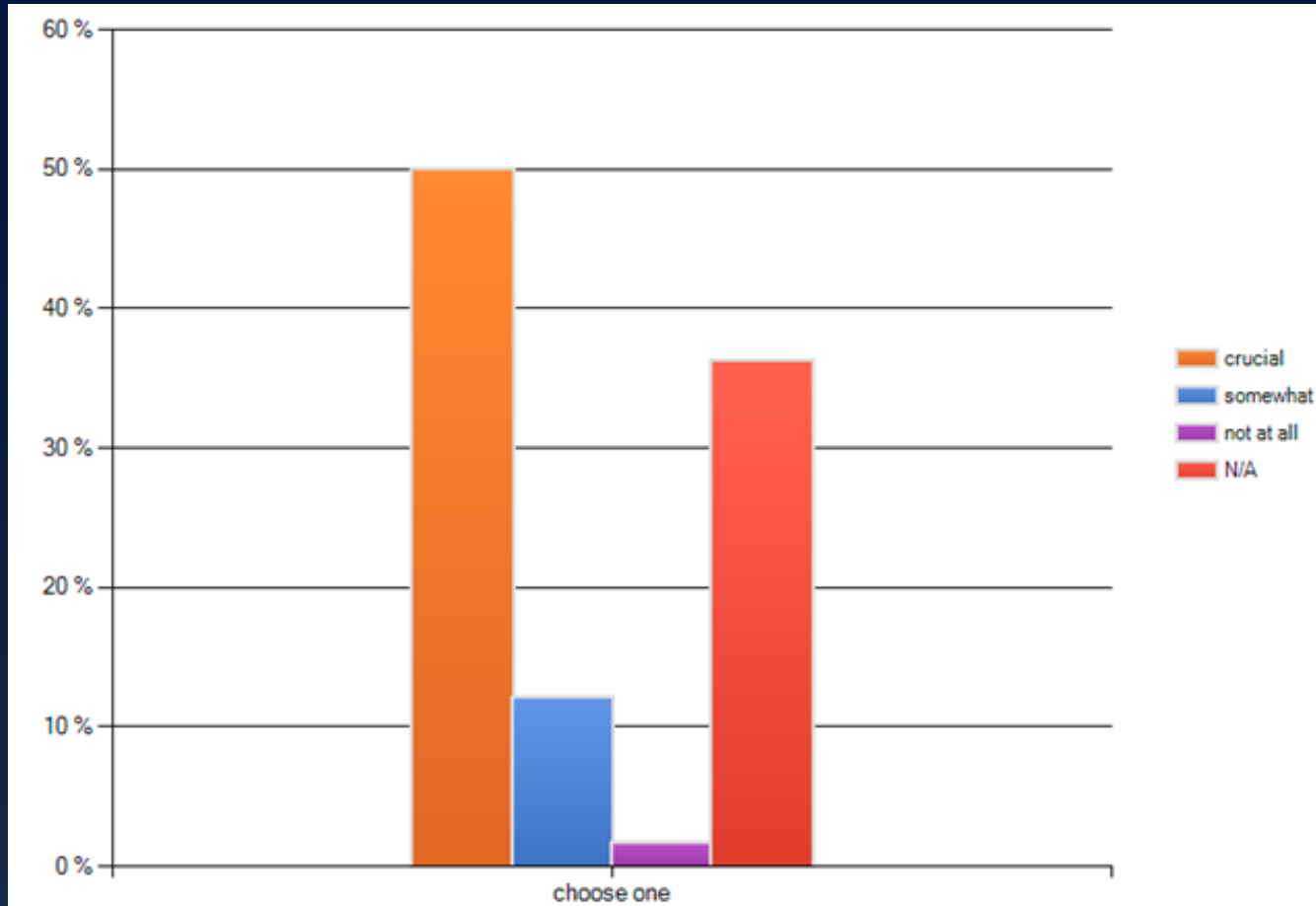
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If no, how much time would you need?

