



CHM Academy Newsletter: Medical Education Through Shared Discovery

April 2016

A Good Coach Can Make His Players See What They Can Be Rather Than What They Are



Coaching is essential to high-level achievement in performance professions such as sports, dance and music. Two recent studies have furthered our understanding of the limits of coaching in medical education. Both studies focused on individuals with a unique perspective on both worlds: medical students, residents and practitioners who, through coaching, had achieved high levels of performance in sports, music and other areas prior to entering medical school.

[Watling and colleagues'](#) 2014 publication focused on the circumstances related to when feedback was successful in promoting change. From interviews with 27 medical students and physicians with high-level training in sports or music, they found that the meaning of feedback was influenced the learning culture, features of the feedback, and the individual learner. The learning culture modulates the meaning of feedback. Within a trusting relationship feedback could be more direct, critical and harsher, yet retain its meaningfulness. In medical education, the frequent changes in venue and preceptor, coupled with preceptors' dual role of instructor and evaluator often resulted in impersonal and disjointed preceptor-student relationships. As for the feedback itself, good feedback was described as specific, timely, credible and actionable. Respondents reported that receiving feedback was an emotion-laden experience. While respondents recognized their own preferences for style of feedback, they also asserted that an orientation toward discipline and hard work helped to facilitate effective learning.

"What I learned in sports is that you have to work hard and you have to really invest to get good results and that's similar for your medical education"

--Watling et al., 2014

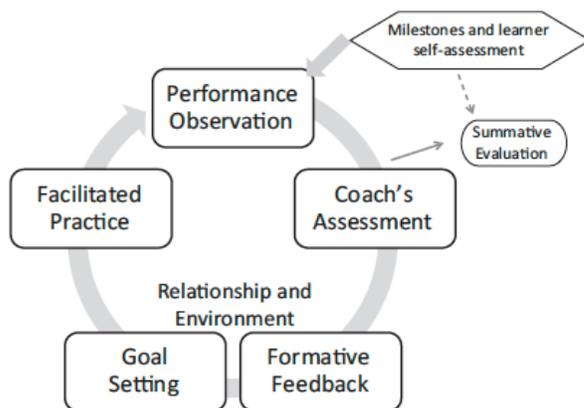
A study published in 2015 by [Rosenkrans and colleagues](#) identified many of the same issues. They interviewed 23 clerkship students about the learning culture in clerkships and how it compared to their prior coaching experiences. This comparison is summarized in Table 1.

Table 1	Coaching in Sports/Music/Debate	Coaching in Medical School
Relationship With Teacher	long-term relationships with coaches who knew them well	short-term relationships with teachers with the focus on patients
Expectations	high performance expectations with specific goal setting tailored to the individual	few clear goals and frequently changing expectations with each new preceptor
Observation	frequent observation to identify specific strengths and weaknesses	clerkship students feel like observers more than doers
Feedback	constant, detailed and actionable	when given, it is disassociated from performance and seldom with follow-up
Practice	ample opportunities with repetition and staged hierarchical exercises	opportunistic, limited repetition, unclear standards for comparison
Measures of Success	coaches do not provide summative judgments of success	multiple measures including showing up, teaching yourself, impression management and shelf/board exams

How is coaching different from mentoring? Coaches focus on performance while mentors focus broadly on learners' personal development. Coaching is frequently a short-term commitment while mentoring often is

longer term. Medical education has traditionally embraced the mentoring model, but there has been increasing recognition of the value of coaching despite the many limitations of the medical education system.

Figure 1 from Gifford and Fall (2014)



When taken from a coaching perspective, the emphasis is on deliberate practice and feedback. A paper by [Gifford and Fall \(2014\)](#) describes their Doctor-Coach framework, which they use as the basis for faculty development and resident-as-teachers programs. They have identified the key steps for effective coaching, as illustrated in Figure 1. Based on their continuing work, they have established a website portal for disseminating resources supporting the [Doctor-Coach](#) model. It is a good place to start for anyone interested in enhancing his or her own coaching skills. The title for this essay is a quotation from [Ara Parseghian](#), one of the "Holy Trinity" of Notre Dame head coaches.

What he said still sounds right decades later in this time, and in this place, where the players are our medical students. As always, if you have please feel free to contact me ([Brian Mavis](#)).

Get Out There and Shake It!

...from *tomorrows-professor Digest, Vol 98, Issue 9 (March 31, 2016)*

This term, I'm focusing on the most common mistakes that new faculty members make. I learned last week that there are a whole lot of folks Looking for Love in All the Wrong Places! And that's OK, because the purpose of pointing out the most common errors is to become aware of them, consider alternative strategies, and make changes that will move you closer to the goal of winning tenure and promotion. In the spirit of progress toward positive change, let's move on to Mistake #5: Being reactive (instead of proactive) in your professional relationships.

