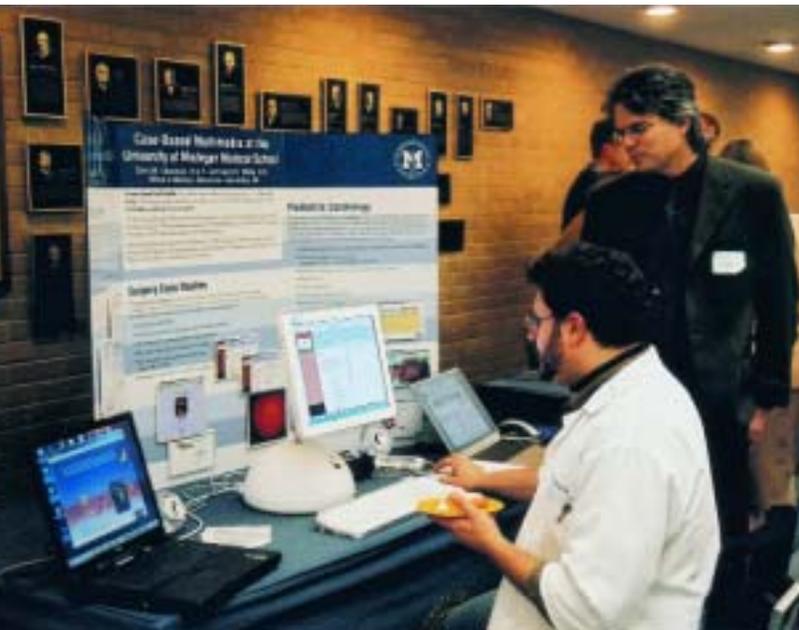


Assessing the Outcomes of Medical Education



(Above) Chris M. Chapman, assistant manager of media in the Office of Medical Education, looks on as a participant examines the exhibit, "Case-Based Multimedia at the University of Michigan," developed by Chapman and Casey B. White, director of the Learning Resource Center.

U-M Medical School faculty, staff and students gathered in the Towsley Center for Continuing Medical Education on February 26 for the lectures, discussions, workshops and demonstrations that comprised Medical Education Day 2002.

David C. Leach, M.D., executive director of the Accreditation Council for Graduate Medical Education, began the day with the keynote address, "Competency is a Habit: Assessing the ACGME Competencies." Following Leach's presentation, James Woolliscroft, M.D. (Residency 1980), executive associate dean and associate dean for graduate medical education said, "The bottom line to all of this is improved patient care. When we're done, if it's successful, residency education will look much different than it does now."

Several participants noted that the assessment process, while helpful, involves a lot of

Medical Education Day 2002 explores an increasing emphasis on competencies

Photos by Gregory Fox

paper work and demands a great deal of time from their already busy schedules. Some physicians also wondered how they can be sure they are completing assessments in ways that best benefit students and residents.

Panelists Frank Brosius, M.D. (Residency 1983), associate professor of internal medicine and physiology; Richard Cohan, M.D., professor of radiology; Terry Kowalenko, M.D., clinical associate professor of emergency medicine; Lawrence Marentette, M.D., associate professor of neurosurgery and otolaryngology; and Sonya Miller, M.D., clinical instructor of physical medicine and rehabilitation, discussed their perspectives on the educational outcomes of residency training. They spoke of the difficulties in assessing whether residents are performing to the best of their ability and of the pressures of serving as role models. This sparked discussion about how to be sure medical students choose the specialty for which they are best suited in the first place. As the system currently exists, physicians said, there is no formal method that helps students assess their strengths and determine how and in what area they can best be put to use.

In the afternoon, participants attended small group workshops, followed by a reception and poster and computer presentations. Workshops included "A Model for Resident and Medical Student Wellness Programs," in which professional caregivers learned skills that can help them cope with the challenges of providing compassionate care to patients as well as to themselves. Computer demonstrations explored the latest in technological learning and teaching resources available to medical faculty and staff. [m](#)

"The bottom line... is improved patient care."

—James Woolliscroft

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