Per Week	# Responders
< ½ day	3
½ day	4
1 day	6
1 ½ day	1

Support and Value

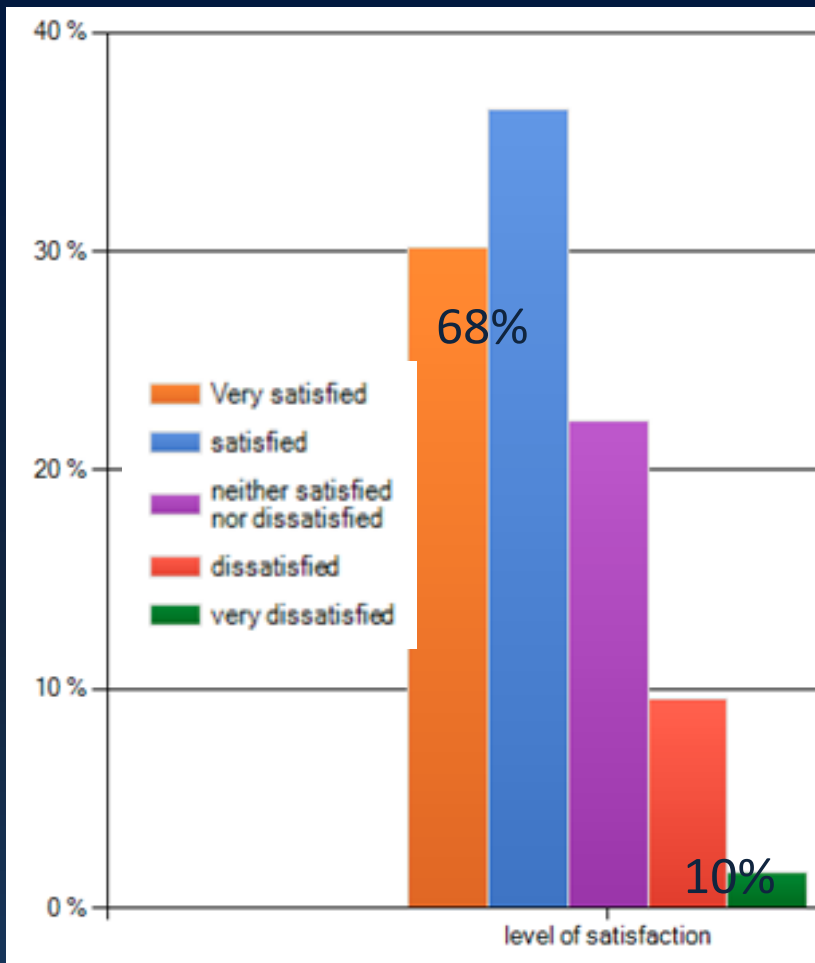
ASMER: How important is the clerkship coordinator?



~98 % of surveyed clerkship/elective directors have a clerkship coordinator. Crucial in terms of time savings

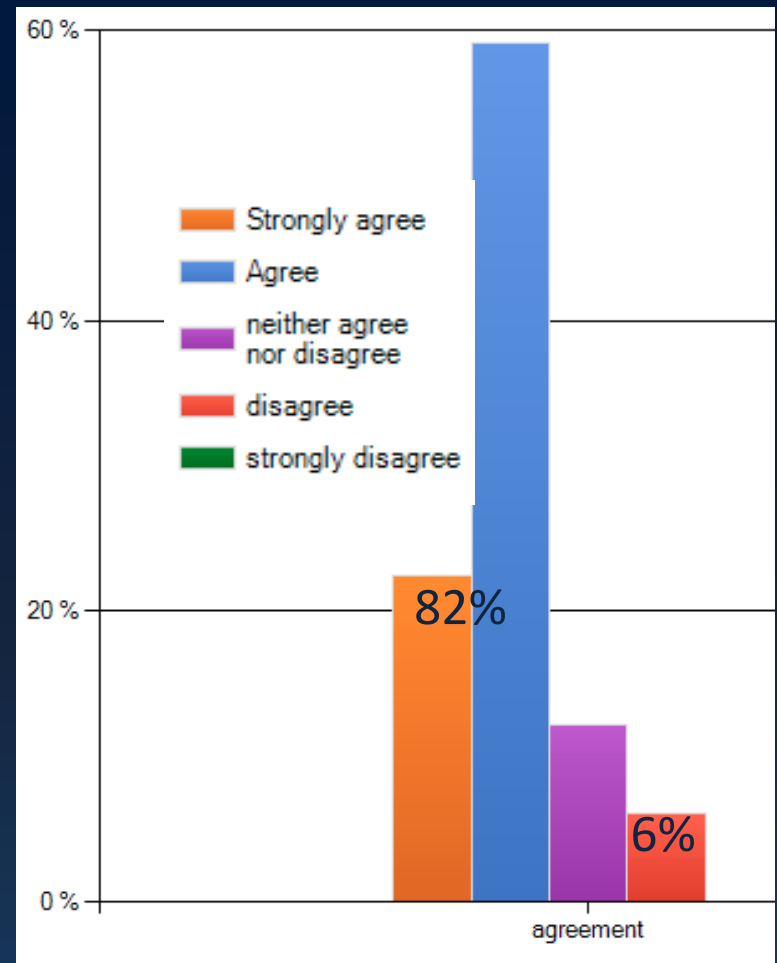
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How satisfied are you with the level of support your chairman provides?

