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School of Medicine  
building opening.



# Advancing educators and education at UMMC: toward a teaching academy

By Dr. Rob Rockhold and Dr. Sheila W. Chauvin



Rockhold

The quality of health professions education largely depends on the educational acumen of faculty as teachers, mentors and education scholars.

As educators, UMMC faculty have expressed a desire for engagement with colleagues regarding how to facilitate learning most effectively and how to develop, evaluate and continuously improve educational delivery.

During the last 15-20 years, teaching academies have emerged as effective strategies for engaging, educating and supporting educators as professional learning communities in which educators learn about, with and from each other.



Chauvin

While each teaching academy is customized to its institutional context and culture, it also should reflect critical attributes that differentiate it from other types of faculty development and recognition. These include an institution-wide scope and purpose; dedicated and centralized leaders, programs and resources; and an explicit focus on teaching/education that engages educators as a professional learning community.

Teaching academies also can include special programs such as master educator certificate or fellowship programs, internal mini-grants programs, mentoring programs and scholarly activity.

In 2015, Dr. Ralph Didlake, associate vice chancellor for academic affairs and chief academic officer, shared his vision for advancing UMMC faculty as master educators and education scholars with Dr. Rob Rockhold, deputy chief

academic officer, and charged him with leading efforts to realize this vision.

Rockhold engaged Dr. Sheila Chauvin as an external consultant with a national reputation in faculty and program development and the development of teaching academies. Chauvin began working with Rockhold and others in the fall of 2015 to examine relevant needs, priorities and the potential for a UMMC-wide, interprofessional teaching academy. A series of focused discussions took place in October 2015 with broadly representative groups of UMMC faculty members, leaders and key stakeholders. The discussions revealed much enthusiasm for a teaching academy and academy-type faculty development programs.

These preliminary discussions culminated in a daylong, campus-wide faculty retreat on Nov. 4, 2016. Fifty-seven exemplary, forward-thinking educators from all ranks, both clinical and research enterprises and UMMC's seven schools were identified to achieve broad faculty representation. Of the 57 individuals invited, 51 confirmed participation. The retreat activities used design- and strategic-thinking methods. Design thinking is a user-centered, creative and collaborative solutions-based approach.

Participants shared insights from each other and brainstormed how a teaching academy could effectively address priorities. Participants also identified potential teaching academy strengths and weakness and opportunities and threats within UMMC and beyond to consider in designing a teaching academy.

By the end of the retreat, results included draft core purposes and values; mission and vision statements; and recommended strategic goals, priorities and prototypes for a UMMC teaching academy model.

A blueprint for a UMMC teaching academy will be presented in spring 2017. Interested individuals may email Rockhold at rockhold@umc.edu.

## Supporter of education spotlight: Jennifer Chappell



Chappell

Growing up in a family of educators, Jennifer Chappell learned firsthand the ups and downs of teaching students. So it comes as no surprise that she ended up playing a role in medical student education, even if she took a circuitous route.

Chappell graduated from the University of Southern Mississippi with a B.S. in business administration with an emphasis in management. But it was only after working in the business world for several years that she felt a pull towards education.

"Medical school is hard," Chappell said. "Navigating through each year can present its own set of challenges, not to mention the stress. Life happens, students get off track and they struggle to decide what field to go into.

"When students hesitate in asking for advice, they often end up in front of my desk."

Working for the largest department on campus as the Department of Medicine's administrator of student programs, Chappell is part of a multilayered team that guides students through these difficult waters.

"Overseeing multiple required and elective courses spanning three years is a challenging task, but it allows me to see how those individual pieces of the puzzle fit together in the grand scheme," she said. "Having that perspective gives me an opportunity to guide each student towards their individual career endpoints, whether that is in the area of internal medicine or other specialties."

This "personal care" with students may be the reason the Department of Medicine has won numerous Evers teaching awards for "Department of the Year."

Chappell also is the administrator for the Medicine/Pediatrics Residency Program and continues to play a role as the "point person" who residents can count on to make them feel cared for and to make sure things get done.

"If I can streamline at least some of the many processes that are required in residency education, then it's worth a little extra time," Chappell said. "If they feel that way, then that is the difference between working in a residency program and being a part of a residency family."

## Faculty Spotlight: Trailblazer Teaching Award

To recognize and celebrate the time and effort faculty have put into educating the physicians of the future, the Office of Medical Education has announced the Trailblazer Teaching Award Pin recipients.

### The award honors excellent educators who:

- Are recognized by their peers as effective teachers;
- Demonstrate teaching innovations in course and curriculum design;
- Demonstrate the ability to engage, inspire and mentor learners;
- Communicate clear, cohesive learning goals to their students;
- Engage in continual professional development as educators;
- Demonstrate educational leadership through collaboration with other teachers to enrich the scholarship of teaching and learning;

- Serve as catalysts for the enhancement of teaching and learning; and
- Value feedback and the ongoing acquisition of knowledge and skills to enhance their teaching effectiveness.

**Recipients of the award for 2017 include:** Dr. Alan Penman, Holly Zimmerman, Dr. Robert Kramer, Dr. Virginia A. Harrison, Dr. Ian Paul, Dr. Ryan D. Darling, Dr. Brad Ingram, Dr. Jeremy Jackson, Dr. Sara Gleason, Dr. Calvin Thigpen, Dr. Jimmy Stewart, Dr. Sarosh (Shawn) Bativala, Dr. Cameron Guild, Dr. John Correia, Dr. Scott Rodgers, Dr. Stephen J. Stray, Dr. Dongmei Cui, Dr. Jon C. Johnson, Dr. Daniel Williams, Dr. Kim Padua, Dr. Susan Warren, Dr. David Norris, Dr. Lakshmi N. Kurnutala, Dr. Thais Tonore, Dr. Eric Vallender, Dr. Rana El Feghaly, Dr. Zeb Henson, Dr. Ivonne Galarza and Dr. Robert Daryl Hamilton.

