



Doctoring

The Prescription for Curriculum Innovation



BROWN
Alpert Medical School



“The Doctoring course provided me with my first practical experiences as a medical student. My mentors have become some of my first role models professionally. I’m thankful that the opportunity to develop these strong relationships was provided at such a crucial, early point in my education.”

IAN BUCHANAN MD '10

“Doctoring is much more than a required course. It is an experience that signals change in medical education. Students are introduced to the clinical setting shortly after the first day of school, an experience that provides them with context for the basic sciences and the motivation to become the most knowledgeable and skilled physicians they can be. Doctoring is the best means we have to prepare the next generation of physicians to meet our nation’s health care needs.”

PHILIP A. GRUPPUSO, MD, ASSOCIATE DEAN FOR MEDICAL EDUCATION

The practice of medicine is changing. To keep pace with shifting patient demographics and desires, evolving health care delivery practices, new information and new technologies, **medical education, too, must change.**

That is why The Warren Alpert Medical School of Brown University has redesigned its curriculum, modifying the way medicine and health care are taught to prepare students to be physicians of the 21st century. The first step in this process is *Doctoring*.



“Medicine is both an art and a science. The science is learned from books and through study. The art is learned through a lifelong pursuit of modeling how other physicians interact and connect with their patients on a personal level. The Doctoring course affords the opportunity to begin that process early on in the medical school experience.”

DAVID DOSA, MD, ASSISTANT PROFESSOR OF MEDICINE AND PHYSICIAN-MENTOR



Prescription for **Change**

The course reflects the first of many changes brought about by the newly redesigned curriculum at Alpert Medical School. These changes are necessitated by drastic shifts that have occurred in the delivery and practice of health care. Updating the medical school curriculum is also one of the goals identified in the University’s *Plan for Academic Enrichment*, a blueprint for strategic growth in all areas of the University that places particular emphasis on heightening the reputation of Brown as a national leader in medical education.

Since the 1960s, the curriculum at most U.S. medical schools has taken a standard approach: clinical skills were taught in a semester-long course in the first year, followed by a year-long introduction to clinical medicine course in the second year. Clinical teaching occurred in the hospitals during years three and four.

In the not-so-distant past, the practice of medicine was very different. Doctors routinely admitted patients to the hospital for a week-long “diagnostic workup.” Generally, these patients were healthy and could communicate well with the students. And because they usually remained in the same room, students were able to follow a case from admission all the way through diagnostic testing, intervention, and discharge.

Today, things have changed dramatically. Most of the diagnostic workup occurs in the outpatient setting. The average length of stay in the hospital is only a few days, and most in-patients are quite sick. These patients are constantly moving from one high-tech procedure to another, being whisked from the MRI to the catheterization lab to the OR. The hospital is no longer an ideal location for students to learn how to take a history or do a physical examination.

It is against this backdrop that the Association of American Medical Colleges (AAMC) has issued a call for an overhaul of medical education. In 2004 an *ad hoc* committee composed of the deans of several U.S. medical schools reviewed the status of medical education curricula and released its report, *Educating Doctors to Provide High Quality Medical Care*¹. The committee concluded that medical education in the U.S. must change significantly to better prepare physicians for the nation’s rapidly evolving health care needs.

In its report, the committee detailed what it envisions as “The Ideal Medical Education System.” Many components of this “ideal” are already cornerstones of Alpert Medical School’s educational philosophy, such as a humanistic approach to medicine and a competency-based curriculum, where students are evaluated on the demonstration of skills, not the regurgitation of facts. Other facets of “The Ideal Medical Education System” are being integrated into the curriculum at Alpert Medical School, many in the Doctoring course.

Principles of the ideal system include:

- cultivating mentoring relationships for learners at each stage of their careers;
- providing opportunities for learners to engage in effective learning experiences throughout their careers;
- promoting a patient-centered approach to medicine;
- promoting the acquisition of skills necessary for self-directed learning;
- providing clinical education experiences primarily in settings where learners will encounter the kinds of patients they are most likely to care for after entering practice.

What is Doctoring?

Doctoring is a two-year required course intended to teach the knowledge, skills, attitudes, and behaviors of the competent, ethical, and humane physician.

The course combines instruction in professional development, medical interviewing, and physical diagnosis with a weekly clinical experience in a community physician’s office. Starting in their first semester of medical school and continuing for two years, students spend eight half-day sessions per semester at this community site with a physician-mentor. The physician in question is responsible for guiding and mentoring students as they practice the skills they learn from small group leaders and small group co-facilitators.

THE CLASSROOM EXPERIENCE

First-year students meet weekly for interactive group learning sessions taught by an interdisciplinary group of clinical and basic science faculty. These sessions focus on communication skills, physical diagnosis skills, the application of basic science to clinical medicine, and/or professional development. After the large group session, students break into groups of eight, facilitated by a physician who leads the group in collaboration with social and behavioral sciences faculty. These small-group leaders help students develop their medical interviewing, physical diagnosis, and counseling skills and reflect on their professional and personal growth. Small-group leaders provide support and feedback to students on their emerging competencies in effective communication, basic clinical skills, and professional development and on aspects of moral reasoning and clinical ethics.