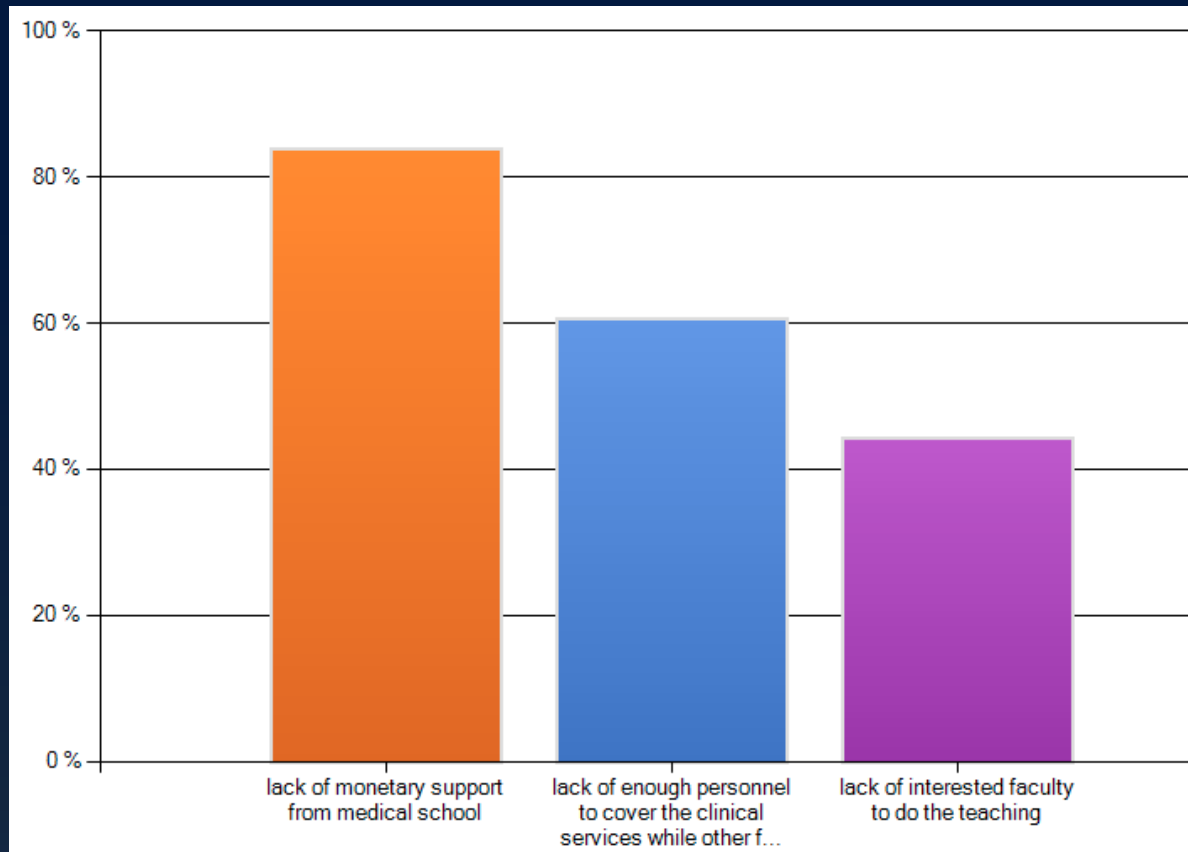


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“As chair, I provide excellent support for medical school education”