In a perfect world, new faculty members would be warmly welcomed into their departments and actively nurtured by enthusiastic mentors. Colleagues would ask you to lunch, offer to read your work, initiate stimulating conversations, notice your stress, become your mentor, and offer to collaborate on projects. In short, you would be embraced and supported by members of a vibrant intellectual community so that your transition from graduate student to professor would be efficient and effective.

Unfortunately, most academic departments are far from perfect! So if you passively wait for others to initiate interaction, you are likely to be sitting in your office alone and isolated a great deal of the time. It is also the case that when you don't extend yourself, others may negatively perceive you as aloof, disengaged, or un-collegial. Most importantly, you may be missing out on important relationships, access to critical networks, professional opportunities, and the mentoring you need to thrive.

To be clear, new faculty members should not be single-handedly responsible for initiating relationships and integrating themselves into their new departments. But this is often the reality, especially for women in mostly male departments, and faculty of color in predominantly white departments. If this is your situation, you cannot sit back and reactively wait for senior faculty (who will be voting on your tenure and promotion) to reach out to you and include you in their networks and activities. Instead, your goal should be to proactively initiate relationships with your senior colleagues so that you are spending time each week discussing research and/or teaching with them. *To read more, [click here](#).*

Is April National Poetry Month?

Last year, many curriculum design group members took up the National Poetry Month challenge, inspired by our discussions around the Shared Discovery Curriculum. Some examples are below. Now we are a year closer to SDC.

*The bar is raised once more this year, tho not for lack of time,
The challenge is Shared Discovery; it's hard to find a rhyme!*

Send me your epigrams, couplets, sonnets and odes. Don't hide your haiku under a bushel basket. I will publish the results in the next newsletter. I know you can do it!

Reflection and feedback
Living andragogy
Life centered learning

to change the cadence up a bit,
from the country of the Bard,
a Richard III re-mix,
in venerable iambic pentameter...

Tis' the gray season of our discontent
Under akimbo arms by this Dean of ours;
With good ideas levied upon our group
From this hot cauldron H M will renew

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All now, place your bets:
ECE in 9-16,
Or ransom these bones.

Waiver or quiver
There is nothing but onward.
Bourbon neat, no ice.

Muffins are shared,
Smell the discovery
Slowly toward curriculum

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Be very brave
For teaching is really not
For the faint at heart

Smile and be open
Remember it is for them
And not about you

Remember to breathe
Wind snaps the unbending tree
So be resilient

What Will a Next Year Look Like?

[Click here](#) to see a draft of the calendar for next year. For the learning societies, the three columns with mint green headers show the probably timing of various activities. Small group meetings (post-clinic groups) are scheduled throughout fall semester and early (January and February) spring semester. During this time, faculty will meet with students in small groups as well as for individual feedback and coaching. This includes periodic development and review of individualized learning plans (ILP). Each semester, groups of learning society fellows and other faculty will convene as competence committees to review the academic and professional progress of students. All of these activities are scheduled to occur within the three half-days committed to the CHM Academy.

What does the Shared Discovery Curriculum Look Like Over Four Years?

The Four Year overview of the Shared Discovery Curriculum is available in schematic form [here](#). Each year of the medical school curriculum is represented by a column. The learning society activities with students will focus primarily on the first and second years. While there is an intention to continue with periodic virtual group meetings in the latter years, at this point it is unclear the extent to which this will be possible. In the current curriculum, students have a longer summer break in the summer of the first year; in the SDC, the longer summer break occurs in the second year. Overall, the number of weeks of medical school is unchanged. [USMLE Step 1](#) remains a gateway for entry into the latter part of the curriculum (LCE). USMLE Step 2, which includes both a [clinical knowledge assessment \(CK\)](#) and a [clinical skills \(CS\)](#) assessment, is a graduation requirement. The progress testing, which is the primary summative assessment for all students, is offered twice in the fall semester and twice in the spring semester.

What is Just in Time Medicine (JIT) that I Keep Hearing About?

JIT is our curricular shorthand for Just In Time Medicine, which is the content management system for the new curriculum. You can learn more about JIT [here](#). As we continue to pilot small group sessions on Chief Complaint and Concerns (C3) topics, we provide the pilot students with a link to Just In Time Medicine

(JIT). The link to JIT gives them suggestions for their preparation of the post clinic group sessions for the upcoming week. This link provides them with the calendar for the week as well as the expectations for their learning. It describes the “big picture” as well as the “key concepts” for the topic of the week. It also links them to all necessary library resources to complete their studies.

To see an example of an actual post-clinic group session, here is the hyperlink that was provided to them before the [Hypertension post clinic group](#) (PCG) was pilot tested.

* **NOTE** that you will need access to the MSU library in order for all of the links to work within JIT.

Shared Discovery Curriculum Acronym Search... How Fast Are You?

