Critical review: Final LCME accreditation push yields refined processes, teamwork

By Dr. Loretta Jackson Williams

It is official: We are in the final phase of our reaccreditation process with our initial documents completed and the mock visit this week. The official site visit is Feb. 16-19. We have spent more than a year examining our curriculum, governance, outcomes, partners, policies and practices.

To those of you who have answered our calls and requests for information, clarification, time, involvement and guidance, we say thanks! We are all needed to ensure that our school is here and prepared for generations to come.

During the self-study procedure we have refined a number of our processes and policies. All changes were initiated by the responsible group and have been shared with all affected groups. This is one of the many benefits of having to critically review the school through the self-study process.

In addition, we have presented information to stakeholders in many different ways:

• Online (SOM OME and SOM Accreditation websites),
• Printed documents (SOM Annual Report),
• Infographics (SOM SNAPSHOT Facts),
• Meetings (Education Town Halls) and
• This newsletter.

We also have expanded our work towards faculty development with the Professional Development series delivered during the summer of 2019.

All of this has been possible because of committed faculty, students, administrators and staff joining together to accurately reflect the work of this school and institution in our primary mission areas of education and, especially, medical education for the SOM.

Let us all pledge to complete this process as we refine our documents and prepare for the February 2020 visit.

SOM enforces institutional mistreatment policy

All mistreatment is of serious concern to School of Medicine leadership and is strictly prohibited.

It is Medical Center policy to maintain an educational environment and workplace free from any type of mistreatment. Whatever the circumstances, students who believe they may have been mistreated are strongly encouraged to notify the appropriate institutional official(s).

Categories of mistreatment include general mistreatment, discrimination and sexual misconduct. The procedure for reporting mistreatment applies to all UMMC faculty, staff, residents and students.

Individuals may consult the chief student affairs officer at any time for assistance. Such informal consultation will always be confidential, unless precluded by the safety of the student or institutional policy.

The School of Medicine will respond to all complaints of mistreatment within 48 hours. Additionally, the Office of Student Affairs provides a web-based mechanism for students to report negative behaviors and mistreatment anonymously at https://umc.edu/Comments_and_Complaints/.

The full mistreatment policy can be found in the document center and at https://www.umc.edu/Mistreatment_Policy.

SOM debuts new education management system

MedHub, the School of Medicine’s education management system used in Graduate Medical Education now, will be coming to the School of Medicine this fall.

The system will be used for M1 and M2 classes. All student evaluations, course evaluations, peer groups, curriculum maps and course syllabi will be available in this system.

For Academic Year 2019-20 the School of Medicine will have two education management systems: E*Value will continue for M3 and M4 classes.
New semester brings Arc replacement, wifi expansion, New Gradebook

Back to school again! With the new semester comes a few noteworthy changes impacting faculty and students.

- Arc, the video platform in Canvas, is now Studio! You’re right, the Arc button is gone, and Studio is there instead. Go ahead, click it. You will find the same functionality. The only change is the name.
- UConnect WiFi is now available for students, too. The new network offers faster internet access speeds, campus-wide availability and enhanced security for personal devices.
- New Gradebook in Canvas was activated Aug. 9. New Gradebook includes the familiar tools plus great new options for instructors, such as gradebook history and setting late policies. Students do not see the changes.

UMMC-specific training materials are provided by Technology Learning Central and are available in the Canvas: Features and Updates - TLC Course.

Additional helpful links to Canvas New Gradebook documentation include:

- New Gradebook Comparison Chart - Links to an external site.
- New Gradebook Overview Video - Links to an external site.

Vanderbilt, UMMC GME collaboration helps reimagine, reshape residency program

By Dr. Jimmy Stewart

Imagination is one of those words that doesn’t get used much in graduate medical education.

We are used to accreditation standard to ensure a progressive entrustment of competency in residents and fellows. What lies beyond that training is a landscape that can seem foreign to many young physicians.

Health care disparities, population health challenges, health care systems, health care research and so many other factors make entering practice a daunting challenge. Limited training experiences and resources further handicap physicians from flourishing in this complicated landscape, which goes beyond making a diagnosis and treating a patient.

It is this landscape that motivated Vanderbilt and UMMC’s GME communities to apply for an American Medical Association “Reimagining Residency” grant earlier this year. Our institutions’ collaborative and broad proposal was chosen as one of eight grants nationwide, with funding of $1.8 million through five years.

The Goals Of Life and Learning Delinated Project will be applied to all UMMC and Vanderbilt graduate medical education training programs and will address five areas (or personas) that impact the success of future physicians:

1. The Structurally Competent, Structurally Humble Physician
2. The Physician as Leader and Advocate
3. The Creative Curious Physician
4. Master Adaptive Learner and Teacher
5. The Physician Grounded in Health Systems Science

Each of these curricular areas will be led by development teams from both institutions and will provide longitudinal and experiential learning opportunities. Our goal is for these skills to impact both of our institutions and our states.

In addition, there will be opportunities for collaboration among the other awardees through the AMA’s Change Med Ed Consortium, which includes previous undergraduate medical education AMA grant awardees.

We are currently in the planning phase of the grant. We anticipate many ongoing opportunities to participate as we move forward, and I encourage those interested in being a part of this effort to contact me at jstewart@umc.edu.

We will certainly have ongoing information on these opportunities and more specifics moving forward.