Limitations faced by Chairs in providing support for medical student education

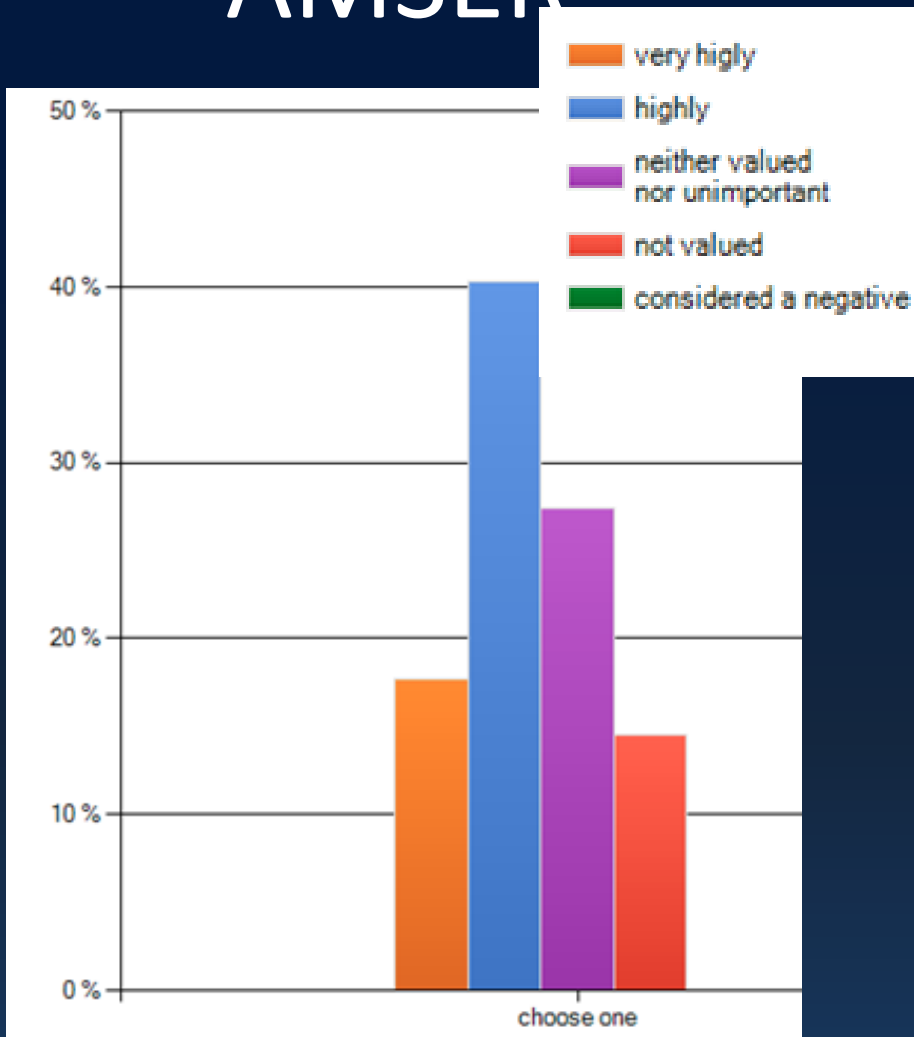


Comments:

