



AHEC's Preceptor Development

April 23, 2013
Richard S. Callan, DMD, EdS

DISCLOSURE

Dr. Richard S. Callan reports no actual or potential conflicts of interest in relation to this program or presentation.

The Objectives of this Presentation are for every participant to:

- develop a better understanding of the characteristics of today's students
- develop a better understanding of modern, evidenced based, educational theory
- gain a more complete awareness of the teaching modalities available to them
- cultivate an appreciation for teaching students to think, not just memorize facts
- create a framework by which they can enhance their teaching skills by implementing new teaching modalities in order to better align with the characteristics of the learner.

The Millennial Learner


Addressing the Expectations of Today's Students

Richard S. Callan, DMD, EdS
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Great Health Care Requires Great Medical Educators

By Richard Gundersen

Education is not an industrial process; it is a human one.



When many of my colleagues and I look back on our own medical education, we are struck by how often the biggest difference was made not by curriculum or technique, but by the character and passion of a few great medical educators. These great giants taught us not just the facts and skills but how to interact with patients and colleagues, how to handle errors, how to balance the personal and professional dimensions of life in medicine, and how exhilarating it can be to feel that we contributed something important to a patient's life.

Flexner Centenary

Calls for Reform of Medical Education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010

David M. Itby, PhD, Molly Cooke, MD, and Bridget C. O'Brien, PhD

Abstract

The Carnegie Foundation for the Advancement of Teaching, which in 1910 helped stimulate the transformation of North American medical education with the publication of the Flexner Report, has a renewed place in the history of American medical education. Within a decade following Flexner's report, a strong scientifically oriented and rigorous form of medical education became well established, its structures and processes have changed relatively little since. However, the forces of change are again challenging medical education, and new calls for reform are emerging. In 2010, the Carnegie Foundation will issue another report, *Educating Physicians: A Call for Reform of Medical School and Residency*, that calls for (1) standardizing learning outcomes and individualizing the learning process, (2) promoting multiple forms of integration, (3) incorporating habits of inquiry and improvement, and (4) focusing on the progressive formation of the physician's professional identity. The authors, who wrote the 2010 Carnegie report, trace the seeds of these themes in Flexner's work and describe their own conceptions of them, addressing the prior and current challenges to medical education as well as recommendations for achieving excellence. The authors hope that the new report will generate the same excitement about educational innovation and reform of undergraduate and graduate medical education as the Flexner Report did a century ago.

Acad Med. 2010; 85:220-227.

Medical Teacher, Vol. 26, No. 1, 2004, pp. 79-85

Taylor & Francis
Healthsciences

PERSONAL VIEW

Applying adult learning principles to medical education in the United States

ALEX STAGNARO-GREEN
UMDNJ-New Jersey Medical School, Newark, NJ, USA

A growing dissatisfaction of the American public with healthcare delivery
The upheaval that swept the medical profession with the introduction and penetration of managed care
An appreciation of the impact of the 'informal curriculum' on the undergraduate medical education process and
The realization by medical educators that the present educational system was unable to graduate students who would be prepared to practice medicine in the twenty-first century



Pew Research Center

MILLENNIALS
A PORTRAIT OF GENERATION NEXT

**Confident.
Connected.
Open to Change.**

February 2010

What's in a Name?

Generational names are the backbone of popular culture. Some are drawn from a historic event, others from social or demographic change, others from a big year in the calendar.

The Millennial generation falls into the third category. The label refers to those born after 1980 – the first generation to come of age in the new millennium.

Generation X covers people born from 1943 through 1960. The label long ago overtook the first name allotted to this generation, the Baby Bust. Xers are often depicted as savvy, entrepreneurial loners.

The Baby Boomer label is drawn from the great spike in fertility that began in 1946, right after the end of World War II, and ended almost as abruptly in 1964, around the time the birth control pill went on the market. It's a classic example of a demography-driven name.

The Silent generation describes adults born from 1928 through 1945. Children of the Great Depression and World War II, their "Silent" label refers to their confidence and quiet nature. It also makes for a nice contrast with the noisy ways of the non-establishment Boomers.

