



Shifting paradigms: one faculty member’s impression of SGEA annual conference

By Dr. Stephen J. Stray



Stray

Change is hard.

Sometimes, even talking about change is a little bit scary.

I must admit, when I heard that medical education experts were going to descend on Jackson to discuss “Shifting Paradigms in Medical Education” as part of the 2018 Southern Group on Educational Affairs annual conference, I was more than a little intimidated.

What I found was a group of 200-plus enthusiastic folks eager to share their expertise and learn from others.

I was immediately struck by the variety of different topics used and approaches addressed. I was also impressed by the variety of different levels of experience represented, from first-year medical students all the way up to deans.

Listening to the experience of others as they dealt with changes they have made, I was able to reflect on the challenges we face here at UMMC and how the educational landscape here and nationwide has evolved during the last 12 years.

I was impressed by the honesty of the presenters in sharing not only what worked, but also what didn’t, and what they would do differently if they had a “do-over.”

Having grown up in the age of the “Sage on the Stage,” I was particularly gratified by the number and quality of student presentations. Knowing that students are more confident in taking ownership and responsibility for their own education

means that we can look forward to a future where medical education will be much more collaborative.

It should come as no surprise to anyone familiar with UMMC’s education programs that presentations from UMMC faculty and students more than “held their own” in terms of innovation and creativity. That, coupled with having a chance to tour our wonderful new medical education facility and interacting with our very capable student volunteers, left attendees from out of state with the impression that, while Mississippi has its challenges, we are also capable of coming up with cutting-edge solutions.

If you think the entire conference was about a bunch of earnest folks “nerding out” on edu-speak, there was some fun, too. Just ask Dr. Loretta Jackson-Williams about the half-dozen or so ribbons with pithy slogans she had stuck to her nametag, or anyone who attended the reception at the Civil Rights and Mississippi History Museum.

I’d like to thank Dr. Jackson and other members of the organizing team for the opportunity to take part I want to particularly recognize the hard work of the Office of Medical Education staff, the Division of Information Systems, Food Services, student volunteers from all six schools on campus, and many others who went “above and beyond” to allow us to showcase our facilities, our educational programs and this special place we call home.

Curriculum Corner: Assessing new medical neuroscience, behavior course

By Dr. Ian Paul



Paul

Medical Neuroscience and Behavior 2, a systems-based course that integrates teaching about neurological and psychiatric disorders with neuropathology and CNS pharmacology, debuted this spring for M2 students.

The course introduces each of 10 broad topic areas with a case-based learning project that begins with the examination of two standardized patients in small groups and concludes with the submission of case write-ups and differential diagnoses.

The material taught within each topic area is presented in an arc from disease description to pathology to treatment.

This project involves more than a dozen faculty instructors from five departments, two dozen small-group facilitators largely drawn from residents and fellows in psychiatry and neurology, and actors from the Judith Gearhart Clinical Skills Center.

Led by Dr. Ian Paul and Dr. Tarif Bakdash and coordinated by Barbara Daniels and Anaite Groendyk, the introduction of the course went remarkably smoothly, except for what Paul described as “moments of hair-on-fire panic.”

Those moments were usually followed by on-the-fly tweaking, additions and deletions.

The students, embarking on their fourth new course in two years, were remarkably patient and played an enormously valuable role in providing real-time feedback to improve the course.

The results were remarkable. Since no National Board of Medical Examiners exam exists that covers the breadth of material in MNB2, a custom test was designed. The 150 questions chosen were retired Step 1 questions with an expected difficulty of 76 percent; That is, on average, Step 1 test-takers correctly answer about 115 of those questions.

Students in MNB2 scored an average of 78 percent overall and as much as five percentage points higher in areas such as mental health and pharmacology.

All of the credit for this success does not go to the teaching in MNB2. The students taking this course built on critical material in the initial Medical Neuroscience and Behavior 1 course, which was first presented in the spring of 2017.

The excellent performance of these students on the national boards is a powerful argument for the value of cross-disciplinary, systems-based teaching here at UMMC.

Graduate Medical Education would smell as sweet . . .

By Dr. Jimmy L. Stewart



Stewart

Health care delivery today is complicated and involves a multitude of people with different roles. While multidisciplinary teams are indispensable to excellent care, sometimes our patients just want to know who their “doctor” is.

This age-old term often denotes someone who is entrusted with the medical care of patients, who professes to aspire to certain traits in the pursuit of a continual process of meeting a patient’s needs in a compassionate manner with clear communication.

Those attributes take a lot of time to acquire and hone. Perhaps it is no surprise that the origin of the word “doctor” is from the Latin “docēre,” which means “to teach.”

Teaching is inherent with being a doctor, whether it’s engaging a patient and his or her family in a discussion of treatment options or instructing a junior resident or medical student. While UMMC as an academic medical center has distinguished itself with excellent teachers (to many of whom I am forever indebted), our learning environment is thoroughly enriched with a robust level of teaching by our residents and fellows.

Each individual residency and fellowship program has a responsibility for ensuring their faculty, fellows and residents receive adequate training on how to teach particular to their respective specialties. We also have a centralized, free resource called “Excellent Teacher” which was developed by Dr. Natalie Gaughf and Dr. Penni Foster from the Office of Academic Support.

I would encourage everyone involved in medical education at any level to

check out Excellent Teacher and complete the course. From understanding different learning styles to applying proper feedback and time management skills, everyone from first-year residents to attendings can benefit from taking it.

What’s the time commitment? About the same as binge-watching a few favorite shows on Netflix. In fact, we value this as a resource to programs so much that we are requiring it for all of our incoming residents. There is even a separate course for residents and attendings that is specific to each group.

Let’s all make the commitment to continue to teach well and to equip others to do so on the way. Perhaps many will again be familiar with that title for all of us: “To teach.” I’ve included a link below for more information: www.umc.edu/excellent_teacher/

Education Tip

PowerPoint presentations – inspired or expired?

By Wendell Douglas



Douglas

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

In their research about student preferences and the effectiveness of PowerPoint-based teaching, Laura Edelman and Kathleen Harrington of Muhlenberg College in 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 Power-

Point to structure lectures, and accompanying verbal explanations of pictures and graphs for clarification of information.

So the question remains: Are your PowerPoint presentations 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.

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

