

# Medical Education Collection of the Library of Rush University Medical Center: A Selected Bibliography

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This bibliography was developed to assist faculty of Rush Medical College identify resources readily available at the Library of Rush University Medical Center. The titles on this list all cover various facets of medical education, from curriculum, to teaching skills, to evaluation, and more.

Adams, J.Q., & Welsch, J.R. (Eds.) (1999). *Cultural diversity: curriculum, classroom, & climate issues*. Macomb, IL: Illinois Cultural Diversity Association.

Essays in this collection offer insight into one or more aspects of multicultural education. They fit into three categories, with several bridging. Part One covers broad issues and overviews, setting the contexts for the analyses of curriculum and instructional methods that follow in Part Two and the co-curricular and assessment activities explored in Part Three.

Alguire, P.C., DeWitt, D.E. Pinsky, L.E., & Ferenchick, G.S. (2001). *Teaching in your office: A guide to instructing medical students and residents*. Philadelphia: American College of Physicians,

A reference for physicians interested in improving their techniques in office-based teaching, this book covers teaching skills. Each topic is summarized in an appendix that includes tips, tools, and resources for preceptors. The book attempts to serve as a comprehensive resource for preceptors.

Amin, Z. & Eng, K.H. (2003). *Basics in Medical Education*. Singapore: World Scientific Publishing.

This book provides a balanced overview of the ‘why’ of medical education, emphasizing the need for change and adaptation, and the ‘how,’ by demonstrating the way concepts and theories of medical education can be of immediate benefit to the medical teacher.” It looks at basic competencies in medical teaching, provides an overview of teaching and learning concepts, curriculum design, educational objectives, instructional methodologies (including lecture, and small group teaching, and clinical teaching), assessment and evaluation, and medical education research.

Bain, K. (2004). *What the best college teachers do*. Cambridge: Harvard University Press.

Faculty often inquire how they can become more effective instructors. Drawing on interviews with more than 60 exemplary college teachers from a number of disciplines and a variety of institutions, Bain identifies personal characteristics, pedagogical practices, assessment techniques, and other individual and institutional elements that can help anyone with a commitment to teaching and learning to become a more effective college teacher. Bain demonstrates disciplined attention to relevant research and to effective practice can help scholars in any field become better teachers. He provides insight into how teachers can help students demonstrate significant gains in learning in a variety of ways.

Biggs, J. (2003) *Teaching for Quality Learning at University: What the Student Does* (Second Edition). Buckingham, England: SRHE & Open University Press.

An accessible guide to all university teachers, this jargon-free guide interest those who want to enhance both their teaching and students' learning as well as for course directors, administrators and faculty development specialists involved in teaching-related decisions at an institutional level. Biggs, based at the University of Hong Kong, brings an international perspective to the topic. He reviews literature on student learning, offers thoughts on formulating and clarifying curriculum objectives, as well as discussions of teaching methods, student motivations, climate, and the elicitation of the specific teaching/learning activities that lead to desired outcomes. The book also includes discussion of assessment for learning quality and the use of educational technology.

Bland, C. J. & Berquist, W. H. (1997). *The Vitality of Senior Faculty Members: Snow on the Roof – Fire in the Furnace*. ASHE-ERIC Higher Education Report Volume 25, Number 7. Washington, D.C.: George Washington University.

This book notes that half of full-time faculty members are over 55 years old. The authors explore the role of senior faculty members in maintaining institutional vitality. They review distinctive assets and needs of senior faculty, as well as factors which ensure vital senior faculty. They offer a comprehensive approach to individual and organizational productivity, providing a relational foundation to select a combination of development activities (that together have a larger impact).

Brown, G., Bull, J., & Pendlebury, M. (1997). *Assessing Student Learning in Higher Education*. London: Routledge.

Assessment defines what students regard as important, how they spend time and how they see themselves -- a necessary part of helping them learn. This text provides background research on assessment which assists course directors in refreshing their approaches to assessing student learning. It explores the nature of both conventional assessment such as essays and projects and less widely used approaches such as self- and peer-assessment. It also examines assessment of practical work, problem solving, and oral communication. There are also chapters devoted to the use of computers, the role of external examiners and the introduction of different forms of assessment. There is a brief chapter on reliability and validity which is useful to those without background in stat or measurement.