The Greatest Generation (those born before 1928) "saved the world" when it was young, in the memorable phrase of Ronald Reagan. It's the generation that fought and won World War II.

Generational names are works in progress. The zeitgeist changes, and labels that once seemed spot-on fall out of fashion. It's not clear if the Millennial tag will endure, although a calendar change that comes along only once in a thousand years seems like a pretty secure anchor.

The Millennial generation falls into the third category. The label refers to those born after 1980 – the first generation to come to age in the new millennium.

Characteristics of Millennials

- Confident, self-expressive, liberal, upbeat and open to change

More ethnically and racially diverse

The New Face of America

Millennials (ages 18-29)

White	41%
Black	14%
Hispanic	19%
Asian	5%
Other	1%

Adults ages 30 and older

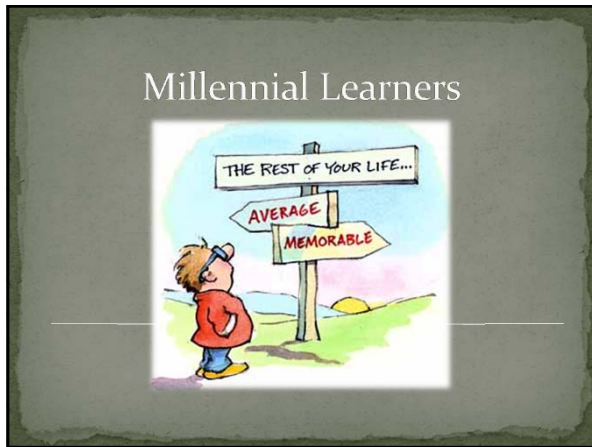
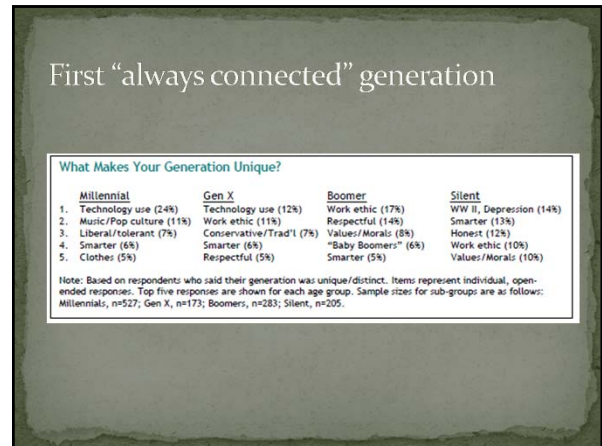
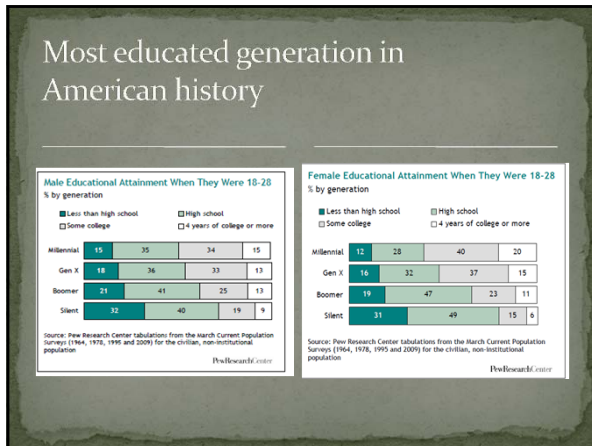
White	70%
Black	11%
Hispanic	12%
Asian	2%
Other	3%

Race/Ethnicity in 2009

% by generation

Generation	White	Hispanic	Black	Asian	Other
Millennial	41	19	13	4	1
Gen X	62	10	12	6	8
Boomer	73	10	11	4	2
Silent	80	7	8	4	1

Note: All groups (other than Hispanic) are non-Hispanic.
Source: Pew Research Center calculations from the March 2009 Current Population Survey for the civilian, non-institutional population



This generation has received **extensive parental attention, structure, feedback, and coaching**. They have been described as "over-parented" and, consequently, may expect "over-coaching" and extensive feedback.

