

PRESIDENT'S COLUMN

Teaching, Professional Development, and Changing Behavior

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...I have transitioned from focusing on the immediate clinical problem to emphasizing the encompassing art of being a physician, including the technical, interpersonal, and life course skills.



Medical education is a major focus of SGIM members, and most of us have responsibility for the professional development of learners ranging from students to junior faculty. Moreover, those of us in research or administration who aim to improve quality of care and patient outcomes face the similar challenge of changing people's behavior in order to transform care.

I've been precepting medical students in the outpatient clinic for almost 25 years now and realized a few years ago that what I emphasize in my teaching has changed. Initially, I focused mainly on the clinical problem. What are the evidence-based guidelines for care of patients with diabetes and hyperlipidemia? What are the differential diagnosis and approach to this patient presenting with dizziness? While I still spend a lot of time teaching about these classic clinical issues, I've increasingly emphasized the whole picture and art of being a physician.

This year the University of Chicago switched to a three-month longitudinal approach in which the same third-year student works with the same faculty member in the outpatient clinic for a three-month stretch concomitant with his/her inpatient medicine rotation. Today a new student started with me, and I oriented him. I told him that this longitudinal outpatient rotation was one of his best opportunities to be a doctor in the full sense of the word. I told him that many students initially had difficulty with several major aspects of outpatient medicine. First, students need to develop their knowledge base and skills addressing the major common clinical prob-

lems general internists see. Understandably this foundation takes time to develop as students increase their clinical experience.

However, beyond this classic focus, and despite our students being kind socially adept people, many trainees initially have difficulty communicating clearly to patients and families. What will you say at the end of the appointment as you address the patient's problems and discuss the assessment and plan? What are the patient's concerns and fears? What is your practice style, and how will you build your rapport with this patient?

Where do today's visits and problems fit within the overall arc of patients' health and their lives, social circumstances, and relations with others? How well do you truly understand these patients? Regardless of what time of year it is, many students do not have a lot of experience addressing the full spectrum of these issues—the essence of being a physician.

Thinking back to my time as a medical student at UCSF, what I remember most vividly are these "art-of-being-a-physician" professional development moments. As a first-year student, I shadowed my research and career mentor Steven Schroeder, MD, once when he was inpatient attending. I remember when he had to give bad news, he sat down on the patient's bed as he talked to the patient. He later asked the residents and students what their approach to delivering bad news was. The last two weeks of medical school consisted of a review of key clinical pathophysiology and introduction to a

variety of humanism and ethics topics. The session I remember most clearly was Molly Cooke, MD, discussing when you make a mistake. I don't remember a lot of the details from my third-year rotations, but I do remember the weekly required small-group sessions we had throughout that year with a wonderful psychiatrist named Loma Flowers, MD. She led extremely helpful discussions on whatever we wanted to talk about regarding our experiences as students.

During my research-oriented general internal medicine fellowship, we had roughly 12 sessions on becoming a better teacher. These were extremely helpful sessions on basic topics like developing a curriculum, small-group teaching, and giving feedback. In retrospect, similar to how a third-year student needs basic didactic background on the approach to common clinical topics, these 12 education sessions gave us technical building blocks for our teaching.

Many of us, including clinician-educators, do not get formal training on how to best help students with their overall professional development as clinicians. A typical student evaluation form will ask us to comment on the student's knowledge, diagnostic and therapeutic reasoning skills, communication, interpersonal qualities, and professionalism, but training for teachers in how to help students progress in each of these core areas and put it all together is uncommon.

When I discuss teaching with my colleagues at the University of Chicago in the Dean for Medical Education
continued on page 2

PRESIDENT'S COLUMN

continued from page 1

cation Office who are responsible for the overall four-year undergraduate medical curriculum, it's clear that different parts of the curriculum address these different aspects and that a longitudinal developmental perspective is taken. Similarly, masters in medical education programs will typically cover these developmental learning perspectives.

Still, how best to develop, promote, integrate, and sustain these medical and professional skills is unclear. One of the controversies around the American Board of Internal Medicine's (ABIM's) Maintenance of Certification program revolves around the mission creep of the board's scope. Most physicians would agree that strong doctor-patient communication and ability to improve quality of care are desirable. Whether it is possible or appropriate for ABIM to be the organization measuring and certifying those skills is controversial. Current proposals to reform the ABIM Maintenance of Certification program will likely focus on measuring and improving medical knowledge as its core function.

One of the most gifted medical educators I know is Monica Vela, MD, who has led or co-led the Uni-

versity of Chicago's required health disparities course for first-year students for many years. One of the things that makes Monica so impressive is that she has the comprehensive professional development of medical students as one of her explicit goals and thus carefully designs and revamps the course to meet this goal. Like other medical topics, health disparities has a technical component ranging from how to work with a medical interpreter to understanding Medicare and Medicaid reimbursement policy and the social determinants of health. An equally important component is helping students develop insight into themselves and their attitudes and solidifying their commitment to reduce health disparities. Monica and course co-director Valerie Press, MD, spend a lot of time thinking about where the students are coming from; what their ideological and social contexts are; and what types of educational sessions, discussions, exercises, and assignments will be most valuable for enhancing their professional development as a diverse set of students.

Returning to my evolution as a preceptor in the outpatient clinic, I

have transitioned from focusing on the immediate clinical problem to emphasizing the encompassing art of being a physician, including the technical, interpersonal, and life course skills. For years I possessed the different pieces necessary for teaching students this holistic approach, but it took me a while to put them all together. In part, it took me time to mature in my own personal approach as a physician, and partly it was a focus—perhaps justified—we have in medical education to emphasize the immediate clinical problem. However, I believe we can do a better job training medical educators to help students in their comprehensive development as physicians. This is not just the responsibility of the medical education leadership of academic institutions or professional societies and medical boards. Students are most influenced by their immediate teachers and peers. Improving the comprehensive skills and professionalism of our trainees is an evolving and exciting area in medical education and scholarship and is an area that SGIM can continue to emphasize in its burgeoning faculty career development programs.

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