Updates and Teaching Tips for Pathway Advisors and Project Mentors

MAY/JUNE 2014

Mentoring Minute: Year-End Events

Thank you to the 320+ Pathway Advisors and Mentors who have supported the students this year! As the year concludes, we ask that you thoughtfully assess your students’ performance (through Oasis) and continue to support and advise them as they reach their scholarly product deadlines.

Please join us to celebrate the students’ accomplishments at the Scholarship Forums on June 5, 2014 (M3 Scholarship Forum), and June 26, 2014 (M2 Forum for project completers).

Save the Date for the third annual Pathway activities address:

- The balance between biologic and non-biologic determinants of health
- Medical conditions that disproportionately affect urban, underserved populations
- Disparities in health, healthcare access & quality
- Community-based health educational strategies
- Partnership with public health and community agencies to meet health/ healthcare needs

Featured Pathway: Urban & Community Health (UCH)

Emphasizing the influences of lifestyle, socioeconomic factors, community resources and environmental hazards on health and well-being, the UCH Pathway links education with community needs and assets, to prepare patients to effectively care for patients in urban communities, promote community health, and reduce health disparities.

MC Pathway Director: Linda Meurer, MD, MPH
Pathway Coordinator: Hilary Chavez, MS

Student Stars — Scholarly Dissemination

Stauder E (CE 2016), Hoagland T. Medical School Anatomy Lab Body Donors as “Educators” of High School Students Pertaining to Health Behaviors and Preventable Disease. CGEA, Cleveland OH, March 2014.


Teckste TF (UCH 2016), Barry LC. The Relationship between Chronic Pain, Disability and Depression in Older Inmates. American Geriatrics Society, Orlando, Florida; May 2014.

Hillen L (QuIPS 2016), Scanlon M. Improving Physician Documentation of Pressure Ulcers in the Pediatric Intensive Care Unit. NPSF Patient Safety Congress, Orlando, FL; May 2014.

Tran R (QuIPS 2016), Kim OU, Shepherd ST, Basir MA. Pandora’s Box or Improved Family-Centered Care? Direct Parental Access To Their Child’s Electronic Medical Record During Hospitalization. Pediatric Academic Societies Annual Meeting in Vancouver, BC, May 2014.

Schwerin A (QuIPS 2016), Scanlon M. Central Venous Line Use: Is It Always Appropriate? NPSF Patient Safety Congress-OR, Orlando, FL; May 2014.


tology partnership in the Toledo district of southern Be-
lize. CUGH, Washington, DC, May 2014.

Denning NL (PS 2014), Laranah DN, Densmore JC. Infant Gastronomy Tub Outcomes Based on Tube Char-
acteristics. APSA, Phoenix, AZ, June 2014.

Student Star: Stephen Shumpert

Prize: Andrew Wuesthoff (PS, 2014)

Resistance of Guinea Pig Cardiac Cytochrome Oxidase (Complex IV) to Extended Ischemic Time During Global Ischemia and Reperfusion

AWARDS: WOW!! The Foundation for Anesthe-
sia Education and Research awarded 3 basic sci-
ence prizes at the 2014 Midwest Anesthesia Resi-
dents Conference (MARCS), Chicago IL, April 4-6, 2014.

All three prizes went to our medical students!

1st Prize: Eric Simon (GH, 2015) Thrombospo-
din-4, A Glycoprotein Overexpressed after Injury, Disrupts Ca2+ Homeostasis in Sensory Neurons (Mentor: Quinn Hogan, MD)

2nd Prize: Stephen Shumpert (QuIPS, 2016) A Novel Mechanism for Cardioprotection by In-
trinsic9 (Mentor: Matthias Ries, MD, PhD)

3rd Prize: Andrew Wuesthoff (PS, 2014)
At the conclusion of this academic year the Master Clinician Pathway will cease operation as the Discovery Curriculum progresses to involve years 1-3. I thought we should pause and take a moment to consider this curricular innovation according to Dean Kerschner’s 4Ps.

PLANNING. Master Clinician was conceived by the faculty in the retreats where the original Pathways concept was hatched. It was unique to MCW since other medical schools that had scholarly concentrations did not have anything like this.

PEOPLE. There is no question that people are the heart of everything here at MCW. The Curriculum Evaluation Committee under Dr J. Franco’s leadership sanctioned and guided this MC Pathway effort. I met a group of fellow pioneers as we crafted this Pathways vision into a reality. My fellow travelers were Drs. Brousseau (PS), Kron (GH), Lye (CE), Meurer (UCH) and later Lamb, Ferguson (QIUPS), Marcante (CE), Hargarten (GH), Spellecy, Morgenweck (Bioethics). One could not ask for a more dedicated and supportive group of colleagues. The first order of business was to select a working MC council. I selected the Best Doctors at MCW who represented the specialties most frequently selected by medical students: Baynes (Radiology), Berens (Anesthesiology), Book (Neurology), Gedel (Pediatrics), Guedet (Psychiatry), Hackbarth (Orthopedics), Haasler (CT Surgery), Havas (Family and Community Medicine), Kolesari (Anatomy), Kroft (Pathology), Mitchell and Thomas (Medicine), Ragalie (Volunteer Faculty), Strawn (Obstetrics), Tews (Emergency Medicine). This was the dream team. Month after month, they would brainstorm ideas and help create core sessions; serve as departmental liaisons, advisors, mentors; review scholarly projects. I could not have had more help and encouragement as we accommodated hundreds of M1s-3s. These are the Master Clinicians who care deeply about MCW medical education and shared their secrets with the students who wished to emulate them. In particular, Dr. Tews deserves special mention as the MC co-Director. He was a steady hand with great organization and is a gifted teacher. In addition, Drs Simpson and Marcante were ex officio cheerleaders providing important perspectives as well as evidence based educational advice.

We were also blessed with great student participation over the years. Finally, there were the Pathways Coordinators who make us look good. For MC that includes Kelly Benzschawel, Meaghan Hayes, Amy Palka and Jen Kraus. These amazing women made the impossible happen through their dedication and attention to minute details that are needed in all facets of the program.

PROGRAMS. These talented PEOPLE created a series of monthly core sessions to supplement the standard curriculum. The principles of small group active learning were adhered to. Advisors and mentors were identified to ensure that non-core time was maximally utilized. Independent learning plan templates were developed to help students structure non-core time.

PRACTICES. The net effect of all this activity was for students to stretch beyond the standard curriculum and advance their interests and careers. The final outcome has been the students’ experiences interviewing for residencies and explaining how they spent their pathway time so that they could pursue their passion and achieve their goal of becoming PRACTICING physicians.

All things have their day. As the Discovery Curriculum evolved, the goals of the MC Pathway and Discovery Curriculum aligned perfectly. It was felt that the clinical immersion provided by the Clinical Apprenticeship and innovations such as the systems-based modules, foundational capstone, and symptoms unit would incorporate the MC approach and duplication of effort would result. I am grateful for this opportunity to have worked with so many students, faculty and staff. I cut my teeth as a large course director late in my career and appreciate all the patience and support from all quarters. I know the Pathways will continue to evolve and offer students opportunities that will affect them for a lifetime.

Farewell.