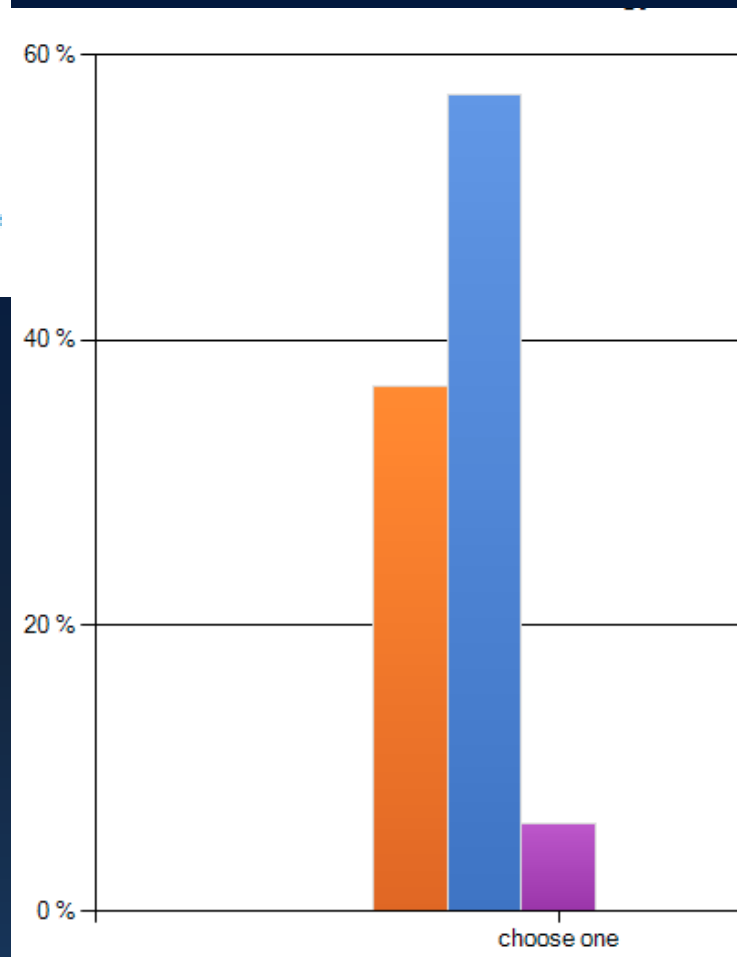
- Med school wont give us more time in the curriculum
- Faculty less committed to medical student education than resident education
- With burden of clinical work and resident education, this is low priority

Within your department, how highly do you value medical student education in radiology?

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- Many other faculty indifferent or try to avoid it
- Importance to chair has increased in last 10 yrs
- Extra-departmental support is major barrier-no \$\$\$
- So many other activities have value that faculty choose these over teaching-research, generating RVUs, working with residents, other committees

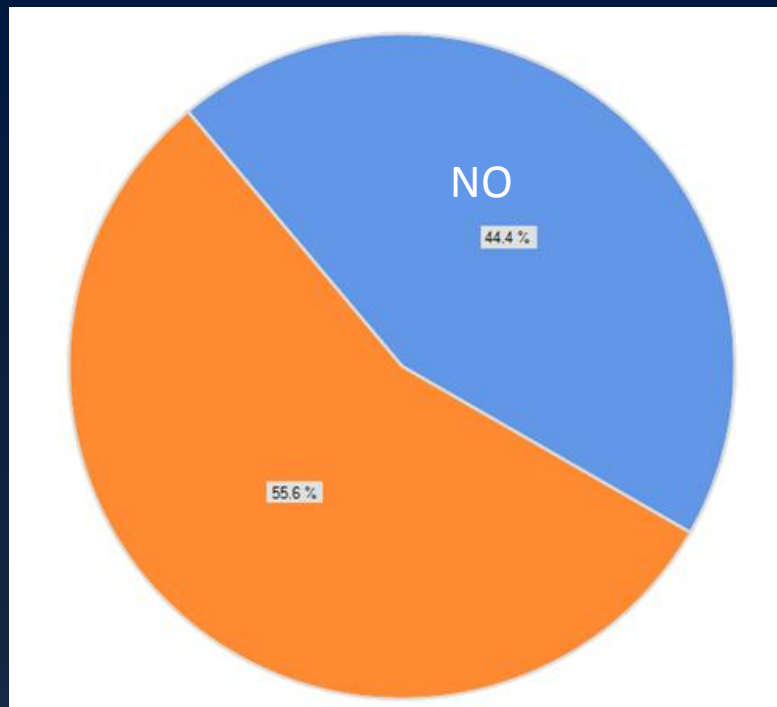
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- Not as highly valued as education of our resident/fellows