Cantillon, P., Hutchinson, L. & Wood, D. (Eds.) (2003). *ABC of Learning and Teaching in Medicine*. London: BMJ Books.

The target audience for this book is both novice and experienced teachers. It covers basic concepts of learning and teaching in medicine, as well as an overview of innovations in curricular design and assessment. Other topics include how to create effective teaching materials, facilitating teaching in clinical environments, teaching in groups, web-based learning, providing feedback to learners, and evaluating teaching.

Clark, D. C. (1972). *Using Instructional Objectives in Teaching*. Glenview, IL: Scott, Foresman & Co.

This is not simply a manual which shows one how to write instructional objectives. Rather, it is intended to help instructors more effectively use objectives in their teaching. It is not targeted at medical education, but the concepts are likely to find utility in this setting. The author offers general and specific suggestions about how to implement instructional objectives, with special attention to the utility, measurability, sequencing, and appropriateness of objectives.

Cross, K. P. & Steadman, M. H. (1996). *Classroom Research: Implementing the Scholarship of Teaching*. San Francisco: Jossey-Bass.

This text offers faculty members a collaborative process for investigating teaching and learning issues. The authors take a case approach to illustrate various ways to think about common learning issues. It is designed for college faculty members engaged in the scholarship of teaching. It offers an overview of the characteristics of classroom research (learner-centered, teacher-centered, and collaborative) and make a case for classroom research as an important form of faculty development. They authors review concept maps, learning strategies and self-efficacy theory in exploring student problems in learning. A section on student evaluations of faculty explores their use in how faculty can make improvements in teaching. A section on peer learning groups precedes a final chapter on designing your own classroom research.

Dent, J. & Harden, R. (Ed.) (2001). *A practical guide for medical teachers*. Edinburgh: Churchill Livingstone/Elsevier Science.

This collection is a practical book for all medical teachers who want to know how to teach effectively. Brief chapters review a full range of topics in an attempt to help clinicians understand contemporary educational principles and to provide practical help in teaching situations. Most examples are from undergraduate medical education, but the examples are just relevant to postgraduate medical education. The text contains a lot of practical tips and useful references.

Deutsch, S. L. (Ed.) (1997). *Community-Based Teaching: A guide to Developing Education Programs for Medical Students and Residents in the Practitioner's Office*. Philadelphia: American College of Physicians.

This collection serves as a manual for those educating undergraduate medical students and residents in an office or community setting. It includes sections on planning a teaching program, curriculum development, evaluation, and offers four models of community-based education (NEUOCOM, Maine, SUNY-Buffalo, & U of Washington).

Diamond, R. M. (1998). *Designing and Assessing Courses and Curricula: A Practical Guide*. (Revised Edition). San Francisco: Jossey-Bass.

The examples in this practical guide to course design and evaluation are primarily with undergraduate collegiate education but most concepts are clearly applicable to medical education. The author provides a model for designing, implementing, and evaluating courses and curricula and describes the process, presents research about teaching/learning, and identifies excellent resources. Practical chapters focus on how to get the process going and the relationship of courses and curriculum He also focuses on course design, identification of instructional goals, development of assessment to measure accomplishment of the goals, decisions of how the course will be taught, and use of technology.

Dickstein, L. J., Savoia, M., Culbert, A. J., Dobbins, D., Hall, F.R. (2000). *Appropriate Treatment in Medicine: A Compendium on Student Mistreatment*. Washington, D.C.: Association of American Medical Colleges.

This compendium explores the issue of student mistreatment. It includes reports of surveys of graduating medical students, component of schools standards of conduct statements, defining mistreatment, the process for developing definitions of abuse and a school standards of conduct statement, educational programs to prevent student mistreatment, and a bibliography. The appendix includes sample policies of seven medical schools.

Eble, K.E. (1988). *The Craft of Teaching* (Second Edition). San Francisco: Jossey-Bass.