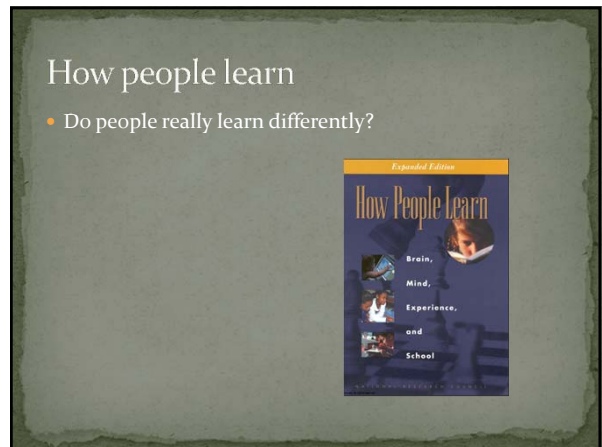
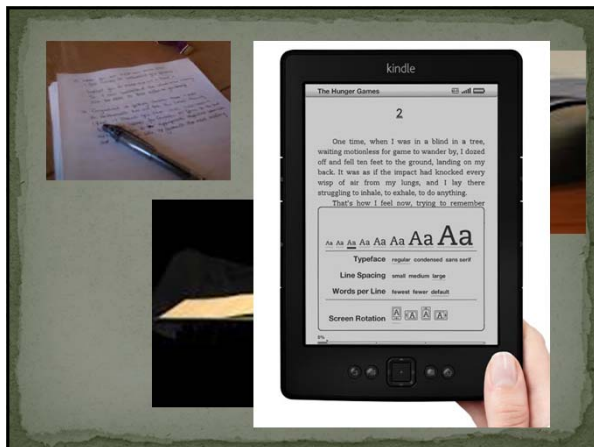
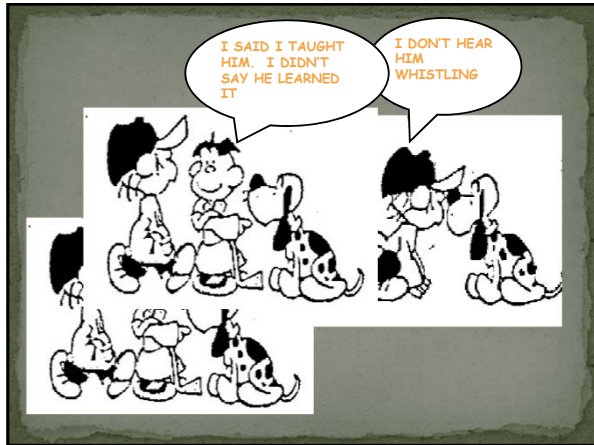
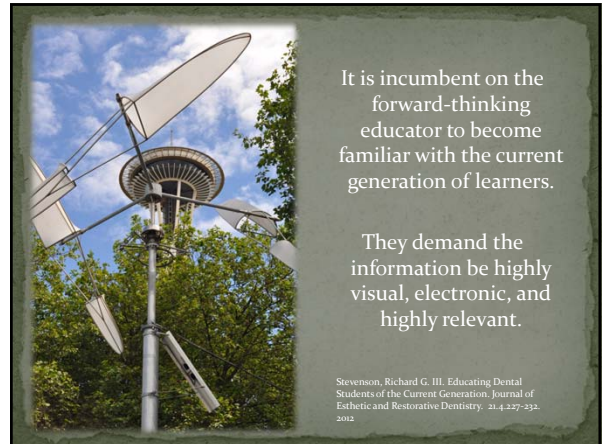
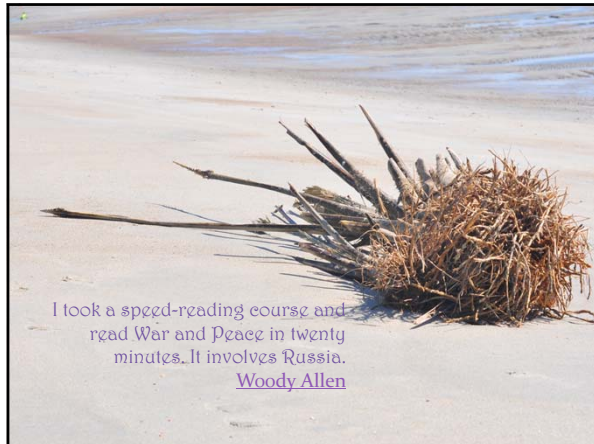
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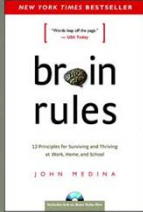
Three Types of Parents

