

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1960 Mary Hitchcock Memorial Hospital (MHMH) Annual Review:

Dr. Sven Gundersen wrote: “These are challenging times in medicine from many points of view, including scientific, socioeconomic, political, and philosophic. . . . In the final analysis, a hospital will prosper mainly in relation to the quality of its professional staff, that is, the ability, training, integrity, motivations, and dedication of its members.”



890

MHMH employees in FY60

6,841

Dartmouth-Hitchcock employees in FY08

63

Residents in FY60

366

Residents/fellows in FY08

Educators are beating a path to this door

If you build it, they won't necessarily come. That concern was something Drs. Norman Berman and Leslie Fall kept in mind as they created a series of virtual training programs for medical students.

**Droves:** “Just developing stuff will not get it used,” Berman says. But if you build “stuff”—online learning tools, in their case—in the right way, “they” will in fact come, in droves.

Berman and Fall, who are both pediatricians, haven't had any trouble getting medical educators to use a case-based program they created 10 years ago. More than 120 medical schools now subscribe to their Computer-assisted Learning in Pediatrics Program (CLIPP) and another series of cases

called SIMPLE (for Simulated Internal Medicine Patient Learning Experience). Both are housed on [www.Med-U.org](http://www.Med-U.org), a site Fall and Berman created to serve as a portal for CLIPP, SIMPLE, and their newest series, Family Medicine Cases (fmCASES). (The site also houses a surgical series, WISEMD, that was developed at New York University.)

**Core:** Written, edited, and peer-reviewed by medical educators nationwide, the programs cover the core content of the third-year primary-care clerkships—or all of it that can be taught with virtual patients.

“Think of our cases as a replacement for textbook reading and lectures,” says Fall, not for

real patients. The cases “give a safe place for cognitive practice,” she adds, letting students learn about various illnesses and even make mistakes before encountering live patients. “We spend a lot of time telling people not to make [the programs] an add-on,” explains Berman.

Given the number of subscribers, it's clear that medical educators like the programs. But are they better teaching tools than the textbooks and lectures they replace?

**Six:** “No one has ever been able to do the education equivalent of a multicenter, randomized, placebo-controlled trial,” says Fall, “but . . . we can study learning effectiveness.” So she, Berman, and some of their colleagues surveyed 611 students at six schools about CLIPP's effectiveness and its integration into their clerkships.

“Overall student satisfaction with the virtual patients was high,” the team reported in *Academic Medicine*. On a scale of 1 to 5, with 1 being strongly disagree and 5 strongly agree, the mean score was 3.98 for the statement that “The cases were a valuable use of my time.”

Berman and Fall estimate that the average student whose school uses CLIPP spends from 15 to 20 hours working through about 20 virtual cases during the typical six-week clerkship.

Since it takes about \$500,000 to develop a series of cases and \$350,000 a year to sustain each



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Berman, Fall, and their programs' site.

series, assessing the value of the programs is important both academically and financially.

CLIPP was initially funded by two federal grants that ended in 2006. So Fall and Berman established the nonprofit Institute for Innovative Technology in Medical Education to promote and maintain CLIPP. Not long after, they were approached by national organizations in family medicine and internal medicine to develop similar programs in those specialties; fmCASES and SIMPLE were the result.

**More:** Subscriptions work out to about \$30 to \$40 per third-year student, says Fall. When they first started charging for CLIPP, a lot more schools subscribed than they expected. And when they piloted fmCASES, about 100 schools signed up.

Fall thinks that's because “we facilitated a for-the-people-by-the-people approach.” For example, the programs' editorial boards include educators from over a dozen medical schools. Maybe that's why their concern hasn't come to pass. They've built “it” with input from users, so “they” keep coming.

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