This book dispenses wisdom in the form of practical advice to both beginning and seasoned professors. He believes people can learn to be better teachers through examination and 'unbundling' of the craft itself. He expounds on his views about teaching and how to get students to think, goes over skills of classroom teaching, and addresses issues of choosing texts, testing, grading, and dealing with problematic students. This would be a valuable book for a faculty who has little experience in the classroom but also has utility for a more seasoned instructor who is mentoring a new faculty member.

Edwards, J.C., Friedland, J.A., & Bing-You, R. (2002). *Residents' teaching skills*. New York: Springer.

This book offers a practical guide to planning, organizing, and running a teaching skills program for medical residents. The coverage includes materials & handouts for course use, modules for teaching clinical procedures, work rounds, a role play, and evaluation forms.

Epper, R.M. & Bates, A.W. (Eds.) (2001). *Teaching faculty how to use technology: best practices from leading institutions*. (American Council on Education/Oryx Press. Westport, CT: Oryx Press.

Based on a "best practice" study conducted by State Higher Education Executive Officers and the American Productivity & Quality Center, this book covers critical developments in the use of technology for college teaching. Key challenges in developing faculty use of technology are discussed, including such issues as funding, technical and pedagogical training/support, organizational structures, reward systems, workload issues, multi-institutional collaboration, collective bargaining, and intellectual property.

Fink, L.D. (2003). *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses*. San Francisco: Jossey-Bass.

Fink offers ideas that can improve the practices of teaching in higher education. The book is based on three major ideas: significant learning, integrated course design, and better organizational support. A review of the current status of higher education and need for change leads into setting learning goals using his new taxonomy of significant learning and creating more challenging sets of learning goals through integrated course design. One chapter discusses how to change the ways one teaches to incorporate these concepts.

Gillespie, K.H. (Ed.). (1998). *The Impact of technology on faculty development, life, and work. New directions for teaching and learning*, San Francisco: Jossey-Bass Publishers,

Among the topics in this collection are: technology's impact on faculty life and work, challenges of technology to time-honored pedagogies and traditional structures, instructional design for the new technologies, and using technology in faculty development (with a lot of practical examples).

Gronlund, N.E. (1985). *Stating objectives for classroom instruction* (3<sup>rd</sup> ed.). New York: Macmillan.

This is a practical guide for preparing instructional objectives for use in classroom instruction. It describes how to state instructional objectives as intended learning outcomes and how to define objectives in terms of student performance. It is not specifically targeted at medical education, but his approach would find utility in this setting. It also has the virtue of being short – seventy pages plus appendix and index.

Halpen, D. F. & Hakel (Eds). (2002). *Applying the Science of Learning to University Teaching and Beyond, New Directions for Teaching and Learning* (No. 89). San Francisco: Jossey-Bass.

The articles in this collection seek to build on empirically validated learning activities to enhance what and how much is learned and how well and how long it is remembered. The editors encourage faculty to help educate learners for a time in the distant future, not just for a test. Articles explore the nature of the relationship between developmental and cognitive psychology, strategies for successful lecturing, discourse processing, and the notion of teaching for “successful intelligence” (the use of an integrated set of abilities needed to attain success in life within one’s sociocultural context). Other chapters explore topics such as cognitive theory and the design of multimedia instruction, issues and challenges in formative assessment. The book concludes with an annotated bibliography that lists several dozen resources that have explored how to use principles of cognitive psychology to strengthen college-level pedagogy.

Holmes, D.E. & Osterweis, M. (Eds.) (1999). *Catalysts in Interdisciplinary Education: Innovation by Academic Health Centers*. Washington, D.C. Association of Academic Health Centers.

This is a set of seven case-studies on interdisciplinary health professions education toward the end of the last century. This work looks at the institutional focus on interdisciplinarity, rather than more typical programmatic emphasis. These programs represent a genuine culture change in order to make interdisciplinary experiences a part of students’ education.

Kern, D. E., Thomas, P. A., Howard, D. N., & Bass, E. B. (1998). *Curriculum Development for Medical Education: A six-step approach*. Baltimore: Johns Hopkins Press

Kern and his coauthors offer a practical and theoretically sound approach to developing curriculum for medical education. Their book offers an overview of the six steps: problem identification, targeted needs assessment, goals and objectives, education methods, implementation, and evaluation. They also cover curriculum maintenance, enhancement and dissemination. The appendix provides a list of selected published and unpublished resources on funding, faculty development, and already developed curricular resources.