COMMENTARY	HELICOPTERS	SWELL MOMENTS
The Lion and Eagle parent provide guidance and structure to their children.	The parent hovers over their children and is always there to help them.	The parent commands and directs the lives of their children.
1. The Lion and Eagle parent provides structure and guidance to their children.	1. Provides a range of options and choices for their children.	1. Provides a range of options and choices for their children.
2. The Lion and Eagle parent sets clear boundaries and expectations for their children.	2. Underestimates the child's capabilities and abilities.	2. Underestimates the child's capabilities and abilities.
3. The Lion and Eagle parent encourages their children to be independent and take responsibility for their actions.	3. "Takes on" the responsibility of their child.	3. Underestimates the child's capabilities and abilities.
4. The Lion and Eagle parent provides support and encouragement to their children.	4. Provides the child with a constant presence.	4. Provides the child with a constant presence.
5. The Lion and Eagle parent provides structure and guidance to their children.	5. Underestimates the child's capabilities and abilities.	5. Underestimates the child's capabilities and abilities.
6. The Lion and Eagle parent provides structure and guidance to their children.	6. Provides no structure or guidance to their children.	6. Provides no structure or guidance to their children.
7. The Lion and Eagle parent provides structure and guidance to their children.	7. Underestimates the child's capabilities and abilities.	7. Underestimates the child's capabilities and abilities.
8. The Lion and Eagle parent provides structure and guidance to their children.	8. Provides the child with a constant presence.	8. Provides the child with a constant presence.
9. The Lion and Eagle parent provides structure and guidance to their children.	9. Underestimates the child's capabilities and abilities.	9. Underestimates the child's capabilities and abilities.
10. The Lion and Eagle parent provides structure and guidance to their children.	10. Provides the child with a constant presence.	10. Provides the child with a constant presence.

Teaching today's student is one of the most challenging, time consuming, and demanding occupations I know of!

Felton, D.A. On Transitioning from Private Practice to Academics. Journal of Prosthodontics 21 (2012) 339.





NEW YORK TIMES BESTSELLER

13 Principles for Learning and Thinking at Work, Home, and School

JOHN MEDINA

EXERCISE | Rule #1: Exercise boosts brain power.

SURVIVAL | Rule #2: The human brain evolved, too.

WIRING | Rule #3: Every brain is wired differently.

ATTENTION | Rule #4: We don't pay attention to boring things.

SHORT-TERM MEMORY | Rule #5: Repeat to remember.

LONG-TERM MEMORY | Rule #6: Remember to repeat.

SLEEP | Rule #7: Sleep well, think well.

STRESS | Rule #8: Stressed brains don't learn the same way.

SENSORY INTEGRATION | Rule #9: Stimulate more of the senses.

VISION | Rule #10: Vision trumps all other senses.

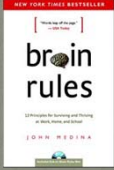
GENDER | Rule #11: Male and female brains are different.

EXPLORATION | Rule #12: We are powerful and natural explorers.


Rule #9

Stimulate more of the senses at the same time

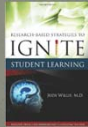
- We absorb information about an event through our senses, translate it into electrical signals (some for sight, others from sound, etc.), disperse those signals to separate parts of the brain, then reconstruct what happened, eventually perceiving the event as a whole.



