

ABSTRACT 1

DEVELOPMENT OF A SERVICE LEARNING CURRICULUM Carol Elam, Ed.D., Marlene Sauer, M.F.A., Deidre Crocker, and Judy Skelton, Ph.D. , University of Kentucky College of Medicine, Lexington, KY 40536

We sought to incorporate a service learning experience into our already crowded medical school curriculum. The Patients, Physicians, and Society (PPS) course addresses the behavioral science issues that patients and physicians confront. To carve extra time out of the curriculum, we adopted a model that linked the PPS course, a requirement for all of our medical students, to an optional service learning experience. In implementing the linked course and elective, we needed to address curricular, evaluative, student, faculty, and community issues. In the design of the program, we considered such issues as the impact of a linked service elective on a pre-existing course, the nature of required experiences in an elective, an outline of project outcomes and the design of program evaluation, recruitment and selection of student, faculty, and community agency participants, and development of affiliation agreements between the community agencies and the medical school. Twenty-three members of the 2000 entering class at the University of Kentucky College of Medicine agreed to participate in this pilot elective. Three Behavioral Science faculty precept the three PPS small group sections coupled with the service learning experience. The student groups designed intervention programs with community agencies in Lexington and are implementing projects based on the results of needs assessments. One group is working with Chrysalis House, a residential center for women who have abused alcohol and/or drugs, by designing and leading a stress management series for the clients. The second group of students is working with the Fayette County Health Department on a school health program to conduct health risk appraisal interviews with 6th graders at an inner city school. The third group of students is working with Almost Family, an adult day care center by assisting clients of this agency in creating memory books about their lives. The elective is being evaluated in several ways. All first-year students have completed an AmeriCorp service survey and the Davis Interpersonal Index to allow comparison of responses from service elective participants and non-participants. Service elective students are completing four reflection journal entries as well as course evaluations. Faculty and agency preceptors are also evaluating student performance.

ABSTRACT 2

TEACHING MEDICAL STUDENTS TO BE TEACHING RESIDENTS Larry D. Gruppen, University of Michigan Medical School, G1111 Towsley Center, Ann Arbor, MI 48109-0201

Among the many responsibilities of first-year residents is that of teaching medical students. As is true for most of their faculty, most students do not receive any formal instruction on instructional methods or practice in teaching skills. In an effort to augment the teaching abilities of our graduates, we developed and implemented an intensive fourth-year elective, "The Resident as Teacher: Surviving Your First Year." Twelve students participated in daily sessions for four weeks. The elective incorporated a variety of topics and instructional formats as a means of demonstrating "best practices." Illustrative activities included: reflection on one's personal

philosophy of education; participation in the Stanford Faculty Development Program; training and practice in small- and large-group instructional methods; shadowing of faculty to observe the educational process; and the design, development, and presentation of an educational module relevant to their chosen specialty, that each student could take with them and use in their teaching role in their residency program. The elective was heavily over-subscribed, demonstrating a widespread interest on the part of these students in acquiring these skills and preparation. The students evaluated many of the components of the elective very positively, but were critical of the activities that failed to meet their standards for “quality education.” They were enthusiastic about the small size of the group and the highly interactive nature of most of the sessions and argued strongly that the elective not grow in size but rather be offered more frequently. All agreed to participate in a follow-up interview to identify the ways in which they were or were not able to apply the knowledge and skills gained in the course and to identify additions and changes to the course that could make it more effective.

ABSTRACT 3

STANDARDIZED PATIENTS AND GENDER BIAS. Frank Schimpfhauser, Harry Sultz and Julie Baker, SUNY at Buffalo School of Medicine and Biomedical sciences

Evidence that female and male patients are treated differently during the medical encounter even when exhibiting similar signs and symptoms has been reported. This project’s purpose was to test the ability of standardized patients to identify gender-based variations in physician/patient interactions. Data from three 10-case NBME test/site prototype examinations, required for promotion, was utilized. The sample included 245 male and 165 female third year medical students. Male and female patients including gender-paired cases completed a 6-item PPQ that rated interpersonal skills and a 5-item PEQ that assessed professionalism characteristics during physical examinations. Students received higher physical exam scores when their patient was of the same gender, but higher interpersonal skill scores from patients of the opposite gender. Male and female students received higher scores from male patients than female patients using Paired Sample t-tests. A number of identifiable differences in interpersonal behaviors and professionalism ratings of male and female students as perceived by male and female patients were observed. Study is necessary to determine whether differences are due to biased behavior on the part of students, biased assessments by standardized patients, instrument sensitivity, or a combination of factors. Gender and its influence are viewed as important dimensions in patient care and compliance. Programs utilizing standardized patients for teaching as well as assessment may be able to contribute to this important area of research.