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To: Marschall S. Runge, M.D., Ph.D.
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Subj: JMS Lectures

Lectures of four groups of JMS on the basic cardiac physical exam have been completed. The first two groups were in August and second two in October.

August: Material covered on the first day was summarized in the student handout we prepared and was presented using Harvey and sketches. The second day was given to 'cases' and abnormal findings. As expected there were problems with attempting to use Harvey in large groups and unexpected resistance by a minority to such "basic or elementary" material. It was also apparent that most of the class were not skilled in basic knowledge or techniques. A brief structured written survey was taken of all groups and verified the antipathy to "basics" shown by this group.

October: Based on this experience the handout was retitled and material presented as a "review", somewhat camouflaged as questions/discussions arising from findings on Harvey. Attempts for the entire class to observe and palpate were given up and small teams did the exam/presentation of cases in conjunction with the class. A survey of this class indicated that 10 of 15 thought the nature and level of material was appropriate with 5 saying it was 'too basic'.

The final presentation 'disguised' the fundamentals (physiology, etc.) even more and gave additional emphasis to clinico-pathological aspects. The last class now indicated they wanted more "basics" while in fact material was little changed from the first group. Both of these classes seemed to go well.

Surveys are notoriously unreliable but since these seemed to otherwise fit, major points are summarized below.

October Group (n, total)	Material and Level Appropriate	Material should be:	
		More or less basic	More clinical
1° - 15	10	- 5	5
2° - 14	14	3 1	4
Material of Particular Benefit			
	<u>Harvey</u>	<u>Handout</u>	<u>Sketches</u>
14	11	5 (given at end of 1st day)	5
15		11	8 expanded for this group



Time for Course

	<u>More</u>	<u>Less</u>
John Wiley	9	-
Subj. Jada Lectures	9	-

Frequent editorial comments requesting added time were surprising. Based on this experience my conclusions include:

1. Students at this level have an exaggerated view of their skills and basic knowledge.
2. Teaching in these areas must be approached circumspectly and attached to items of clinical interest.
3. Harvey adds a new dimension to teaching but is not suitable for large groups and has a number of limitations.
4. Use of this simulator probably requires more support by adjunct material.

I feel that it can provide a significant advance in teaching of cardiology if used carefully and with support from other modalities. This experience raised a number of issues for the future which I would like to discuss with you.

The first group of 13 students did the exam presentation of cases in conjunction with the class. A survey of this class indicated that 10 of 13 thought the nature and level of material was appropriate with 3 saying it was 'too basic'.

The final presentation 'disguised' the fundamentals (physiology, etc.) more more and gave additional emphasis to clinical-pathological aspects. The last class also indicated they wanted more 'basic' while in fact material was little changed from the first group. Both of these classes seemed to go well.

Harvey is notoriously unreliable but some cases seemed to otherwise fill major points are summarized below.

Deerwood Group	Material and Level	Material should be
1-14 (total)	Appropriate	More or less basic
1 st -14	10	5
2 nd -14	11	3
	Material of Particular Benefit	
14	Harvey	Handout
15	11	5 (given at end of 1st day)
		11
		5 (presented by the group)