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DCAL aims to foster learning that sticks

After donning a blue apron, goggles, and latex gloves, Dr. Renee Robinson, a resident in pathology, begins her autopsy rounds presentation. But she's not in an autopsy suite. There's no body. And her audience is Dartmouth College faculty—from departments such as English and physics—instead of medical professionals and students. But she's brought along scripts and white coats so others can participate in the exercise, which features role-playing, a PowerPoint slide presentation, and a video.

The audience also listens as a radiology resident presents morning report and an ob-gyn resident discusses a case from a mortality and morbidity conference. This all takes place within the confines of the Dartmouth Center for the Advancement of Learning (DCAL) in the College's Baker-Berry Library.

The program is evidence of a growing partnership between DCAL and Dartmouth Medical School. DCAL, which was established in 2004 and began working with DMS in 2006, aims to help graduate and undergraduate faculty become more effective teachers. In addition to offering workshops, consultations, and teaching resources, DCAL facilitates interactions among faculty at the graduate and undergraduate schools.

Passion: "While there are some differences between DMS and College courses," says Dr. Gregory Ogrinc, "we share [a] passion for improving the quality of

teaching and educational assessment at Dartmouth." As director of the DMS Office of Research and Innovation in Medical Education and a liaison to DCAL, Ogrinc helps identify DCAL activities that might be appropriate for DMS faculty.

"We have more to learn from what goes on in the Medical School than the Medical School has to learn from us," says Thomas Luxon, DCAL's director and an English professor. "There are so many different modes [of teaching at DMS]—all the way from . . . straight didactic lectures to labs, anatomy, rounds, clerkships, [and] residencies." He is especially impressed that "resident education has the learner in the driver's seat the whole way." He'd like College faculty to help undergrads become self-directed learners, too.

Mission: At the same time, medical faculty feel they have a lot to learn from DCAL. Dr. Carolyn Murray, who teaches in DMS's M.P.H. program, participated in DCAL's Active Learning Institute last year. She was, she says, "surprised by the expertise in teaching strategies and technology that existed right under my nose. Because those of us on the medical faculty are removed to a large extent from the mainstream of the College's teaching mission, we have not generally known about or taken advantage of some of these resources that are broadly applicable to all of us who are try-

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The way learning takes place in medicine is being looked at by other faculty.

ing to grow as educators and be more effective."

Rounds: Luxon believes that the medical profession's collaborative approach to education already makes for effective teaching. He's gotten to observe several examples firsthand—actual rather than mock patient rounds, morning report, and a morbidity and mortality conference. He likens patient rounds—where groups of attending physicians, nurses, residents, and medical students visit hospitalized patients—to "a martial arts dojo, where you've got all these different ranks of people at one time, learning from each other at different modes and in different ways."

At morning report, Luxon continues, a resident presents a case while senior physicians weigh in with their opinions and medical students observe. "The medical student in the room gets to see how the residents are learning," Luxon says. "In the typical undergraduate classroom, you don't see . . . how your peers are learning and you don't see

someone who is three or four years ahead of you and how they're learning."

And mortality and morbidity conferences, Luxon adds, where doctors from different disciplines discuss puzzling cases, are "like a lot of people wearing different-colored glasses," allowing them to assess information from different angles. "It's good they . . . get together and share that."

Other College faculty who have participated in DCAL-DMS sessions have been struck by medicine's "healthy emphasis on collaboration," says foreign language professor Michael Fodor. DCAL encourages faculty to collaborate not only with each other, but also with librarians and information technology professionals.

Fostered: Some of the learning fostered by the DCAL-DMS collaboration has been unexpected. "Heck, I got a lot out of seeing how the radiology department did their thing, too," says pathologist Robinson. "So I was enlightened as much as the English department professor next to me."

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