The positive contributions of multisensory presentations are greater than the sum of their parts



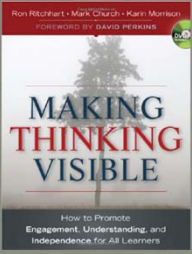
The more ways something is learned, the more memory pathways are built.



Memory can be retrieved by more than one type of cue.



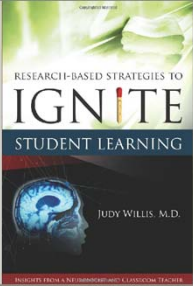
Rule 10: Vision trumps all other senses



... promoting thinking isn't a nice extra but is central to learning.

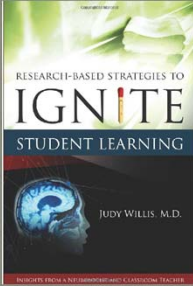
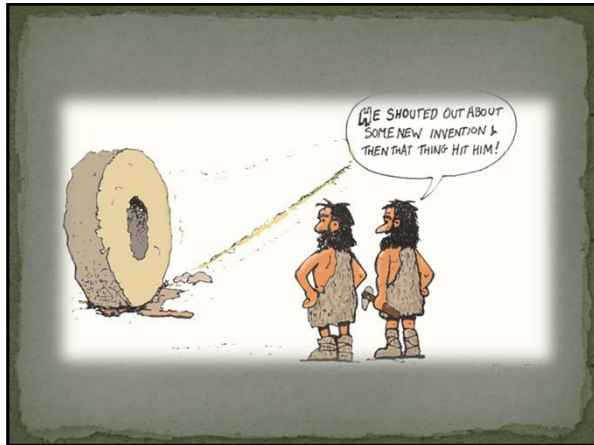
Routines for Digging Deeper into Ideas

- What Makes You Say That?
- Circle of Viewpoints
- Step Inside
- Red Light, Yellow Light
- Claim-Support-Question
- Tug-of-War
- Sentence-Phrase-Word



The more educators add the science of teaching to their individual styles and skills, the less the students will need to rely on the inefficient and unpleasant process of rote memorization.

When brain research on memory and retention is applied to the classroom, it not only drives the learning process, but it also allows educators to energize and enliven the minds of their students. As the research continues to build, it will be up to these professionals to develop and use new strategies that bring the brain-based research to students.