## Supporter of education spotlight:

### Dena Walker



Walker

As a project administrator for the internal residency fellowship program at a thriving metropolitan academic medical center, I have the opportunity to interact with a lot of people.

But I think it's all the more important to remember where I've come from.

I am from a small community on the outskirts of Yazoo City known as Little Yazoo. To answer your question, no, there is not a "Big Yazoo," nor is there a traffic light within 10 miles of the place.

I spent all of my childhood and teenage years on an old dirt road out in the country and wouldn't have had it any other way. After college, a few career changes, and having started a family, my husband and I decided we wanted to bring our child up on that same dirt road.

So we loaded up and moved from Brandon to plant our roots in Little Yazoo. We have been there almost three years now and are loving life in the country.

Before becoming a wife and mother, I studied at Mississippi State University and received a bachelor's in educational psychology. I always had a desire to work in education, but didn't have a clear vision of exactly what I was intended to do in that field.

Now in my sixth year in the Department of Medicine, I have the opportunity to work closely with the medical students and the faculty and course directors that educate our future physicians. It is a privilege and an honor to be a part of this academic medical center and to be an integral part of educational teamwork.

## Graduate medical education: third pillar of 21st century medicine

By Dr. Joseph M. Majure



Majure

During the last decade, it has become clear that future physicians must have knowledge, skills and attitudes beyond the traditional basic and clinical sciences if they are to practice in the 21st century health care system.

Physicians must have a fundamental understanding of how health care is delivered, how health professionals work together to deliver that care and how their practice within the health care system can improve outcomes for the patients under their care.

For us to prepare our graduates for practice in the 21st century health care system, a third pillar of health system science has been added to the foundation of the basic and clinical sciences.

Graduate medical education is the last stint in preparing for independent clinical practice. As such, GME trainees must put into practice what they have learned in the undergraduate years.

A key component of their training is experiential learning in the facets of health system science: quality improvement, patient safety and utilization of data for practice-based learning.

To facilitate the efforts of our GME programs in providing this experiential learning, the GME office has formed a committee dedicated to developing the support systems for teaching quality improvement science and patient-safety methodology while developing avenues for trainees to access the clinical data needed to reflect on the care they give daily.

Along with this committee, the Resident Quality Committee is providing a peer resource for all trainees to ensure early traction in their endeavors to learn health-system science. Trainees can access this information by a link to the Resident Quality Web Portal on the Clinical Intranet under Residents/Fellows.

### CALL TO ACTION

## SOM clinical faculty

This spring, the Office of Medical Education will offer a new integrated neuroscience and behavior class to M1 students.

Content from neuroanatomy, neurophysiology and psychiatry has been integrated so students will learn and retain more information. The content is very clinically relevant so the students can see how the basic science is integral to their future practice of medicine.

Clinical faculty are needed to serve as preceptors for the clinical cases. Preceptors are not required to be neurologists, psychiatrists or neurosurgeons – any clinician can precept.

Preceptors will be paired with a basic scientist and will receive coaching on how to precept before their session with students. Ideally, preceptors would sign up to do both sessions for a case, but faculty who are only available for one session are welcome to volunteer.

After the session, preceptors will receive student feedback, if available, and a letter documenting their teaching time for their educator portfolio.

These preceptorships are short-term time commitments that will greatly benefit students. To volunteer, email Tanya Reed at [tmreed@umc.edu](mailto:tmreed@umc.edu).

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Faculty are needed to provide clinical and communication skills critical to the practice of medicine for students in the new first-year Introduction to the Medical Profession course. Several specific opportunities will be available during the next three months:

#### Patient history, documentation and presentation

M1 students will participate in standardized patient encounters in which they will collect and document a patient history and present that history to volunteer faculty members during the afternoons of March 10, 24 and 31.

Faculty are needed to observe the encounters on camera, listen to the presentation, grade progress notes and provide verbal and written feedback. All participating faculty should be available from 12:30 p.m. until the presentations are complete (approximately 5 p.m.). Ten faculty members are needed for each half day.

#### Behavior change small group facilitation

Students will participate in small-group sessions to practice skills for coaching patients to make positive behavior changes with a focus on motivational interviewing from 9-11 a.m. Tuesday, May 9; from 3-5 p.m. Thursday, May 11; and from 8-10 a.m. Friday, May 12.

Four-to-six faculty members are needed to help facilitate these role-playing sessions and provide feedback. Interested faculty could volunteer for any amount of time, from one hour or to all six hours.

#### Self-study small group presentations

Students have engaged in a three-hour self-study project this semester as part of their lifelong learning curriculum. From 8-10 a.m. Thursday, May 18 and from 8-10 a.m. Friday, May 19, the students will break into groups to teach each other what they have been learning.

At least five faculty members per hour are needed to serve as facilitators for these sessions. Participating faculty must complete a five-item grading rubric for each student's presentation.

For more information about any of these opportunities, email Dr. David Norris, course director, at [drnorris@umc.edu](mailto:drnorris@umc.edu). To register for any of these sessions, email Beth Wilson at [mpwilson@umc.edu](mailto:mpwilson@umc.edu) and indicate which sessions and times you would prefer.