## Student services promotes academic success, nurtures high-quality campus culture

By Dr. Jerry Clark



Clark

The responsibility and rigor of a modern medical education is well documented. It's stressful and demanding at the very least. A huge burden for gathering and retaining information leaves little opportunity for the routines of everyday life, much less any sort of relaxation or recreation.

The typical medical student is subjected to lots of stress factors: the pressure of academics with an obligation for success, an ever-increasing debt load, the uncertainty of the future, difficulties imagined with assimilating into a strange new system, etc. These students face social, emotional, physical and family problems, too – all of which may affect students' learning ability and academic performance. Left unchecked, these stressors can cause impaired judgment, reduced concentration, loss of self-esteem, increased anxiety and depression.

Student service professionals are intent on fostering an environment that promotes academic success as well as student development. This team of specialists deliver a wide variety of services and activities that impact all medical students in one way or another.

Operating essentially as a conduit between the students, faculty and administration, student service providers work closely with students to help them meet challenges head-on using resources that include advisement, enrollment management, orientation, advocacy, health care, academic counseling, tutoring, financial aid, safety, mental health assets, recreational activities, community service and leadership opportunities. Working in a coordinated effort, the student services team is engaged in nurturing a campus culture that is student-centered and of the highest quality.

A number of projects are now underway that will improve our ability to support students. Implementation of the new Counseling and Wellness Center, fostered by the Department of Psychiatry, is complimentary to the LifeSynch Program. The addition of modern teaching space and instructional technologies in the new School of Medicine building will certainly bolster our faculty's ability to deliver educational content.

The added support services associated with the new facility should impact the learning environment as well. Students will have access to much improved study space, meeting rooms, mailboxes, personal storage, testing resources, food service options and a second medical student lounge.

The school's House Program is beginning its third year. This program assigns first-year medical students to one of eight "houses." The program's objectives include creating a community among a larger student population, providing added support systems to include wellness, engaging in the current advising program, delivering the Association of American Medical College's Careers in Medicine Program, and creating added platforms for students to develop leadership and mentoring skills.

When we benchmark our student services against other institutions across the country, many stand out, including student health care, student recreational activities, campus safety, responsiveness to student concerns, financial aid, tutoring programs, academic and personal counseling, and career planning services.

The student services team is very optimistic as we look to the future of medical training in Mississippi. School of Medicine students are achieving record-level scores in board exams, licensure exams and residency placement. We are proud and thankful for the opportunity to participate in making Mississippi's health-care landscape brighter.

## Education Tip

By Dr. Loretta Jackson

The use of narratives in medical students' evaluations has long been a component in the clinical curriculum. Narratives give descriptions of students' performances in particular areas and generally convey specific ideas, thoughts, observations and synthesized judgments about the students' behaviors, attitudes, interpersonal skills, interactions and professionalism.

An LCME standard explicitly addresses narrative comments: "A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment." We have narrative opportunities in the preclinical curriculum, and during the last four years, have worked with preclinical faculty to provide this information.

Narratives are used for two primary purposes in student evaluations:

1) **Formative feedback** is given to students early enough in their courses or clerkships to allow them to work on the areas that are not meeting expectations. Since narratives should be specific, they provide the opportunity to give clear instructions for improvement.

2) **Summative feedback** is given at the conclusion of the course and provides specific information regarding the student's performance. The Office of Medical Education uses the narrative comments submitted in the campus evaluation system E*Value to populate certain segments of the school's Medical Student Performance Evaluation (MSPE). The MSPE from UMMC is a performance evaluation from the school for every fourth-year medical student.

There has been a lot of discussion nationally about the MSPE, and we are committed to producing a streamlined product for our students that is helpful to end-users. As we enter the residency selection process, let us know what works and does not work with the new format. In the meantime, continue to be thoughtful with your narratives. Your work in this area is much appreciated.

## Faculty spotlight: Dr. Robert T. Brodell

A graduate of the University of Rochester School of Medicine and Dentistry and a member of the Alpha Omega Alpha medical honor society, Dr. Robert T. Brodell completed two years of training in internal medicine at Strong Memorial Hospital in Rochester, New York. He then completed a residency in dermatology and a fellowship in dermatopathology at Barnes Hospital in St. Louis, Missouri, before embarking on a 27-year career in private practice at Brodell Medical, Inc. in Warren, Ohio.



Brodell

Brodell currently serves as professor and chair of dermatology and professor and interim chair of pathology. Since 2013, he has served on the Board of Directors for the American Academy of Dermatology and on the Accreditation Council of Graduate Medical Education's Resident Review Committee. Shortly after his arrival at UMMC, with the assistance of UMMC dermatology faculty, he established the state's first dermatology residency program.

During his earlier days, Brodell didn't necessarily envision himself moving to Mississippi. He said since his time at UMMC, however, he has adopted the quote, "I am not from Mississippi, but I got here as quickly as I could." He has become a true advocate for Mississippi and has recruited numerous dermatologists to this area. Each day, his schedule is relentless, but he always makes time to meet with medical students who need encouragement or direction and patients who need to be seen as soon as possible; to counsel discouraged faculty members; or to take telephone calls from residents who need his professional opinion with a difficult diagnosis. Brodell's love for teaching medical students, residents and other faculty is evident in his captivating lectures that are presented throughout the country.