Luke, H. (2003). *Medical education and sociology of medical habitus: It's not about the stethoscope!* Dordrecht: Kluwer Academic.

This is a very interesting contribution to understanding the working life residents (junior doctors). Luke uses a medical sociological framework to explain how residents begin the rapid professional education and intense enculturation processes of medicine. Luke makes innovative use of Bourdieu's sociological framework and the concept of *habitus*. This book's volume challenges many myths of medical cultural experiences and socializing forces that are an integral part of early medical training. Several themes emerge from interviews and videotapes taken at two levels of training as central to resident identity. Researchers and clinicians in medical education will relate to the residents’ voices and will find the application of sociology to a medical clinical environment constructive.

Malon, W. T. & colleagues at the AAMC (2004). *The Handbook of Academic Medicine: How Medical Schools and Teaching Hospitals Work*. Association of American Medical Colleges: Washington, D.C.

This monograph endeavors to explain what medical schools and teaching hospitals are, how they work and interrelate, what they do, and prominent issues they face. The authors are aiming at multiple audiences – administrators, faculty, students, housestaff, trustees, elected officials, and the public. The authors clearly and concisely provide a brief history of medical education and issues confronting current efforts in training physicians. A variety of figures support and amplify the text. For an

experienced physician at a teaching hospital, there may not be a lot new in this book. But, for junior faculty or those new to academic medicine and medical education, this brief (50 page) book is valuable reading.

Murray, J. P. (1995). *Successful Faculty Development and Evaluation: The Complete Teaching Portfolio*. ASHE-ERIC Higher Education Report No. 8, 1995. Washington, D.C.: George Washington University.

This provides an overview of the concept of teaching portfolios to be used in shaping and evaluating college teaching. It defines them and provides rationale and utility of portfolios. Prof. Murray reviews what goes into a teaching portfolio, how to evaluate them, and formative evaluation techniques. In addition, he reviews current knowledge about good or effective teaching, changing the organizational culture and reward system to include teaching portfolios. A chapter on the role of department chairs and how to create change is also thought-provoking.

Newble, D. & Cannon, R. (1994). *A handbook for medical teacher (3<sup>rd</sup> ed)s*. Boston: Kluwer Academic.

A resource for both new and established teachers in medical education, this book combines educational principles and practical applications of those principles with numerous illustrations. It goes from the basics on giving a lecture or a presentation at professional meeting, to small group teaching skills, clinical teaching, covers the fundamentals of course design and objectives, assessment, and preparing teaching materials (this section is a bit dated as technology has changed a lot in the last ten years).

Phillips, J.J. & Stone, R.D. (2002) *How to Measure Training Results: A Practical Guide to Tracking the Six Key Indicators*. New York: McGraw-Hill.

The materials in this book were developed for use in offering a two-day workshop on measuring return in investment. They can be used for anyone interested in using practical evaluation techniques to assess, improve, and report on training programs and results. The book includes techniques, tools, worksheets and many examples that can be used to create a systematic process to plan and conduct credible evaluations of a training program. Of the five levels of evaluation discussed, medical educators would likely be most interested in the third level that focuses on learner-participants. This book is clearly written from a training viewpoint but the concepts can be readily translated to teaching students various procedures.

Rubenstein, W. & Talbot, Y. (2003). *Medical Teaching in Ambulatory Care (2<sup>nd</sup> Ed.)*. Springer Series on Medical Education. New York: Springer Publishing Company.

This practical, hands-on resource demonstrates effective use of any ambulatory setting in medical education. It is based on the authors' 25 years of experience in ambulatory care teaching. They offer specific suggestions on how to teach skills in ambulatory care, based on basic educational theory, rather than just improvising. This includes a focus on reception and discovery learning, adult learning, and contract learning. They also review how to set up an office/clinic for teaching and strategies to use during the day. One chapter focuses on "special learning situations" – that is, with problems in clinical learning (poor knowledge base, difficulty in making clinical judgments) or difficult students (e.g., prejudiced, argumentative, or defensive students or who avoid difficult patients, as well as those who are overconfident, who lie, or who abuse drugs). They conclude with a section on a three-pronged approach on can use to evaluate trainees, teachers, and the teaching program (including sample rating forms).

