



Keep moving forward: Medical education strives to keep pace with EHR

By Dr. Shannon Pittman



Pittman

“Tell me and I forget. Teach me and I remember. Involve me and I learn.” – Benjamin Franklin

Many moons ago when I trained here at the University of Mississippi Medical Center, we spent many mornings chasing down clipboards for weights and I/Os, discovering secret notebooks in radiology with preliminary reports and hoping that you made it to the chart before the patient was whisked off to the vascular lab.

Oh, the joys of the paper chart!

The introduction of the electronic medical record transformed that familiar landscape into one that presents patient information at your fingertips from virtually anywhere. For all of its challenges and all of its advantages, the EMR has moved and continues to move along its own trajectory, at times outpacing the processes that surround patient care.

In an academic medical center, one of those processes is medical education. As we worked to keep pace with technology, we unintentionally marginalized our students. We continued to teach them, but involvement was limited, regulated and, at times, completely restricted.

With tremendous effort, barriers have been eliminated and we are finally catching up. We are diligent to evaluate decisions through multiple lenses and work to continuously safeguard the educational environment while embracing the rapidly evolving EMR.

On Feb. 2, CMS enacted policy that propels us even further. Thanks to the work of a number of our professional organizations to advocate for student involvement, CMS adopted a policy that allows teaching physicians to verify in the medical record any student documentation of components of E&M services, rather than re-documenting the work.

There are many details still to be interpreted in the language of the ruling, but what does this change mean? It means involvement. Engagement expanded. Learning reinvigorated.

As I listen to the student present the patient at the bedside, verify the history and complete my own exam, I am presented the opportunity to teach the student and perhaps the patient at the bedside - and then again in the EMR - when I review the note, make corrections or additions, attest, sign and bill. When a student submits a note for me to review, it is not just an exercise but a meaningful engagement in the patient care process.

Let me be clear: It has always been this way; but without intent, it lost its value for both student and teacher.

“Change is the law of life. And those who look only to the past or present are certain to miss the future.” – John F. Kennedy.

Obstacles remain. Each day brings new opportunities. We are challenged to shape, shift, bend and contort our thinking to embrace our future while honoring our past. Although I don’t miss chasing down transport to scribble my note in the chart quickly and I am confident no one misses the translation meetings to interpret my scribbles, what I value about my days of old is that I did find the secret notebook in radiology and I touched every clipboard dutifully recording the I/Os and when my team rounded, I contributed my part to our team.

It mattered to me. It mattered to them.

As I reflect, I realize the concept of being an active part of the team was intricately woven throughout our clinical years, weaving together a beautiful tapestry of capable hands, inquisitive minds and a confidence that whether we actually had wings or not, we could fly.

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Education Tip: PowerPoint presentations - inspired or expired?

By Wendell C. Douglas



Douglas

Perhaps PowerPoint presentations should come with cautionary advice: Warning! Proceed with caution! What you are about to experience may confuse, exasperate or enhance your learning!

In their research about student preferences and the effectiveness of PowerPoint-based teaching, Laura Edelman and Kathleen Harring of Muhlenberg College, Allentown, Pennsylvania, made some interesting discoveries about what students like and dislike about PowerPoint presentations.

Too many words on a slide, clip art, movement (such as word animations) and templates with too many colors made the list of ineffective (“disliked”) elements. Effective (“liked”) features included the use of graphs to illustrate data, meaningful bulleted lists, using PowerPoint to structure lectures, and accompanying verbal explanations of pictures and graphs for clarification of information.

So the question remains . . . Are your PowerPoints inspired (and effective) or expired (tired and ineffective)?

Would you like some feedback on a PowerPoint presentation? We’re happy to help! Email wdouglas@umc.edu.

(Reference: Center for Teaching, Vanderbilt University; <https://cft.vanderbilt.edu>)

Curriculum corner: School of Medicine to 'shift paradigms,' host SGEA meeting

The Southern Group on Educational Affairs Meeting, "Shifting Paradigms in Medical Education," will take place Thursday-Saturday, April 19-21, at UMMC.

School of Medicine staff members have been busy planning this meeting and cannot wait to host the medical educators who will be visiting from the southern region. They look forward to sharing the new School of Medicine building with the SGEA, learning from the organization and sharing with students what it learned.

Accepted presentations from UMMC include eight posters, three oral presentations, two workshops and five small groups.



Congratulations to the following presenters:

Initial Experience with a Professionalism Assessment Tool

Innovations Abstract

Dr. Ralph Didlake

Innovations in CME: A New Way to Utilize and Engage Students

Innovations Abstract

Dr. Mitzi Norris

Simulated Electronic Medical Record Curriculum: Teaching Skills to Transitioning Third-year Medical Students

Workshop

Dr. Kimberly Paduda

Table-leader Practice in the Gross Anatomy Laboratory and its Academic Impact

Research Abstract

Dr. Marianne Conway

Train the Trainer: Society of Teachers of Family Medicine Residents as Educators Curriculum

Small Group Discussions

Dr. Sonya Shipley

Adding Hospitality to the Logistics of an LCME Site Visit Small Group Discussions

Dr. Lecretia Buckley

An Examination of Perceived Barriers to Medical School Among African-American Undergraduate Students

Research Abstract

Dr. Fred Kency

Becoming the Superior Two Hour Teacher

Workshop

Dr. Michelle Horn

Clinical Skills Assessment Performance Following a Transition to Clerkship Boot Camp Course

Research Abstract

Dr. Kathleen Young

Development, Implementation and Evaluation of a Two Week Transitional Course

Innovations Abstract

Dr. Kimberly Paduda

If at First You Don't Succeed: Promoting Lifelong Learning in Residency

Innovations Abstract

Dr. Kathryn Schneider

Its Digital Game Time: Using Technology to Teach and to Learn Workshop

Dr. David Norris

Radiology Elective for M4 Medical Students: Inclusion of a Virtual Radiology Workstation

Innovations Abstract

Dr. Tanvir Rizvi

Revising a Traditional Anatomy Graduate Program into a Unique Training Program for Educator Scholars in th Anatomical Sciences

Innovations Abstract

Dr. Andrew Notebaert

Simulated Electronic Medical Record Curriculum: Teaching Skills to Transitioning Third-year Medical Students

Workshop

Dr. Kimberly Paduda

To Err is Human: Mindful Practice to Improve Diagnostic Error Workshop

Dr. Kathryn Schneider

Using Intensive, Interactive Evidence-based Medicine Sessions to Transition Medical Students to Utilizing Medical Literature and Resources

Innovations Abstract

Dr. Richard Calderone

When Students Stumble; A Case Study of a Struggling Student

Small Group Discussions

Dr. Stephen Manuel