Putting the pieces together: A quality education program

By Lecretia Buckley

Puzzles are comprised of pieces that are fitted together in a way that forms a complete picture, or an object in the case of 3-D jigsaw puzzles.

The theme for the UMMC School of Medicine Liaison Committee on Medical Education self-study is “Putting the Pieces Together: A Quality Education Program.” The self-study brings administrators, faculty, staff and students from across the SOM and institution together to:

- Collect and review data about the medical school and its educational program,
- Identify strengths and weaknesses, and
- Define strategies to ensure the strengths are maintained and weaknesses are addressed.

The accreditation of a medical school considers many factors. In fact, the self-study committee consists of more than 70 individuals who comprise five subcommittees, each of which examines from 6-26 of the 93 elements to be evaluated.

These individuals bring expertise from their respective areas that include pipeline programs, admissions, the basic sciences, clinical practice, research, graduate medical education, the clinical system, the registrar’s office and the many services that medical students encounter throughout their matriculation in the program.

Indeed, the medical education program can be looked at as a puzzle. The pieces represent the many components that go into designing, implementing, evaluating and maintaining a high-quality program. These efforts reach back before admissions and encompass pipeline programs, admissions, the basic sciences, clinical practice, research, graduate medical education, the clinical system, the registrar’s office and the many services that medical students encounter throughout their matriculation in the program.

The critical examination of each of the 93 elements evaluated for accreditation will lead the completion of a self-study report that will provide a comprehensive evaluation of the medical education program, including an overview of its strengths, weaknesses and strategies for enhancing the medical education program.

The self-study committee reconvened July 19 after four months of data collection and analysis to discuss its initial findings and to identify strategies to ensure the strengths are maintained and weaknesses are addressed. These initial findings, along with other highlights from the previous academic year, trends and goals for the 2018-19 academic year, will be shared in the SOM town hall meeting at 7 a.m. on Wednesday, Aug. 15 and again at 4 p.m. on Thursday, Aug. 16 in the SOM Lecture Hall 124.

The critical examination of each of the 93 elements evaluated for accreditation will continue through November. After the self-study committee has critically examined each piece of the puzzle and the whole picture, the self-study task force will lead the completion of a self-study report that will provide a comprehensive evaluation of the medical education program, including an overview of its strengths, weaknesses and strategies for enhancing the medical education program.

Ultimately, the self-study report will define for us how to move forward in ways that maintain and enhance our program. For more information about the self-study, its timeline, the accreditation process or frequently asked questions, visit the school’s accreditation website or email ummc_lcme@umc.edu or lbuckley@umc.edu.

Culture eats strategy

By Dr. Jimmy Stewart

July is here and so are our new house officers! We want to officially welcome almost 200 new residents and fellows in 43 different programs. If you get a chance, take the time to welcome them yourselves.

During our recent Graduate Medical Education orientation, I talked about Peter Drucker, known as “the founder of modern management.” A leader and major contributor to the philosophy and foundations of the modern business corporation, Drucker also is credited with the statement, “Culture eats strategy for breakfast.”

I’m a planner and a dreamer, so saying something supplants strategy is a big statement. What Drucker was trying to convey is that an organization can develop the best strategies to implement its goals, but having an espoused common culture that informs that strategy is immensely more powerful. Durable organizations understand this concept and invest in developing and communicating their own unique culture.

This next year, I’ll be using this column to do two things:
- Introduce our new GME team, and
- Communicate our common UMMC GME culture and how it impacts everything we do in the clinical learning environment.

We will also be emphasizing this in other venues throughout the year. I challenge each of you to consider just how this concept can inform what we do on a day-to-day basis, but more importantly, why we do it. It is important to prospectively think this way, because it allows us to function in a community that can use the talent and resources we have while adapting to the changing pressures we face together. It also will allow us to not only reach levels of competence in all of our training programs, but attain aspirational and innovative levels as well.
Curriculum Corner: Honor and professionalism

By Graham Husband

Medicine never acts in a scientific vacuum. Every day, physicians practice medicine on real patients, not vignettes. While scientific and clinical knowledge can prove helpful, they only comprise a portion of the attributes of an outstanding physician.