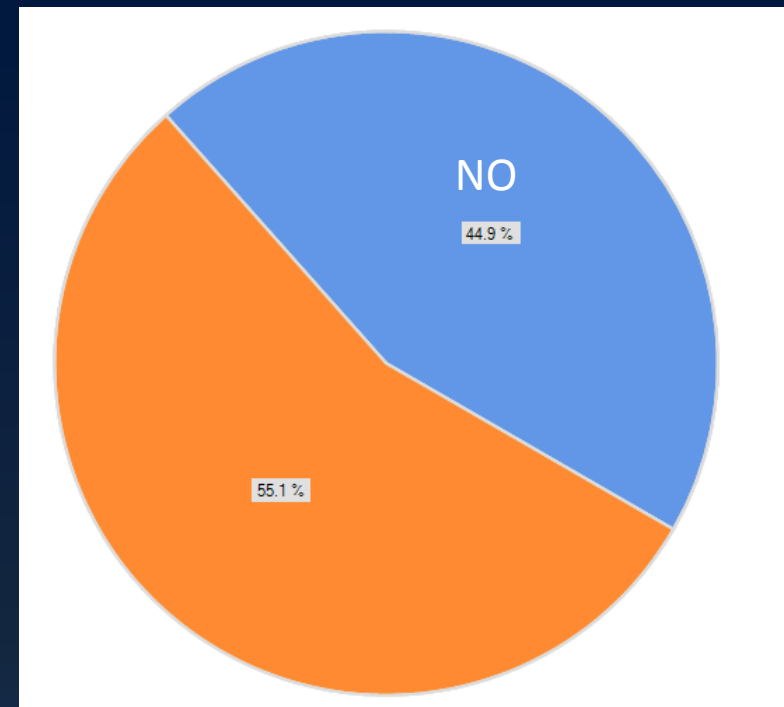
Productivity and Promotion

Among your faculty who do a significant amount of medical student teaching, either as clerkship/elective director, at the PACs station, or as course directors, do you think their clinical productivity is less than their colleagues because they dedicate more time to teaching?

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“Yes, and it is held against you by other colleagues - as if when teaching you are off socializing ! And not given half the value of traditional research efforts/time. Considered "Second class”