Shapiro, N.S., & Levine, J.H. (1999) *Creating Learning Communities: A Practical Guide to Winning Support, Organizing for Change, and Implementing Programs*. San Francisco: Jossey Bass.

In recent years, learning communities have become the most promising new strategy for promoting student success and satisfaction in college. This book gives an overview of this approach, including how to design, fund, staff, manage, and integrate learning communities into different campuses. Drawing from their own experience as well as from experiences of campuses around the country, the authors present a pragmatic blueprint for creating a learning community that can be adapted to almost any campus culture--including specific guidance ranging from who should be placed on planning committees to samples of syllabi for interdisciplinary courses, sample clusters of classes, monthly activity calendars, lists of competencies and expected student outcomes, and other operational program models.

Stage, F. K., Muller, J.K., Kinzie, J. & Simmons, A. (1998). *Creating Learning Centered Classrooms: What Does Learning Theory Have to Say? ASHE-ERIC Higher Education Report Vol. 26 (4)*. Washington, D.C.: George Washington University.

The authors review research and theories on college student learning (in broad sense – not just in a medical education context). In addition, they explore theories that support or refute popular assumptions about college classrooms. They also the book provides several frameworks for considering how to apply several productive learning theories in classrooms: attribution theory, self-efficacy in students, social constructivism, and Freire's theory of conscientization.

Toohy, S. (1999). *Designing Courses for Higher Education*. Buckingham, England: SRHE & Open University Press.

This book presents the course design process -- clarifying values, determining goals and content, structuring a course, preparing flexible learning opportunities, deciding goals & objectives for units of study, selecting teaching strategies, and assessing. The last chapter focuses on implementing a new course. This scholarly, academic book is well documented and incorporates research findings in its focus on strategic decisions that need to be made before a course is developed. The author provides realistic advice for designing courses. It is not about teaching techniques but rather on the processes which occur before a course begins. In particular, it examines challenges involved in leading course design teams, getting agreement among teaching staff and managing organizational politics.

Westberg, J & Jason, H. (1996). *Fostering Learning in Small Groups*. New York: Springer Publishing.

This text focuses on teaching health care in small group settings. It is aimed at medical educators, particularly problem-based learning instructors. The authors discuss strategies for planning and facilitating small group sessions. The first half looks at the rationale for and practical strategies involved in planning and facilitating learning in small groups. The authors discuss the characteristics of effective groups and emphasize the importance of using a collaborative approach. They also address on preparation to use this approach to teaching. The second half addresses planning for leading small groups that have a specific purpose (e.g., a form for discussion and dialogue, teaching communication skills, reflecting on patient care experiences, etc.).

Whitman, N.E. (1999). *There is No Gene for Good Teaching: A Handbook on Lecturing for Medical Teachers (2nd Ed.)*. Salt Lake City, Utah: University of Utah School of Medicine.

This small (34-page) booklet aims to help faculty members to enhance their lecture experiences to become more effective speakers and most consistently include the essential ingredients of lecturing in their classroom presentation. The author begins by focusing on the purpose/need for a lecture before

addressing the best methods for organizing and presenting lectures. The text covers various techniques such as questioning, brainstorming, demonstration, role playing, and the use of audio-visual aids.

Whitman, N.E. & Cockayne, T. W. (1999). *Evaluating Medical School Courses: A User-Centered Handbook (2nd Ed.)*. Salt Lake City, Utah: University of Utah School of Medicine.

This small (47-page) booklet aims to help faculty members to plan and to implement the evaluation of medical school courses. It appears to be the only text specifically tailored to evaluation demands of medical schools. The text includes discussion about the role of evaluation in planning a curriculum. The process of planning course evaluations is presented in detail (including a discussion of ethical issues and how to report the results). It also looks at user-centered evaluation of course directors, department heads, curriculum committees and promotion committees.

Members of the Rush community who identify other books in the Library of Rush University Medical Center that they believe should be included in this annotated bibliography are invited to contact Dr. Barnett in the Office of Medical Student Programs with their suggestions.

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