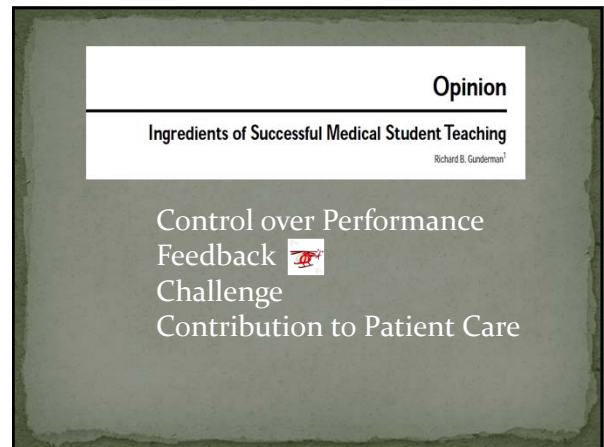
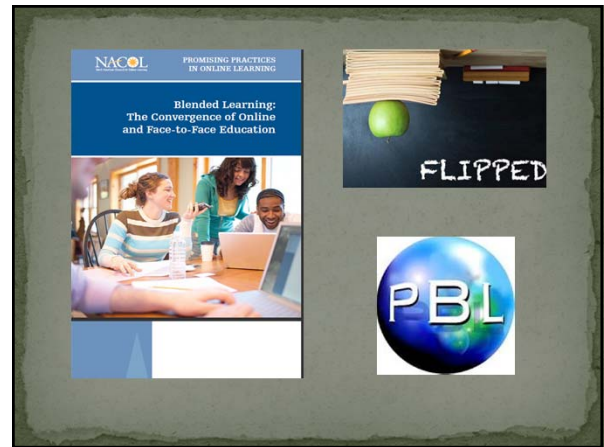
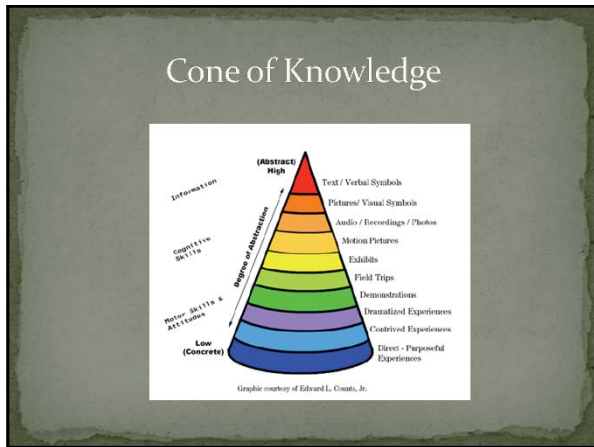
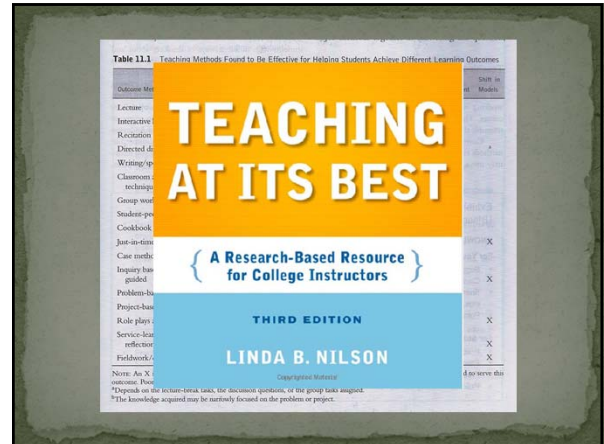
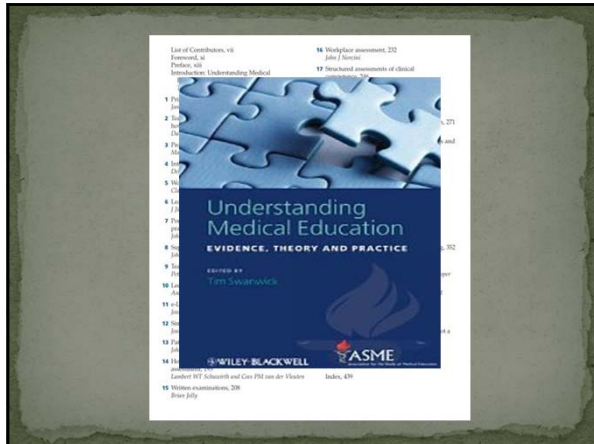
Developing Expert-Derived Rating Standards for the Peer Assessment of Lectures

Table 1
Comparison of Interrater Agreement Across Six Sample Lectures, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 2010*

Criterion number	Criterion	Intraclass correlation coefficient
1	Clearly states goals of the talk	0.96
2	Communicates importance of the topic	0.85
3	Presents material in a clear, organized fashion	0.94
4	Shows enthusiasm for topic	0.75
5	Demonstrates command of the subject matter	0.87
6	Explains and summarizes key concepts	0.90
7	Encourages appropriate audience interaction	0.86
8	Monitors audience's understanding of material	0.95
9	Uses audio and/or visual aids to reinforce content	0.94
10	Audiovisuals are audible and legible	0.93
11	Provides a conclusion	0.88
Overall lecture quality		0.96

* The 11 criteria and the overall performance measure ("overall lecture quality") listed in the table form the Peer Assessment of Medical Lecturing Instrument developed by the authors in 2007. From 2008 to 2010, the authors used this instrument to rate 40 lectures on a wide variety of medical topics and to create precise rating standards and behavioral descriptors for the instrument. The authors assessed the interrater agreement of the derived rating standards by scoring six sample lectures independently.





