



Admissions criteria focuses on ‘less is more’ approach

By Dr. Stephen Manuel and Lesley Dickens



Manuel



Dickens

Gone is the traditional course criteria that required the completion of English composition, math, general chemistry, general biology and organic chemistry.

The new focus is on higher-level science curriculum – specifically, biology and courses more relevant and preparatory to the medical school curriculum.

At UMMC, the “End-Point” admissions criteria requires students to complete physics II, biochemistry and two upper-level biology courses (such as physiology or cellular biology) and recommends students be familiar with psychology, sociology, algebra and statistics.

While it is still very common for students to major in one of the hard sciences, the End-Point criteria offers more flexibility for students who select a major outside of the basic sciences.

The diverse number of majors students in the M1 class have completed is beneficial to class discussions and peer-to-peer teaching. This fall, the incoming class represented 29 different college majors.

A benefit of the End-Point criteria is students take coursework – such as biochemistry – needed to be successful on the MCAT2015 exam.

The Admissions Committee is very interested in how students perform in these courses. The hope is students will earn higher grades in more difficult coursework and will learn similar material to what they will encounter in medical school.

Faculty spotlight

By Dr. William P. Daley



Daley

Winning the Regions TEACH prize this year was certainly the high point of my academic career here at UMMC.

As my image is scattered throughout the hospital, one side benefit of this prize is that I have made many new friends: People have introduced themselves and congratulated me in the halls and elevators.

As we embark on another academic year, we are blessed to do so in a magnificent new medical school. It is quite awe-inspiring to stand at the podium in the new auditoriums and look about, lights ablaze, and imagine what it is going to be like to teach in this pristine, modern venue.

Students inherently know whether the person standing at that podium is doing so because they ‘have to’ or because they ‘want to.’ Let all of us who teach do so with renewed energy and enthusiasm and give our absolute best so our students can be their absolute best.

Much is at stake as we train future health care providers who, at this point in time, face many uncertainties and chal-

lenges in the years to come. We must take up the mantle to train these individuals who will be strong and competent to meet these challenges and succeed.

As a child of the 1960s and a space enthusiast, one of my heroes is Gene Kranz, a legendary flight director on Apollo missions to the Moon. After the tragic Apollo fire that killed three astronauts, he assembled a meeting with all of his flight controllers and stated:

‘From this day forward, flight control will be known by two words: Tough and Competent. Tough means we are forever accountable for what we do or what we fail to do. We will never again compromise our responsibilities.

‘Every time we walk into Mission Control, we will know what we stand for. Competent means we will never take anything for granted. We will never be found short in our knowledge and in our skills.’

Instead of ‘mission control,’ substitute ‘clinic,’ ‘hospital,’ ‘operating room,’ ‘laboratory’ . . . Let’s train students that are tough and competent!

Curriculum Corner: SGEA meeting to shine regional spotlight on School of Medicine

By Dr. Loretta Jackson



Jackson

The Association of American Medical Colleges is a not-for-profit organization comprised of all U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education.

Within the AAMC are many affinity groups. The Group on Educational Affairs works to advance medical education, develop curriculum, assess educational research by undergraduate (medical) students and graduate (resident) physicians, and support continuing medical education for physicians.

The GEA is divided into geographical regions. The School of Medicine is a part of the Southern Group on Educational Affairs. I am proud to say that on April 19-21, 2018, the School of Medicine will host the annual regional SGEA meeting in the new School of Medicine education building.

What does all of this mean for our students, residents and faculty; our school; the Medical Center; and the Jackson metro area?

For the first time, our students, residents and faculty will not have to travel outside of the state to attend a prominent medical education conference where thought leaders gather to network and present updates and new information. By hosting this event, our school will have the opportunity to shape the focus of the meeting and showcase the fantastic resources that have been made available for the education of physicians in Mississippi. The Medical Center will be able to highlight its unique Telehealth Program, other educational programs available on campus, resources provided for the comprehensive health care of patients, and areas of focus for research.

Medical faculty, administrators, students and residents – specifically from the South but also from across the country – will attend the meeting to contribute to the networking and presentations. These participants also will spend time and money in the Jackson metro area.

The host hotels will be in the Renaissance in Ridgeland, with shuttle service to the UMMC campus for the meeting. It is anticipated that the evening's local event will take place at a downtown

Jackson museum so attendees can have the opportunity to learn about the history of the state.

Later this month, committees responsible for certain aspects of the conference will be formed. Those interested in contributing ideas for the committees or in volunteering are urged to email ljackson@umc.edu.

Innovation: WW-QQ-AA-LC-1 new present illness mnemonic

By Dr. David Norris



Norris

Starting with the School of Medicine Class of 2021, there will be a new approach to teaching students about the history of present illness.

At UMMC, we have used the OLDCARTS mnemonic ("Onset," "Location/Radiation," "Duration," "Character," "Aggravating Factors," "Relieving Factors," "Timing," and "Severity") to remember the components of the HPI. This has worked quite well; however, most textbooks are using a newer strategy for teaching this information – one that puts greater focus on the psychological and social aspects of a patient's medical care.

This includes the textbooks we will be using this academic year.

The new mnemonic is WW-QQ-AA-LC-I, which means "Where," "When," "Quality," "Quantity," "Aggravating and Alleviating Factors," "Associated Factors," "Life Context," and "Impact on Quality of Life."

Yes, this is going to be hard to remember. It might have an impact on our quality of life!

Whenever possible, faculty should try to incorporate this new mnemonic into their clinical teaching as students progress into the clinical setting.

The social and psychological aspects of care get forgotten so frequently, and we all know they are often the deciding factor in how well a patient responds to treatment. It is therefore imperative that we "role model" full-spectrum biopsychosocial care.

The use of this simple tool is one way we can help that process along.



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