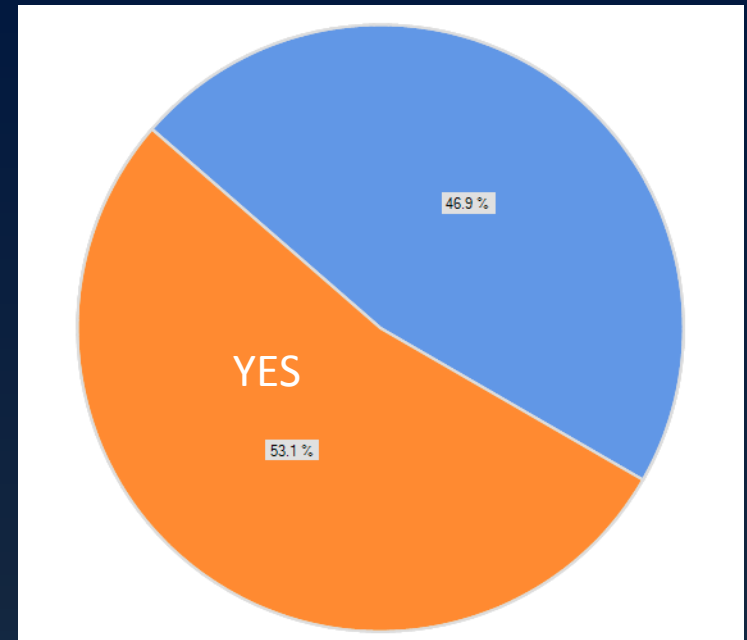
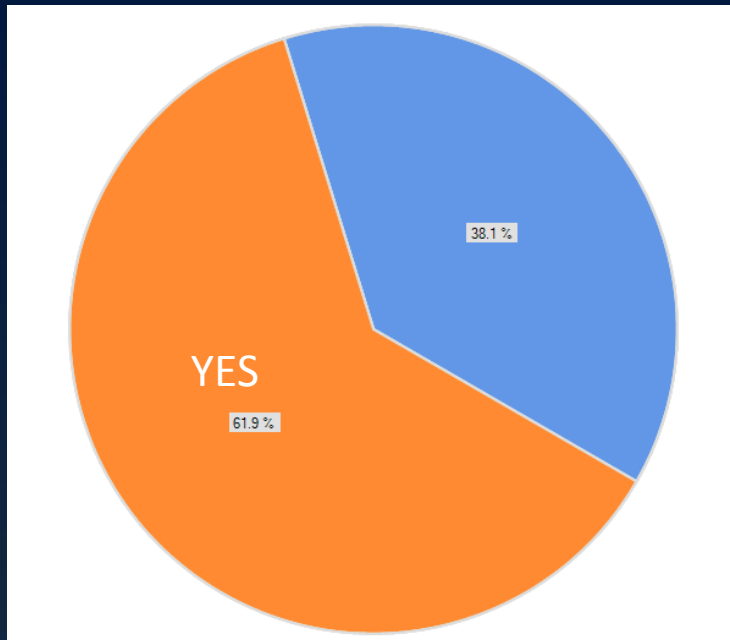
What methods are used for compensating for this?

- Different categories for evaluation exist
- “give them credit” for teaching
- Faculty sets their own goals/targets
- Incentive adjusted to recognize the non-RVU work
- Everyone is working on something; teaching, clinical, research. All are busy all day.
- “We don’t”

Do you think your research productivity is less than your colleagues because you dedicate more time to teaching?

