



M4 students: Matchmaker, matchmaker, make me a (residency) Match

By Logan Ramsey

Every year, the month of March brings a rush of simultaneous apprehension and excitement for fourth-year medical students across the country.

The oft-made comparison to the National Football League Draft and the “Academy Awards for nerds” bears repeating, and everything is on the line when you open that Match envelope.

Why is so much emotion attached to a single day? It is the broader context and effort required to reach the Match, which extends back a decade or longer for most students.

Matching into residency is the culmination of childhood dreams and years spent pursuing higher education. It requires personal sacrifice and time away from loved ones during hours spent in gross lab or long call days on clinical rotations.

All of this is done with the hope that our Electronic Residency Application Service applications and interviews with residency programs will secure our first official jobs as doctors. It seems surreal when the light at the end of the tunnel finally appears.

During this month, it is essential to take a step back and reflect on the meaningful journey to this point.

It's easy to forget that lost and unsure feeling as wide-eyed M1s and how we have grown throughout our time in undergraduate medical education. It is truly a metamorphosis: Each year of school brings more confidence, additional knowledge and further competence as students move closer to the goal of becoming physicians.

However, it is also necessary to consider the less desirable aspects of our metamorphosis. Almost universally, students enter medicine with the goal of serving others, relieving suffering and making the world a better place.

Despite such altruistic motivations, the rigorous training needed to become a physician can lead to a decline in medical student empathy, according to numerous published studies. The potential deterioration of



Logan Ramsey pushes a pin into a map to signify he has matched in emergency medicine at the University of Cincinnati Medical Center during the 2019 Match Day program March 15 at Thalia Mara Hall in Jackson.

empathy is very concerning and threatens health care quality.

I feel certain that medical students at UMMC are far more likely to retain their compassion during training because they are surrounded by exceptional role models at the School of Medicine.

I have experienced countless examples of empathy as a student, from basic science faculty going above and beyond in guiding us through challenging courses, to dedicated staff and administrators offering support and encouragement at every opportunity, to outstanding residents and attending physicians demonstrating the highest standards of respect and humanistic care for patients.

Our transformation into physicians is almost complete. On March 15, with a room full of people at Thalia Mara Hall, the exciting and overwhelming Match process concluded in celebration. Soon after opening those envelopes, members of the Class of 2019 began planning their new lives as residents.

Most importantly, we recognize that success would not have been possible on our own. We truly appreciate the friends, family, classmates, faculty, staff and mentors who traveled with us along the way.

Thank you all for helping us reach this incredible milestone.

Curriculum Corner: Navigating multistep path toward effective assessment plan

By Carley Dear



Dear

Each of my children has been sick this month. My son, Jack, who is 7, complained of sore legs and was lethargic. I measured his temperature: 102.7.

Later, after Jack got well, I reflected on how similar the scenario with my son was to the assessment process.

Assessment is a multistep journey to determine the effectiveness of a task and engage in continuous quality improvement. Good assessment is a valuable exercise because it involves making data-informed decisions and seeking improvement as a result of analysis.

In assessment, one data point is not enough. Often, there are at least four or more data points needed to analyze: a benchmark to compare against, a desired outcome or target, the actual results and the follow-up data to see if the results continued.

With Jack, my benchmark and target was that his temperature should be in a normal range. The actual results showed an elevated temperature, which led to an analysis of a treatment plan.

After the treatment plan was initiated, I continued data collection to see if the plan worked or not. Fortunately, we were able to start a treatment plan quickly.

I continued to gather data after the treatment plan began to see if it worked. His temperature went back to a normal range and his symptoms lessened. The treatment was successful!

Many attempts at assessment gather data, analyze the results, make a recommendation for improvement and then move on to another outcome. In an article published by the National Institute on Learning Assessment, lead author K. H. Fulcher asserted that assessors must analyze data elements to determine the method to seek improvement and then, after the improvement was made, the data needs to be recollected to determine if the intervention resulted in improvement or not.

Whether education practitioners are assessing the effectiveness of the curriculum, examining sub-scores from a national exam or graduation rate, educators should establish a desired benchmark, measure the skill, analyze what caused the score, plan an intervention or identify what prompted success, and then re-measure again to see if the plan was correct.

With Jack, I continued to take his temperature and examine symptoms after the treatment plan began to determine if we had chosen the correct treatment plan. Thankfully, no one else in the Dear house has – yet - had the flu this season.

But at least we know what plan worked with Jack!

Reference: Fulcher, K. H., Good, M. R., Coleman, C. M., & Smith, K. L. (2014, December). A simple model for learning improvement: Weigh pig, feed pig, weigh pig. (Occasional Paper No. 23). Urbana, IL: University of Illinois and Indiana University, National Institute for Learning Outcomes Assessment.

Graduate Medical Education: Call for Medical Assurance Award nominations

By Dr. Jimmy L. Stewart



Stewart

We give out a lot of awards around here, and sometimes it's confusing just who they are awarded to and what they recognize.

The Office of Graduate Medical Education is now soliciting nominations from GME program directors for the annual Robert S. Caldwell Award given by the Medical Assurance Company of Mississippi.

Each year MACM strives to recognize a senior member of the UMMC House Staff (residents and fellows) who has exhibited outstanding performance throughout his or her medical education as demonstrated through the following:

- Provides and promotes communication with the patient and family, as well as between fellow physicians and health care staff;
- Strives for documentation which is accurate, timely and complete;
- Practices evidence-based medicine to provide quality patient care, ensure patient safety and manage risk;
- Possesses qualities of empathy, professionalism, leadership and respect; and
- Promotes and participates in quality improvement and practice improvement activities.

The honor includes a \$1,000 cash award and an individual plaque presented on campus each year at a faculty forum, such as at Quality Leadership Rounds or the Spring Medical Staff Meeting. The recipient also is recognized at a small dinner with the MACM Board and Executive Staff. And the winner's name is added to a plaque in the GME office.

MACM has sponsored this award since 1982, with winners representing many of our specialties and subspecialties. It is quite an honor!

I was recently reading a book by Harold Best, who commented on just how the pursuit of excellence permeates what we do. According to Best, "excellence must be the normal condition for the exercise of stewardship."

May the accolades we give celebrate what others have done, but also spur us all on toward excellence in everything we do.

Administrative changes, investments 2012-present

Programs

Medical Student Honor Council

Instituted a council of medical student leaders charged with enforcing the Code of Honorable and Professional Conduct and making recommendations to administrative groups regarding violations. (2016)

Pillars of Professionalism

Constructed by the Professionalism Subcommittee, this system of expectations for medical students – respect, empathy, honesty, decorum, punctuality, collaboration, accountability and confidentiality – guide their behavior. (2016)

Professionalism Council

Instituted by the Professionalism Subcommittee, the council is charged to self-regulate and encourage professionalism among medical students. (2017)

Preventive Medicine Residency Program

The School of Medicine established a residency program. (2018)