The best physicians are both knowledgeable and professional. With this in mind, UMMC School of Medicine students saw a need for better learning opportunities to become the best possible professionals.

The UMMC SOM Honor and Professionalism Council grew from a desire for students to educate themselves and other students about professionalism to produce the most effective physicians possible.

While the SOM strives to provide feedback on clinical performance, preclinical knowledge and professionalism at these levels, professionalism is not exclusive to interactions between instructors and students. In addition to current feedback on professionalism from instructors and faculty, the Honor and Professionalism Council seeks to provide medical students with timely feedback about their professionalism from their peers, to provide another perspective on their professionalism as students, and to provide an opportunity for self-reflection.

In a self-policing field such as medicine, professional accountability comes from one’s superiors, one’s peers and one’s self. With this in mind, the council intends to pursue opportunities for timely feedback on matters of professionalism and integrity so students have the opportunity to correct their behavior at the earliest stage possible in their professional development.

The Honor and Professionalism Council possesses a variety of tools to address breaches of professionalism. Increasingly egregious violations can be handled by the council in its most formal setting – Council Hearings. These meetings convene the council and require it to examine the issues at hand, eventually releasing decisions to be acted upon by the dean of student affairs in consultation with the Deans’ Council, as needed.

Despite this formal power and its immense responsibility, the council strives to prevent large breaches of professionalism by addressing small breaches of professionalism. For instance, an M1 student consistently showing up to gross lab five minutes late every lab might not ever be noticed by the instructors. Nor is the infraction worthy enough for the student’s lab partners to address the lapse of professionalism with either the tardy student or an instructor.

In this instance, fellow students can send their concerns to the council, which would initiate an informal “coffee talk” – the bread and butter of the council – with the tardy student in a one-on-one setting. In many instances, these coffee talks inform students who were otherwise unaware of their small lapses in professionalism, providing timely feedback about their lapse so that they can correct their behavior before an instructor notices or evaluations are completed.

To execute these responsibilities, the Honor and Professionalism Council has an extensive selection process to ensure the students best suited for service on the council are selected. The council was created to be comprised of mostly third- and fourth-year students – each class having five members. The first- and second-year classes have smaller representation – three and four members, respectively.

By creating relatively top-heavy representation, third- and fourth-year students with more experience and wisdom can serve as guiding voices and mentor the incoming first- and second-year students. Each class has a member appointed by the dean of student affairs during the fall semester of their first year. Assuming good academic and professional standing with the School of Medicine, this member will remain on the council for the entirety of his or her medical school career.

The remaining members of the council are nominated by their classmates with a class-wide vote. Top vote-getters are then interviewed by outgoing fourth-year students on the council and selected by this group for council membership.

The membership and various responsibilities of the council give it flexibility when handling breaches of professionalism. In the end, the council’s goals are multi-faceted:

• It strives to provide students with timely feedback on their professionalism, allowing them to correct their behavior before it impacts their performance in their courses,
• It reduces the burden of instructors and other staff in correcting student professionalism, and
• Most importantly, it instills and models professionalism to provide the best patient-centered care possible.

EDUCATION TIP

Learning Styles

By Dyon Williams

Think about how much more you would get out of a course if it was delivered in the way you learned best.

We all process information and retain it in a different way. Learning should be flexible and inclusive. There is no one-size-fits-all approach.

When we understand how learning takes place, we are better able to employ more effective courses with positive learning outcomes.

The three learning styles that one should consider when teaching are: visual, audio and kinesthetic.

The visual learner takes in information by seeing. This learning style retains information best when it is delivered using graphs, diagrams, models, photos and images.

The audio learner takes in information through hearing and speaking. You will commonly find this learning style excelling in lectures and repeating information or reading aloud when studying.

The kinesthetic learner likes a hands-on approach. This learning style likes touching, feeling and doing something to ensure understanding.

We want to hear from you. What is your learning style?

As a facilitator, understanding how you learn best can also help you identify and eliminate bias in your course design and encourage you to focus more on an equal distribution of learning techniques used in each course.