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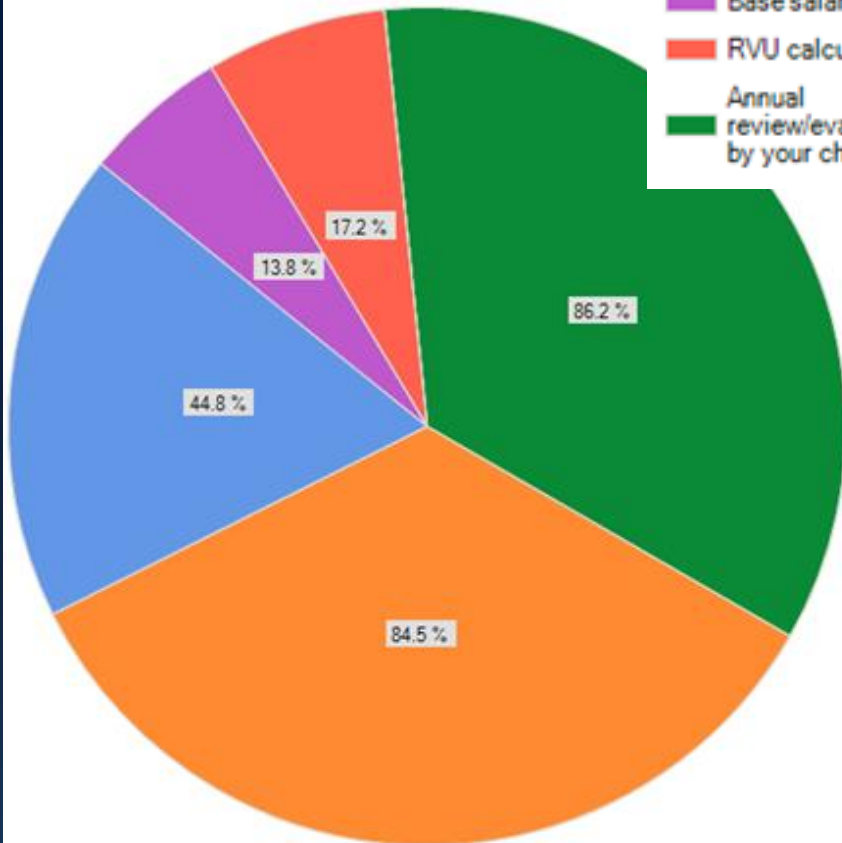
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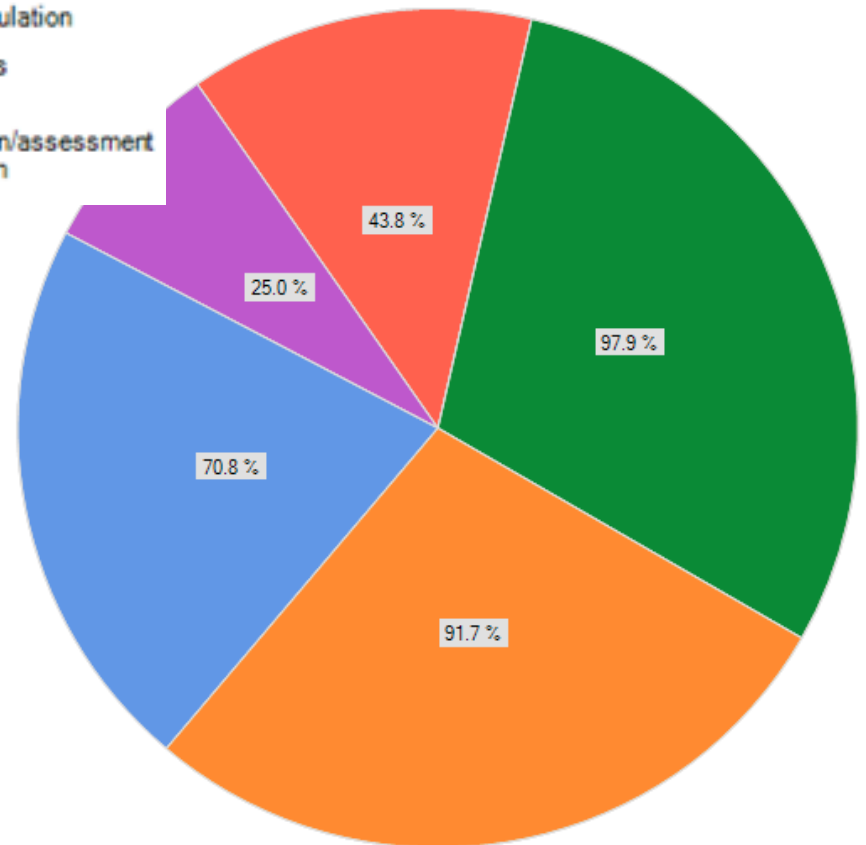
I develop novel teaching tools instead
I do educational research
I have little time left for research
Lots of “definitely” and “absolutely”

Is/should medical student education/teaching be included in any of the following?

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- Promotion criteria
- Bonus awards/monetary incentives
- Base salary calculation
- RVU calculations
- Annual review/evaluation/assessment by your chairman

What AMSER members want you to know

- Time commitment is intense
 - Goes beyond lectures; mentoring, counseling, career advising
 - Much more time consuming than resident teaching
 - Uses a great deal of NCT
- Little time left for other academic accomplishments

What AMSER members want you to know

- All faculty should have a role in it; not just elective/clerkship director
 - Give director power to ensure faculty follow through on sessions. Have negative repercussions for “blow offs”
- A Good clerkship coordinator is essential
 - Please continue to support them (\$\$)
 - Support joining AMSCR-new subcommittee of AMSER, and attending AUR

What AMSER members want you to know

- Affect on promotion
 - There is a large imbalance c/w publications
 - Is one year of lectures equivalent to one manuscript?
 - Is a teaching award equivalent to one manuscript?
 - Just teaching courses is not enough, but
 - Too few teaching awards exist:
 - 1-2/year for ALL preclinical educators in some centers
 - No quality ranking system exists (c/w impact factor and citations for manuscripts)
 - # teaching sessions, evaluation scores c/w other faculty