



Why The Journey is important

By Loreta Jackson-Williams

For several years now, those of us in the Office of Medical Education and those of us who serve on the School of Medicine Curriculum Committee and its subcommittees have pondered how best to communicate about the educational program with



faculty, since education is central to our work at UMMC.

Part of the difficulty has been in deciding which communication tool to use. With the development of the SOM Office of Medical ED listserv as a delivery mechanism, the communication tool chosen is this newsletter.

For years, we have described medical school as a journey to entering students, and have now chosen to use that analogy with the development of this newsletter. All of us have had our individual journeys within medicine, and those journeys have brought us here as fellow faculty members with the awesome responsibility of shaping new physicians.

As our faculty has grown in size and become more geographically dispersed, it has become evident that we need an effective communication tool to keep you informed about educational programs and also to gather from you your ideas, thoughts and concerns about them.

The Journey will be published monthly with at least the following:

- **A Feature Topic** that will emphasize specific areas of the educational programs or issues that impact the educational programs.

- **An Innovation Section** that will highlight tools, technology and strategies that are effective, resourceful and creative, and will also highlight things that promote or enhance learning and should be shared with faculty.

- **A Curriculum Corner** that will provide “quick looks” at the many curricula changes within the School of Medicine.

- **An Education Tip of the Month** that will focus on topics related to student learning, resources on

campus for faculty development, issues related to curriculum design and educational delivery, issues related to assessment and feedback, how to give learners effective feedback, writing effective letters of reference, clinical teaching and other subjects.

- **A Faculty Spotlight** that will provide insight into some of the fascinating people who are committed to the work of our educational programs.

- **A Call to Action** that will inform faculty and, at times, students about specific opportunities for engagement.

With this newsletter, we hope to generate faculty participation in specific facets of the educational programs and to also convince you to let us know what other things are needed to further develop and refine our system of learning at our medical school.

I sincerely thank each of you for the work that you do every day that is seen and not seen and for participating in this new venture.

Faculty spotlight: Dr. Jose Subauste

A native of Lima, Peru, Dr. Jose Subauste comes from a family of physicians: both of his parents and his siblings all received MDs. He attended medical school in Lima, and after coming to the U.S. in 1988, he completed his residency in Illinois. He then moved to Ann Arbor, Michigan, where he received his fellowship training in endocrinology and did research in molecular biology at the University of Michigan.



Subauste

In 1995, Subauste and his family moved to Mississippi, where he joined the UMMC and VA hospital faculty. He has been married to his wife, Fulvia, also a Lima native, for 26 years. The couple has three sons: Alessandro (Alex), 24, Giancarlo, 22, and Stefano, 18.

Subauste has served as director of the Endocrinology Fellowship Training Program since 2003. He also serves as director of the M3/M4 Clerkship in Endocrinology and is in charge of the rotation in endocrinology for residents in medicine.

“I enjoy education, and the way I approach teaching in medicine is by a combination of didactic lectures and sessions at patients’ bedside,” he said. “My goal is to keep the students, residents and

fellows engaged and increase their motivation and encourage them to think for themselves.”

Subauste prefers teaching sessions with small groups of students, residents and/or fellows.

“When you are in front of the medical students and residents, your goal is not to show how much you know; rather, your goal is to show how much the audience needs to know.”

Subauste said he believes there is nothing more gratifying than to receive news from former trainees that they are doing well professionally and personally, because touching lives in a positive manner is what matters to him the most.

He is collaborating with his sister, Angela, also a member of the endocrine division, on her research project aimed at assessing the role of faulty autophagy activation in response to muscle contraction leading to poor cardiorespiratory fitness in patients with type 2 diabetes.

Subauste enjoys college football (especially the SEC and Big Ten Conferences) and his favorite teams are Ole Miss and Michigan. He also is a huge soccer fan, especially during the World Cup. He regularly attends concerts by the Mississippi Symphony Orchestra, but is no stranger to more progressive rock music (such as Pink Floyd, Genesis and Led Zeppelin).

Education Tip

Evaluations can feel like the bane of one’s existence: they have to be done, but they represent one more thing that is added to the weight of the day!

Throughout the years, we have listened to comments from faculty and students about evaluations and understand their frustrations. Unfortunately, we can’t take them away – the frustrations nor the evaluations.

What we have tried to do is simplify them. All of the evaluations given from the medical school have behavioral anchors, specific examples of the type of behaviors that a learner should exhibit for each competency and the proficiency with which it is accomplished.

Here are some tips that need to be at the forefront of one’s mind when completing evaluations:

- 1) Focus on the things that learners demonstrate while in the clinical setting with you. No one is perfect all of the time and with everyone.

- 2) Complete the assessment based on the behavior and not the anticipated final grade.

- 3) Within each competency, there are several areas. Learners may not be at the same level of proficiency for each area. For some areas within the same competency, the learner may be at the mastery level while at the basic level for another.

We work to modify these on a regular basis. If you have suggestions, let us know on the listserv.

Curriculum Corner

By Jeni Tipnis



Welcome to the Curriculum Corner. I am the assistant dean for curriculum. Dr. Jackson created this position because there was a need to have someone focus specifically on curriculum development, management, implementation and assessment here at UMMC's School of Medicine.

I have accepted this challenge and am looking forward to working with all faculty to accomplish

this work.

For many years, UMMC has helped develop a fantastic physician workforce for the state of Mississippi. Our collective goal in the School of Medicine is to continue this trend. However, we must acknowledge that the requirements of medical education are changing.

Across the country, medical educators are calling each other to action to make changes in how and when the skills needed to practice medicine are taught. The Association of Medical Colleges (AAMC) promotes these changes with the development of the national medical education conference to take place yearly.