SPECIAL THEME ARTICLE

The Academy at Harvard Medical School: Nurturing Teaching and Stimulating Innovation

George E. Thibault, MD, Jane M. Noll, and Daniel H. Lowenstein, MD

ABSTRACT


The Academy at Harvard Medical School, established in 2001, was formed at a critical moment for medical schools in this country. Several decades of enormous growth in the biomedical research and clinical care activities of medical school faculty have resulted in great societal benefits. The unintended consequence has been a decline in faculty time and reward for the educational mission that is unique to a medical school. The impact of this decline is particularly felt now because the explosive growth in the science and technology relevant to medical practice, coupled with dramatic changes in the health care delivery system, calls for new models for the education of the next generation of physicians. The mission of the academy is to assess and reinvigorate the educational mission of Harvard Medical School (HMS).

By bringing together a select group of some of the school's most talented and dedicated faculty and providing direct support for their work related to education, the academy has created a unique mechanism for increasing the recognition of teaching contributions of both academy members and the teaching faculty at large, fostering educational innovations, and providing a forum for the exchange of ideas related to medical education that crosses departmental and institutional lines. The authors describe the academy's membership criteria, structure, governance, activities, institutional impact, and plans for long-term evaluation, and indicate challenges the academy will face in the future.


Acad Med. 2009;29:673-681.

Fincher awarded AACM's Abraham Flexner Award for Distinguished Service to Medical Education

October 30, 2012



Dr. Ruth-Marie "Rhee" Fincher, inaugural Vice Dean for Academic Affairs for the Medical College of Georgia at Georgia Health Sciences University, has received the Association of American Medical Colleges' Abraham Flexner Award for Distinguished Service to Medical Education.



The Academy of Educators (The Academy) is a University-wide organization of distinguished educators who have demonstrated sustained excellence in educational activities and scholarship within the Georgia Health Sciences University. Its mission is:

- To recognize faculty who have made outstanding contributions to health sciences education.
- To establish a forum for faculty with recognized accomplishments in health sciences education to facilitate the exchange of ideas, career development, and collaboration institution-wide.
- To improve the quality of health sciences education by fostering faculty development, curricular innovation, creating products that will advance the fields, and developing educational leaders for the future.

Membership in The Academy is open to anyone with a faculty appointment in the Georgia Health Sciences University. For more information, please refer to [Frequently Asked Questions](#) about The Academy.

Five Major Changes

1. Modifications in how medicine is taught
2. Creation of interdepartmental courses & clerkships
3. Introduction of patient interactions throughout the basic science years
4. Recognition and Utilization of informal curriculum
5. Introduction of new modalities of assessment

Applying adult learning principles to medical education in the United States
ALEX STODOLARSKI
MCCO New Jersey Medical School, Newark, NJ, USA

Medical School of the Future

1. Include the creation of learning communities in their mission statement
2. Changes in the reward system of academic health science center
3. A robust faculty-development program
4. Elevate the status of medical education to that of medical research

Applying adult learning principles to medical education in the United States
ALEX STODOLARSKI
MCCO New Jersey Medical School, Newark, NJ, USA


Perspective

The Fight for Education

Richard B. Gunderman¹

Ultimately, a reorientation of medical education can come about only when the **larger health care system reflects the needs of high-quality learning.** We can browbeat students about the importance of taking their time and being careful until we are blue in the face, but it will do no good if they see that the reality of medical practice is otherwise.


The best medical schools can do **is seek to regain their status as the conscience of medicine and to reestablish their role as society's health care opinion leaders.** If medical schools are to succeed in these monumental undertakings, Ludmerer reminds us, they must enter the fray with an unclouded sense of mission and a clear conscience.



Medical College of Georgia
University System of Georgia

We need to thoroughly evaluate the educational system and climate that presently pervades medical education, and initiate reforms that will result in allowing the student to develop and transform into the caring, compassionate, competent, thoughtful and socially minded physician who can best serve our society.

Great Health Care Requires Great Medical Educators
By Richard Gunderman
Education is not an industrial process; it is a human one.



...how exhilarating it can be to feel that we contributed something important to a patient's life.



Evaluation

- Please complete an online evaluation of this activity located at the below link:

<http://www.surveymonkey.com/s/257MMFV>