Complementing the small-group leaders are the co-facilitators, a diverse group of behavioral scientists and community leaders, including clergy, social workers, and mental health professionals, who participate in the



A COMPETENCY-BASED CURRICULUM

Our graduates are expected to possess nine abilities, considered to be essential competencies of professionals in medicine.

The Nine Abilities

- I. Effective communication
- II. Basic clinical skills
- III. Using basic science in the practice of medicine
- IV. Diagnosis, management, and prevention
- V. Lifelong learning
- VI. Self-awareness, self-care, and personal growth
- VII. The social and community contexts of health care
- VIII. Moral reasoning and clinical ethics
- IX. Problem solving

“My patients enjoy having our Doctoring student almost as much as we do. What better way to influence the course of medicine than to start with our youngest learners? But the gift goes both ways. The benefit to having a doctoring student comes not just from the opportunity to mentor but also from experiencing a different perspective from a fresh pair of eyes.”

SARAH FESSLER, MD, CLINICAL ASSISTANT PROFESSOR OF FAMILY MEDICINE AND PHYSICIAN-MENTOR



interviewing skills portion of the session. These professionals provide perspective and guidance on human-to-human interaction in the interview setting.

NOTES FROM THE FIELD

Self-reflection is an integral part of a physician’s professional development. That is why students in the Doctoring course are required to keep “field notes” –integrative, reflective portfolio entries.

Field notes provide a link between elements of the course that occur on campus and those that occur at the community site. These notes promote reflection and growth and support the development of “mindful” medical students. Students are encouraged to make their notes as soon as possible after leaving their clinical site, recording their observations and activities. This process invites them to contemplate the day’s events. *How did I feel listening to the patient’s chest for the first time? Was I sensitive to the patient’s needs?*

In addition to recording their own personal thoughts, the students respond to a focused assignment each week. These assignments link their learning with the campus-based section of the course and its objectives: communication, physical diagnosis, and professionalism.

THE PHYSICIAN-MENTOR

For these impressionable students, the half-day at their community physician’s office is their first taste of what the practice of medicine – doctoring – is really about. They begin to understand the concept of patient-centered, evidence-based care, and to develop the knowledge and skills for effective communication and the humane and ethical care of people. The setting helps them integrate their learning experiences by demonstrating how basic science, social science, and clinical science interact and form the basis of clinical medicine.

Students and mentors are matched for one year, which enables students to form relationships with patients and see the natural course of disease – from its presentation, to the outcomes of interventions, to ongoing management. Under the close guidance of these physicians, students hone the skills of physical diagnosis, interviewing, and professional development.

The physician-mentor provides evaluative information to the course leader on the assigned student’s mastery of Ability VI—*Professional Development and Personal Growth*, based on the student’s interactions with patients and staff in the office setting.

Twenty First Century Doctoring

With support from the Reynolds Foundation, the Doctoring course has expanded its curriculum in order to strengthen geriatric training and respond to the need for clinicians who are properly trained to care for the growing elder population in the U.S.

In addition to visits at community health sites, students are grouped and assigned to an assisted living facility. Each student is assigned a resident and meets with that resident throughout the semester, learning to appreciate the complex medical needs of older adults, and developing proficiency and confidence in performing a history and exam of an older patient.

Why Doctoring?

The organization and learning objectives of the Doctoring course incorporate proven learning strategies and many of the approaches to medical education embraced by the AAMC. The course was designed with four pedagogical principles in mind:

- **active learning** – engaging learners in the process;
- **relevance** – making the learning and the process relevant to the students’ needs;
- **reflection** – drawing upon the learners’ own experiences and perspectives;
- **practical use** – providing opportunities to apply what they have learned in class in the office-based practice setting.

The course reinforces the connection between the classroom and the real world of doctoring and helps first- and second-year medical students focus on the acquisition of clinical skills and the development of a positive professional attitude.

These very principles mesh with Alpert Medical School’s mission “to educate physicians who view medicine as a socially responsible, human service profession.” Through their clinical experiences in Doctoring, students learn the importance of viewing a patient as a person, a member of a family, and a member of a community.

BECOMING A PHYSICIAN-MENTOR

Doctoring provides an opportunity for clinical faculty to influence the development of medical students at the very beginning of their careers in medicine. Physician-mentors help students develop learning goals that are clearly aligned with the activities to be performed and the outcomes to be achieved. As mentors, physicians meet with students to discuss whether goals are met, note their progress and growth, and establish new goals that will increase clinical competency.

Physician-mentors receive training and support from Alpert Medical School through the offices of Curriculum Affairs, BioMed Faculty Affairs, and Continuing Medical Education. For more information on becoming a physician-mentor, please contact:

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¹ Educating Doctors to Provide High Quality Medical Care: A Vision for Medical Education in the United States. Report of the Ad Hoc Committee of Deans. Copyright 2004 by the Association of American Medical Colleges.

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