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A Model Office-based Mentoring Program: Improving Teaching and Learning in Clinical Medical Education
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Comprehensive Program

1998 Abstract

Traditional clinical medical teaching is hospital-based, but more than 95% of medical practice occurs in the office setting. The major aim of this project is to address this training-practice mismatch. The project model, based on educational research and learning theory, optimizes learning via a unique focus on the educational alliance of one faculty mentor, one student, and one patient in the office setting. The model teaches a repertoire of strategies for effective teaching of clinical competencies, placing particular emphasis on teaching of clinical skills.

Progress for Year 2 meets or exceeds key objectives. Training materials and methods have been piloted at multi-centers, refined, and introduced at peer-reviewed national conferences. Each part of the faculty development workshop series ("One-on-One Ambulatory Teaching: I. Structuring the Ambulatory Experience to Optimize Learning, II. Ambulatory Teaching Strategies, III. Critical Observation and Assessment, and IV. Immediate Case-based Feedback Strategies") is supported by: a handout; laminated pocket cards to facilitate transfer of skills into actual teaching practices; an audiovisual presentation; selected readings; role play scripts drawn from real teaching interactions and companion instructions for role play activities; video clips to illustrate actual teaching and learning tasks; self-assessment exercises; and evaluation surveys. The series has received six hours of Category I Continuing Medical Education (CME) Credits. A total of 216 clinical faculty have participated in formal workshops and received training resources. At Columbia University College of Physicians and Surgeons, a total of 71 preceptors have been trained, supporting more than 166 medical students (38% of students in the Classes of 1998, 1999, and 2000). One-year experience comparing learner perception ratings of model teaching with traditional clinical teaching suggests that the program leads to: enhanced effectiveness of overall supervision; improved effectiveness of preceptor demonstration and of observation-based feedback to the learner [strategies that are most important in the teaching of clinical skills]; and modest gains in effectiveness of the patient management content of case discussions and of the educational content of case discussions (the traditional venue for clinical teaching serving as a benchmark of comparison for all preceptors). We have also trained a pilot group of facilitators in "The Model Office-Based Mentoring Program" to conduct workshops at their home institution.

Encouraged by the response in Year 1 to a module on teaching the cardiovascular physical examination, we created, implemented, and refined a full course on how to teach comprehensive physical examination skills more effectively. This series is supported by the same types of resources as the "One-on-One Ambulatory Teaching" series. We have applied for eight hours of CME credits. A total of 71 faculty have been trained in teaching physical examination skills. Preliminary evaluation data suggest a marked positive impact of this brief, focused intervention. Student perception data reveal that participants were the top-rated for effectiveness of important teaching strategies (effectiveness of bedside demonstrations of physical diagnosis skills and effectiveness of performance-based feedback). Students of model-trained preceptors report greater confidence in history taking and physical examination skills and in preparedness for the third-year clinical clerkships than students of nonparticipants. Pre- and post-workshop data for trainees reveal increased effectiveness of key teaching strategies associated with increased attainment of student-learning outcomes.

[Cheryl A. Walters](#)

Project Director
Columbia University
Health Sciences Division, Center for
Curriculum Evaluation and Faculty
Support
HHSC L13
701 West 168th Street
New York, NY 10032
Tel: (212) 305-2104/3252
Fax: (212) 234-0595

E-mail:
cw57@columbia.edu

[Hilary J. Schmidt](#)

Columbia University
Health Sciences Division, Center for
Curriculum Evaluation and Faculty
Support
HHSC L13
701 West 168th Street
New York, NY 10032
Tel: (212) 305-2104/3252
Fax: (212) 234-0595

E-mail:
hs138@columbia.edu

In sum, preliminary outcomes evaluations suggest that participants internalize the principles and strategies of "The Model Office-based Mentoring Program" to become more effective teachers of clinical skills than non-trained preceptors, and their teaching strategies are improved over their own baseline. Moreover, students of model-trained preceptors are more confident (proxy for competence) in their clinical skills.

AWARDS AND HONORS: The experience and impact of our FIPSE-funded project has helped position us to successfully compete for additional funding. We have received a \$140,000 grant by the Department of Medicine of The Presbyterian Hospital of the College of Physicians and Surgeons to develop a computer-based tutorial and companion text to teach the comprehensive physical examination — our FIPSE model is the basis for the design. We have also received a Mannix Award for Excellence in Medical Education (\$50,000 -August 15, 1998 -August 15, 1999) from the Medical Society of the State of New York to study the benefits of better teaching of physical examination skills on patient outcomes.

Organization Type: Private College or University

Institution Type: Doctoral

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- Graduate and Professional Education
- Health and Medicine

Subject Key:

- Highly relevant
- Relevant
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