The state of the School of Medicine: Moving from good to great

By Lecretia Buckley

Dr. Loretta Jackson-Williams provided an overview of the state of the School of Medicine Aug. 15-16 during an Education Town Hall open to all UMMC faculty, staff and students. The event served as an opportunity for the vice dean for medical education to give updates and for attendees to ask questions.

Dr. Jackson-Williams leads the Office of Medical Education, one of two offices in the administration area of the school of medicine education building. Her office oversees the design, management and evaluation of the educational program of the School of Medicine.

The OME also is responsible for academic counseling, accreditation, assessment, career counseling, residency match and student progression and promotion. These responsibilities engage faculty and staff in 23 departments and several administrative offices throughout the SOM and UMMC. Given the breadth of engagement and the scope of impact of OME practices, the OME is committed to facilitating communication among stakeholders.

This newsletter, initiated in January 2016, provides a monthly update on OME activities and includes a featured topic, education tips, faculty spotlights and calls to action. This newsletter, however, has limitations: It is brief and is sometimes overlooked among the dozens of emails that its recipients receive daily.

Dr. Jackson-Williams and I determined that an education town hall would be the best way to provide a more extended update on changes that have occurred and enhancements that have been made to or those being planned for the medical education curriculum, policies and practices.

To summarize Dr. Jackson-Williams’ remarks at the event, the state of the UMMC SOM is good.

The SOM has reached its maximum capacity for an incoming class, admitting 165 students in the Class of 2022. The admissions process is based on a balanced and holistic review of applicant experiences, attributes and academic metrics. While admission metrics, such as MCAT scores, may be below the national average (from 3-7 points), the SOM, through dedicated faculty and a strong support system, prepares students to be successful on the United States Medical Licensing Examination Step examinations. With each milestone in the program, UMMC’s medical students have gained ground in performance when compared with the national average.

Since 2010, performance on Step 1, taken at the end of the second year and required for promotion to the third year, lies between three points above and eight points below the national average. Performance on Step 2, which includes a clinical knowledge examination and a clinical skills examination, shows greater improvement, with pass rates as high as 98 percent and no lower than 95 percent since 2010.

Ultimately, the SOM aims to prepare medical students to practice medicine. Our match rate has exceeded 95 percent and has been as high as 100 percent since 2010. In addition, feedback from residency directors is informative; 89 percent of them indicated positive or very positive views of UMMC graduates. Since 2010, 90-95 percent of residency directors have classified UMMC graduates as being as prepared or more prepared than other residents in their respective programs.

These metrics indicate the SOM is providing a high-quality medical education. Yet the SOM’s work continues as the school seeks to ensure learning experiences are not compromised in light of a larger class size. Administrators and educational leaders are making plans to avoid any detrimental effects of larger classes on clinical years. Indeed, the SOM’s goal is to prepare more physicians for the state and to do so with excellence. We are dedicated to moving from good to great.

Faculty Spotlight: Thais Tonore, M.D. and Shannon Pittman, M.D.

By Dr. David Norris

Isaac Newton said, “If I have seen further than others, it is by standing upon the shoulders of giants.”

While I don’t see further than others, I have been fortunate to stand on the shoulders of giants. Two of the medical giants in my life are Dr. Thais Tonore and Dr. Shannon Pittman.

Dr. Tonore is an amazing physician, teacher and friend. I first met her at the Jackson Free Clinic and was drawn to her capacity for compassion and the joy she takes in her work.

During residency, Dr. Tonore once got onto me about something, which was never a fun experience. As I was walking away, I remember thinking how fortunate I was to have her guidance, and that I was a better person for it. Since then, “T” has become my “partner in crime” (we are even called “Dr. Tonorris,” according to some students) and one of the truest and most loyal friends I have.

Dr. Shannon Pittman was formerly my program director and now is chair of family medicine. Dr. Pittman possesses the uncanny ability to break down complex tasks – such as communicating with a patient – into their constituent parts and give specific feedback.

I have never seen her flustered and have learned from her how to manage even the most challenging relationships with compassionate firmness. She also taught me that working on weekends is more fun with someone else there.

All too often, I think we never really express our gratitude for those who have led the way. So I challenge each of you to take a moment to let someone important in your education know they made a difference.

For those of you in this article – and the many of you who the word limit will not allow me to include – please know that you’ve made a difference in me.
In last month’s column, “Culture Eats Strategy,” I shared the concept of culture as a lens reflecting not only what we do, but why we do it.

This month, I’ll talk about one tenet of our Graduate Medical Education culture: community.

Simply stated, community means our identity is shaped by who we come into contact with: patients, students, residents, fellows, faculty, nurses, allied health professionals and even our own family and friends.

Because these relationships are so important to our personal and professional development, we invest deeply in one another. Investment ensures the best care for our patients; a safe and robust clinical learning environment; rich and diverse working relationships that consist of genuine care; and personal resilience.

With these in mind, I’d like to briefly introduce our GME community:

Jimmy Stewart, M.D. – Associate Dean for GME and Designated Institutional Official

Marc Majure, M.D. – Assistant Dean for GME
Arthur Calimaran, M.D. – Assistant Dean for GME
Brad Ingram, M.D. – Assistant Dean for GME
Shirley Schlessinger, M.D. – Assistant Dean for GME
Bryce Ainsworth – Project Manager
Terri Jones – Project Manager
Kim Brookins – Program Administrator

Our team’s primary goal is to serve and support all of our GME programs. It’s a bigger community of highly dedicated program directors, program administrators, residents and fellows who, as a whole, contribute to make GME what it is corporately and individually.

My challenge to you is to think about your own community and just how important each of the individuals is in shaping your world. Take the time to commit yourself to invest in these people in tangible ways, and make sure they know just how important they are to you.

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**How to deliver engaging lectures: a learner’s perspective**

By Dyon Williams

Monday morning thoughts of a student:

“It’s early and I’ve had little sleep studying and preparing for the upcoming STEP exam. I’m tired, but I’m excited about this course. I’ll grab my favorite coffee and get to my 8 a.m. class a bit earlier so I can get a good seat.

“I’m excited about this class because, no matter what field I choose to pursue, I’m going to need this information. Hmm, I think I will sit on the second row so I can engage more.”

— 15 minutes later —

“Oh boy, another boring lecture. I’ve been trying to take notes, but the instructor’s monotone voice makes it difficult to focus. I don’t know if I can stay awake. I won’t remember any of this stuff!”

Oh, it’s that lecture! You know the one that seemingly leaves a mothball taste in everyone’s mouth after 15 minutes of monotone, non-interactive, PowerPoint presentation garbled at the front of the room.

We’ve all been victimized by the “Lecture of Doom.”

It feels like lecturing has been a thing since the Stone Age and its principles — or delivery, for that matter — haven’t changed much. A recent Harvard study shows that lecture-style presentations lead to a higher student achievement. It’s Harvard, so they must know what they’re talking about, right? Not necessarily.

Whether you agree with the study or not, lectures are here to stay. But they don’t all have to put the audience into a deep sleep.

Here are a few ways to “power up” a lecture to make it more interactive and engaging. An interactive and engaging lecture can increase the opportunity for a positive learning experience.

• Pique the learner’s interest. One way to do that is by telling an interesting, yet short, story that ties in to the subject matter. Everybody loves a good story.

• Listen and apply. Listen to the learners’ input, respond to it and find areas that show up later in the lecture to apply concepts or ideals the learners have brought up. This is a great way to show learners that their thoughts and experiences are valid.

• Encourage participation. Ask for questions and confirm the learners’ understanding before moving on to new concepts.