# Curriculum Corner

By Dr. Loretta Jackson


Jackson

In the August edition of The Journey, Dr. Jeni Tipnis, assistant dean for curriculum, introduced the Trailblazer Curriculum. She outlined specific and new components of the curriculum.

Taking that introduction, I would like to expand how the new School of Medicine building will impact the curriculum and why there are changes to our curriculum.

In 2010, a supplement to Academic Medicine (Vol. 85, No. 9, September Supplement, 2010) provided a glimpse of the changes in medical education. One of the essays in the supplement, "Medical Education in the United States and Canada, 2010," provided an overview of the educational programs and noted a number of schools that had constructed buildings devoted to medical student education.

Of note, the 21 schools on that list were not newly created schools at the time of the publication, but established schools. We now join that list.

What are some of the educational issues that inspire this construction? We have regularly considered the following:

**1) Delivery of the educational program within small groups.** The standard lecture that is familiar to all will not go away completely. There are times when it is appropriate and expedient to impart information in this format.

However, the format does not allow for interactions required in an educational program that is moving students towards self directed learning. Small group session rooms will be on the second and third levels of the new building.

**2) Expanded use of electronic learning devices and software systems.** Technology in the educational program has expanded during the last few years. This includes our student learning management system, Canvas; the secure testing system, ExamSoft; and the evaluation management tool, E*Value.

The new building will support these systems, as well as the electronic systems for clinical skills, simulation and training. In addition, consideration has been given to the extensive Wi-Fi connections needed for students in this environment.

**3) Integration of practical, hands-on experience throughout the curriculum.** The fourth and fifth levels of the building will include the clinical skills assessment, simulation and training centers. These are now at the Jackson Medical Mall Thad Cochran Center and in the Classroom Wing.

Having the centers located within the education space will allow seamless integration of these teaching modalities into the curriculum and negate the need for students to travel.

**4) Central collaborative space for interprofessional education.** As indicated, the clinical skills assessment, simulation and training centers will be in the new building and also will be located in close proximity to some of the other educational program space – the School of Dentistry, the School of Population Health and the School of Health Related Professions, specifically. The new location of these centers will provide opportunities for interprofessional education.

It is ironic that in 1956, the Liaison Committee on Medical Education sent a report to Dr. David Pankratz, dean of the School of Medicine, remarking on "the lovely new building." There had been a site visit by the LCME during the school's relocation from Oxford. Sixty years later, we are preparing to "move" again with major changes in the physical space, the learning environment and the ever-changing technology.

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**INNOVATION**

## What's new with TurningPoint Cloud?

By Dr. William B. Lushbaugh


Lushbaugh

TurningPoint is an Audience Response System (ARS) that UMMC instructors have been using to assess the student perception of their presentations for years.

Teachers can add questions to PowerPoint slide decks asking students what they have learned. The software totals the clicks from the audience remotes (clickers) and displays the results in a histogram onscreen. Many different question types are supported and may be used for in-class quiz grades that can be added to the class' Canvas Gradebook.

However, TurningPoint7 is now TurningPointCloud (TPC)! The new software is linked via the Cloud to all of the students' clickers. A fee is charged to each student to use the software.

Instructors get a free TurningPoint account that gives them access to the software and integrates with their Canvas class websites. A TurningPoint account is necessary to use TPC.

Instructors who have been users of TP7 will be surprised to see that, once they log into TPC, the "guts" of the software are pretty much the same. ResponseWare is new, though. If the clicker or other device is not registered, data from unregistered devices will not be included in the histogram or test data saved after the session. The responses from unregistered devices will be listed as unidentified until they are registered and the annual fee is paid (about $20 per year per student).

For more information about TurningPointCloud (TPC), visit https://www.turningtechnologies.com/user-guides, email wlushbaugh@umc.edu or call 4-6573.

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**CALL TO ACTION**

## Faculty: Get involved with Intro to Medical Profession course

For the new Introduction to the Medical Profession course, faculty members are needed to help grade, provide feedback and facilitate small groups. Specific needs include:

**1) Patient Professor Reflection Readers.** Students write two brief essays (one or two paragraphs) about their first experience meeting with ambulatory patients in the community and discuss what it's like to be a patient in the modern health-care system. Ten clinical faculty are needed, and may include physicians and psychologists. This will take place in September and November.

**2) History Readers.** During the semester, students will obtain their first four histories, among them one for an acute care visit, one for chronic care and one for a health maintenance visit. The students also will submit assignments, including components of the past history and review of systems. At the end of the semester, the students will submit one comprehensive history. Faculty may participate in grading as many or as few of the different assignments as they wish. Twenty physician faculty are needed. This will take place primarily in October and November, with the final history due in December.

**3) Patient Professor and Small Group Facilitators.** During the fall, students will participate in small group sessions discussing their experiences with patient professors. Faculty facilitators will be needed to help with these groups. This will take place on the afternoon of Wednesday, Nov. 23. Faculty may facilitate up to four small groups if they wish, or they may limit themselves to one group. Sixteen faculty hours are needed, and may include physicians and psychologists.

To volunteer for any of these positions, email Beth Wilson at mpwilson@umc.edu.

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Those interested in learning more about medical education research and scholarship are invited to Ed Talks, scheduled for noon on Tuesday, Oct. 25 and again on Tuesday, Nov. 29, in the Norman C. Nelson Student Union. For more information, email Dr. Nicole Borges at nborges@umc.edu.