

acog TODAY

NEWS AND INFORMATION IMPORTANT TO YOU AND YOUR PRACTICE

MAY/JUNE 2006

The future of medical school education

MEDICAL STUDENT BRIAN LEVINE, MS, DOESN'T go anywhere without his PDA. In his second year of medical school at New York University, Levine uses his personal digital assistant to look up unfamiliar terms when he accompanies his mentor on rounds, to supplement the lesson during his physical diagnosis class at the hospital, and to test himself on TORCH infections.

Assistant ob-gyn professor Archana Pradhan, MD, MPH, FACOG, uses an audience response system to quiz medical students in her classroom at the University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School. After she asks the students to name some of the most common reasons that women discontinue use of oral contraceptive pills, the students respond with wireless keypads, and the correct answers pop up immediately on the screen ► PAGE 10



Medical student Brian Levine, MS, uses his PDA while on rounds with his mentor, James A. Grifo, MD, PhD, FACOG, director of the division of reproductive endocrinology and ob-gyn professor, New York University School of Medicine.

pause™ celebrates 10 years of informing women

Average reader reads 95.4% of <i>pause</i> ™		
SAVES THE ISSUE FOR FUTURE REFERENCE	65%	
DISCUSSES SOMETHING READ WITH A FRIEND/RELATIVE	65%	
DISCUSSES SOMETHING READ WITH THEIR DOCTOR	52%	
SUGGESTS THAT A FRIEND, RELATIVE, OR COLLEAGUE READ IT	45%	
MAKES A DECISION BASED UPON SOMETHING READ	42%	

A LOT HAS CHANGED SINCE *Managing Menopause and the Years Beyond*™ debuted in 1997. Now called *pause*™, the magazine celebrates its 10th anniversary with a special edition in May.

The magazine has received multiple national and international awards through the years, and, most recently, was recognized with an Award of Excellence, two Awards of Distinction, and one Honorable Mention in the international Communicator Awards.

Ten years ago, the phrase "hormone replacement therapy" was often used instead of "hormone therapy," implying that hormones needed to be replaced once women entered this natural phase in their lives.



The future of medical school education

► PAGE 1

at the front of the room. Dr. Pradhan can then lead the discussion based on what information the students didn't understand.

Attending physician Todd D. Tillmanns, MD, FACOG, aims to teach the medical students who go through his gynecologic oncology rotation how to effectively and routinely use the Internet in combination with PowerPoint presentations to improve patient care. Dr. Tillmanns is an assistant professor in the division of gynecologic oncology, University of Tennessee and the West Clinic, Memphis.

Medical school education is changing dramatically in the 21st century, particularly with the almost daily advances in technology that affect how medical students learn and how professors teach. But technology is not the only force behind the changes: Medical schools are also responding to advances in diagnosis and treatment, renewed emphasis on professionalism and patient-physician communication, and students' ever-growing interest in the global world. *ACOG Today* asked several ACOG members to prognosticate on the future of medical school education as it relates to ob-gyn: How will medical school education change in the next 10–20 years?

on the faculty at the University of Tennessee-Memphis for 25 years before entering private practice two years ago.

"There's not new information on bedside manner, but the interpersonal model has not carried through the technological age, and that disparity is only going to get greater as the technology increases," Dr. Ling said. "Our perspective has changed. When you look across the country, in some circumstances medical students are now being taught all this technological stuff, but what they're missing out on is how doctors interact with their patients one-on-one."

Medical students learn primarily in university and hospital settings and don't often have the opportunity to observe how physicians in private practice interact with patients in non-emergency visits.

"I recognize that medical schools are underfunded, but they need to look for creative ways to share models of practice with students, whether it's partnering with people who are not full-time faculty, partnering with the community and reducing the 'town-gown' disparity, or developing programs for medical students and residents to do more one-on-one mentoring with physicians in private practice," Dr. Ling said.

QUICK LINK TO ACOG WEB PAGES

Now you can access the **Medical Student** and **Junior Fellow** sections of the ACOG website easier and faster. Visit www.acog.org and click "Medical Students" or "Junior Fellows" in the "Quick Links" box on the left side of the home page.



Some medical schools are evaluating changes in the clinical clerkship to give students more time for elective courses, according to Fellow William N.P. Herbert, MD, chair of the ob-gyn department at the University of Virginia.

"A number of schools are shortening the length of their clerkships from, say, six weeks to four weeks," Dr. Herbert said. "The time that we will have with every medical student is going to be significantly reduced, which is going to be a challenge—everything we want every medical student to know in ob-gyn, we'll have to teach in four weeks."

Technology's impact on education

Levine, an ACOG medical student member, has fully embraced technology, integrating it as much as possible into his everyday life. As a critical care EMT before medical school, he depended heavily on his PDA and was disappointed to learn that it wasn't used much in the preclinical curriculum. So he bought his own, began encouraging NYU to increase the use of PDAs, and negotiated with companies Unbound Medicine and Epocrates to offer discounted PDA software to NYU medical students.

NOW THAT I'VE GRADUATED...

I appreciate how advanced my medical school was in its teaching methods. We had extensive case-based learning, which was invaluable in residency and life after residency. One thing I don't think we learned enough about in medical school and residency was the importance of documentation in all notes and dictations. Everyone discussed it, but no one ever went over this in a didactic format, showing both good and bad examples and what is medically necessary to document. In today's medical-legal climate every little notation in a chart counts.

— Beth W. Rackow, MD, District I Junior Fellow chair

"Recently, ob-gyn medical education has tried desperately to do two things that are very difficult to do at the same time: to teach developing technology, while at the same time continuing to teach the time-honored tradition of maintaining the doctor-patient relationship," said Fellow Frank W. Ling, MD, who was

Restructuring curriculum

Medical school ob-gyn curriculum will continue to evolve as medicine undergoes exciting advances in prevention, diagnosis, and treatment, such as the increase in minimally invasive surgery and the development of an HPV vaccine.