S E S Q T M T I A I E A U T H
 Z M E Q F I I P R K C G F F U
 B Q T R A M S I I A E C M S E
 S Z D O L F D M B R T I L P M
 L T T K F Q L K G P C Z V L K
 C U V T E T T K K S S S H B U
 E I V B O E Y C E P Y D F P C
 V B R L P F H U M N T V C C H
 J M X P C Q U C U T K W I G X
 T K E C S S S L D I D L C J B
 G C Q I E G C T A P O P F R H
 E J F B W I D B D V F E Z S P
 X J I P L P I C I W C N S E G
 R O R T S Z W O U D T V W I X
 F T A R T N L U A F V W F R U

Find these acronyms: They can be listed vertically, horizontally or diagonally ... and ordered forwards or backwards. Send me your time and we'll discover the CHM Academy Puzzle Meisters!

ADCE	JIT	PLP
ADUME	LCE	SCRIPT
CDG	LCI	SDC
CNSE	MCE	SP
ECE	MSF	TBL
ICC	PBL	TRAT
ILP	PCG	
IRAT	PCSE	
ISMART	PECE	

SEND ME YOUR TIME: mavis@msu.edu

Where Can I See the Curriculum Documents (C3) Related to the Year 1 Curriculum?

The new curriculum is organized around the patient experience, focusing on the chief complaints and concerns that might be the motivation for a patient to access the health care system. This represents a move away from the more familiar discipline-based and organ-system models of many medical schools including our own legacy curriculum. The new curriculum is integrative across disciplines and the content is organized around documents describing patients’ chief complaints and concerns (C3 documents).

The following C3 documents are the basis for the Early Clinical Experience (ECE) curriculum for first year medical students. Click on the topics below to open the document. For a complete listing of the C3 documents, [click here](#). Click on the document name below to open the C3 document; each of the document sections can be expanding by clicking on the section heading:

- [Abdominal Pain](#)
- [Anxiety](#)
- [Blood Glucose Regulation](#)
- [Blood Pressure Concerns](#)
- [Depression](#)
- [Dizziness](#)
- [Dyspnea](#)
- [Dysuria](#)
- [Health Maintenance](#)
- [Immunizations](#)
- [Joint Pain](#)
- [Palpitations](#)
- [Temperature Regulation](#)

This Month in DR MERL: Dependable Reviews of Medical Education Research Literature

Reimbursement: Risky Business -- Teaching Hospitals' Early Experience With Bundled Reimbursement.

Researchers from the AAMC summarize input from 27 teaching hospitals which were early participants in the US Medicare and Medicaid Bundled Payments for Care Improvement (BCPI) initiative.

Gender Bias: How Did They Do That? Interviews of Female Full Professors. Authors interviewed 87% of the female full professors at the University of Kansas School of Medicine, asking them for their perspective on how they "made it" to their position and what their advice would be for young women entering the profession.

Learning Environment: The Learning Environment Survey Measures, At Least Partly, The Environment. In a survey study of end-of-first-year medical students at 38 campuses, the medical school campus explained more than 15% of the variability in the environmental survey scores.

Resident Duty Hours: I Say "Tomato," You Say "Tomato" -- Interpreting The Results Of The FIRST Randomized Controlled Trial On Resident Duty Hours. In a large national cluster randomized controlled trial (N= 4330 general surgery residents in 117 residency programs), Bilimoria et al report whether strict adherence to the standard ACGME resident duty hour rules versus flexible duty hours.

Assessment: Best Practices In Assessment

This article discusses excellent ways to ensure the defensibility of assessment methods and outcomes.

DR MERL is a collection of reviews of the latest research in medical education. *Academic Medicine*, *Medical Education* and *Teaching and Learning In Medical Education* are a few of the medical education journals regularly scanned by our reviewers to find interesting and relevant research articles. Physicians and medical school educators (from [Rutgers Robert Wood Johnson Medical School](#) and other medical schools) then write short 150-200 word reviews. The goal of **DR MERL** is to disseminate succinct reviews of medical education research to our teaching faculty to keep them up-to-date on the most important medical education research. **The March issue of DR MERL can be viewed [here](#).**

<https://drmerl.wordpress.com/2016/02/>

Need an Acronym Cheat Sheet?

[Click here](#) to download a list of commonly used acronyms. We do try to explain them along the way, but alas, it doesn't always happen, or occur consistently. This document might help.

Here are Links to Some Useful Resources...

- To read about the innovative clinical skills and necessary science progress test we have developed and piloted for the Shared Discovery Curriculum, take a look at '[Progress testing 2.0: clinical skills meets necessary science](#)' by Jonathan Gold, Robin DeMuth, Brian Mavis, Dianne Wagner
- For a one-stop general information source, take a look at the [Shared Discovery Curriculum Folio](#)
- [Links to all the Town Hall presentations can be found here](#)
- The February issue of the CHM Academy Newsletter can be accessed [here](#).
- The February issue of DR MERL can be viewed [here](#).
- Information about how to obtain your [MSU NetID](#) to access library and other resources can be found [here](#).
- Go to **CHM Educator** for resources to enhance your teaching in the classroom, clinic or bedside.