UP CLOSE with...

David W. Nierenberg, MD

Senior Associate Dean for Medical Education, Dartmouth Medical School

BY ANGELA MUNASQUE

David W. Nierenberg, MD, was recently awarded an Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award. He is Edward Tulloh Krumm Professor of Medicine and of Pharmacology and Toxicology, as well as the Senior Associate Dean for Medical Education at Dartmouth Medical School, where he has been for most of his career. Before coming to Dartmouth, he was chief medical resident at Stanford Medical Center.

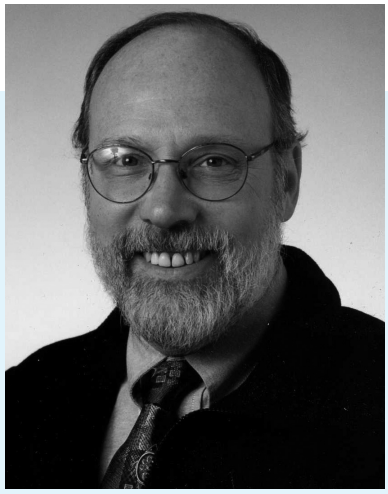
You have been teaching for some time now—what keeps you going?

My passion for teaching relates to my belief that when we teach our medical students and residents at Dartmouth, we're actively training the next generation of physicians, including the doctors who are going to treat our patients, our neighbors, our families, and ourselves.

My goal is to prepare our students for taking that big step from being a medical student to being a physician. I view my job as making sure that our graduates from Dartmouth Medical School are ready to be safe, careful, thoughtful, and effective prescribers on their first day of internship. Taking a broader national perspective, I believe it is partly my responsibility to help all senior medical students be prepared to be safe and effective prescribers by the time they become interns, partially through the work that we do with the AAMC and its recent Medical School Objectives Project (MSOP) report, for example, or with my clinical pharmacology national professional society, the American Society for Clinical Pharmacology and Therapeutics (ASCPT).

You've been cited by the AAMC for the "clarity and passion" of your lectures—how do you achieve this?

I had a wonderful math teacher in high school. He taught math to the Advanced Placement classes, but he was so clear, and he got to know his students so well, that he was also assigned the remediation classes for the students who had failed math. His passion for teaching his favorite subject, and the way that he could relate to each learner on a personal level, inspired me to consider a career in teaching. I didn't know until much later that it was going to be medicine in general, and clinical pharmacology in particular, that would become my favorite subjects to teach. But his lessons that you should teach what you love, and get to know each learner as an individual if you can, have stuck with me over the years.



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I also try hard to experiment to see what works best in the classroom, and to learn from the great teachers that you find at your own medical school, or at national meetings. One thing I have learned is that case-based teaching is a powerful way to teach and learn, especially in pharmacology. Students are dying to learn about real-life applications of pharmacology, which they otherwise often consider "dry material." My "lectures" tend to be less traditional medical school lectures, and much more like case-based discussions involving the whole class, similar to the style of teaching and learning employed commonly in law school and business school classes. Students love the challenge of wrestling with a complex case, and the learning that flows from these discussions seems more directly relevant to the clinical problems that the students encounter in their clinics and hospital teams.

Tell us about the Dartmouth Medical Encounter Documentation System.

In the 1990s, our Family Medicine clerkship began to require students to fill out a short form on an index card, on which they could provide some key information about their clinical interactions with patients and preceptors. What conditions did the patient have? What skills did they get to practice? What type of teaching occurred? A few years later, that concept of tracking student-learning experiences was extended to all three of our ambulatory primary care clerkships and was updated to allow the use of a PDA with a custom-designed program.

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In 1998, at about the same time our school began using PDAs in this way, the ACGME voted to require all residency programs to make sure that they offered all residents learning opportunities in six broad competency domains.

In 2003, our medical school adopted the same six broad competency domains for our curriculum, and at that time, we became interested in designing a computer-based, Web-based system that our medical students could access from any computer in the country, apply it to any one of our 10 clerkships, and use it for documenting their learning experiences in those six areas. We called this new system the Dartmouth Medical Encounter Documentation System. It allowed each clerkship to look at what was happening through the eyes of the students, which often turned out to be different than what the directors thought was happening. That led our clerkship directors to rethink what their learning objectives should be, and how best to make sure that all students had the opportunities to see and do what they needed to achieve a basic level of competency in that discipline and in all of these different areas. ❖

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