The American Medical Association (AMA) has helped lead this charge by offering grants to medical schools for curricular innovation. Many schools, such as Vanderbilt, Harvard, UC San Francisco and Oregon State, have completely revised their curriculums.

Dr. David Irby, a leading medical educator from UCSF, identified key themes for these revisions. These themes include standardizing learning outcomes but individualizing the learning process, promoting multiple forms of integration, incorporating habits of inquiry and improvement, and focusing on the progressive formation of the physician's professional identity.

Here at UMMC, we are also answering this call to action. Many members of the faculty are currently involved with proposed changes in the medical school curriculum. Each month in the Curriculum Corner, we will update you, our faculty, on these changes. There also will be ample opportunities to get involved and to help enhance our educational programs.

One of our first remodels has been to integrate the neurosciences curriculum for the M1 and M2 years. Currently, neuroanatomy is in the spring semester of the M1 year. Neurophysiology is taught as a separate course within physiology, and psychiatry is a separate course. However, the content of these courses overlaps in many ways.

In September 2015, we had a neuroscience retreat with key faculty involved in these courses, as well as clinical faculty in the departments of neurosurgery and neurology. With all of these great minds in the room, we set a framework for integration.

We then formed a subcommittee from these disciplines that included Dr. Tom Adair from physiology, Dr. Ryan Darling from neurobiology and anatomical sciences, Dr. Eddie Perkins from neurosurgery, Dr. Ian Paul from psychiatry, and Dr. Amanda Witt from neurology. This hard-working coordinating committee has the task of developing the new integrated course content.

At this point, we plan on developing blocks of content with clinical cases as the framework. A PBL-type interactive format will be used for the cases at the beginning of the block. Content in the form of lectures, labs and clinical correlations will then be delivered in all of the above areas and the block will culminate by closing the loop on the cases and allowing the students a clinical experience to solidify their knowledge.

The clinical experience will involve using standardized patients or a simulation or a live-patient encounter in a clinical setting. Placing basic science content within a clinical context should make it easier for students to remember and to integrate application of the course content.

We hope this learner-centric approach will enhance our already very successful neurosciences curriculum. Currently, our students do very well in the topic of neurosciences on the national shelf exam and Step 1. We hope this new format will help them do even better.

Please stay tuned to each month's Curriculum Corner. I will soon discuss another course remodel as well as other key faculty helping to lead change.

Innovation

How many students in medical school are visual learners?

This question has motivated Dr. Dongmei Cui, assistant professor of neurobiology and anatomical sciences, to search for an easier way for students to view what cannot be seen from a textbook. Her research shows that by implementing stereoscopic 3D models, the average student is able to view an accurate representation of not only the vascular anatomy of the head and neck, but also the direct relationship it has with bones and other vessels.

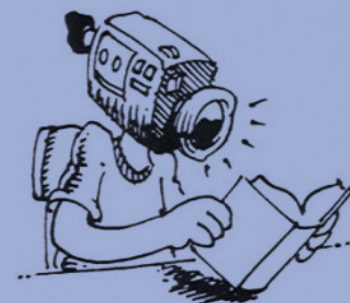
This approach is carried out by using data gathered from computed tomography angiogram (CTA) images, along with Amira software. Once created, these models are transformed into the stereoscopic 3D visuals which allow students to visualize 3D spatial anatomy and manipulate them for better viewing.

With the help of 3D glasses and images shown on a silver screen using dual projectors, what once was a flat image on a piece of paper becomes a virtual image that students can almost reach out and touch.

When asked how she envisions this model changing the education process, Cui said, "I want to make an easier way for students to learn visually and eventually integrate this into the curriculum."

She said she believes this model will also help the students visualize the head and neck anatomy and get a connecting view of the structures they are looking for while they perform dissections in gross anatomy.

Cui's article is available in the online edition of June's Anatomy Now at <http://bit.ly/1nitMjO>.



CALL TO ACTION

We want you!

The curriculum in the School of Medicine is constantly changing. It is not static. Currently, we are working on an integrated curriculum.

Horizontal integration refers to identifying concepts or skills, particularly those that are clinically relevant, that can be integrated into the basic sciences, and then using these topics as a focus for presentations, clinical examples and course materials.

True vertical integration refers to the interweaving of clinical skills and knowledge into the basic science years and, in turn, reinforcing and continuing to teach basic science concepts as they apply during the clinical years.

To accomplish these goals, we will need the entire faculty to work together. In this section, we will make connections. Basic scientists that need the expertise of clinical faculty can post their needs here. Clinical faculty that would like to reinforce basic science concepts in their clinical rotations can ask for help here.

Since The Journey is sent out on a listserv, there is no need to wait for our monthly publication – just hit "reply all" and you will be connected with the School of Medicine faculty. But remember, if you hit "reply all," the entire faculty will see what you post. If you make a connection and want to have a conversation offline, please reply to Tanya Reed, who will then navigate those online relationships.

With such a busy faculty, it is hard to keep the lines of communication open. The goal of the listserv and The Journey is to keep us all connected and part of a community of medical educators electronically!

Our first call to action is that we would like to generate a list of potential practitioners in different specialties the students can approach to discuss their interest in that specialty. Many of you meet with and advise our students. If you are willing to have a student contact you to explore your medical specialty, please let us know by emailing Julie Wassom at jwassom@umc.edu.

Also, if you have a great idea for information that would benefit the faculty, feel free to submit a potential article for publication. We would love to hear about innovative and novel teaching techniques that may benefit us all.

Thank you all for teaching our students. We appreciate you!