



MEDICAL SCHOOL IN YEAR ONE:

Case #1

Lauren Mecca

***Editor's Note:** In 2012, with a pending physician shortage, an increasing number of medically underserved communities across the United States, and the goal to teach medicine in a uniquely humanistic educational community, Oakland University William Beaumont School of Medicine (OUWSOM) was founded. In the past academic year, 2011-2012, the charter class began its first year of medical school. This article is the first in a series of diverse perspectives on medical education, from medical students and faculty at Oakland University William Beaumont School of Medicine.*

Case #1, Lauren Mecca, Class of 2015

Why, my friends and family kept asking me, did I choose to come from New York to a school that was not only all the way in Michigan, but also brand new? Perhaps they wondered about the “risk” involved in such an important step in my education and life. Would it not be “safer” to go somewhere else? Or, as my parents wondered, would I really receive a “good education” at a school that has absolutely no history to scrutinize? Further, in 21 years, I had never spent more than a week away from my roots in New York and Connecticut; in fact, I had actually never even been to the Midwest until I attended my medical school interview that March. Even in that treacherous

Michigan winter weather riding the shuttle back to my hotel and watching cars slide over the icy roads after a long interview day, I knew, regardless of my other acceptances, that I would choose to attend OUWSOM the following August. What struck me most about the school was the faculty's acknowledgement that becoming a compassionate physician requires so much more than pure intellect. The student-centered, holistic culture was apparent throughout so many moments during my visit, particularly my morning interview with Dr. Misra. An interview veteran by this point in the application cycle, I walked into the room fully expecting to be asked the standard questions, such as "Why do you want to become a physician?" and "What are your greatest strengths and weaknesses?". To my surprise, however, Dr. Misra left the manila folder containing my application information on the table and instead used her allotted 30 minutes to get to know me as a person beyond my application by asking about everything from my family to my hobbies and ambitions. When we got the warning knock that our 30 minutes had elapsed, she looked at me and said, "I think you would be a really great fit for our school." To which I replied, "Me too."

Now that I have finished my first year, my friends and family have stopped asking me why I came here. Now they want to know what it is like being a part of the inaugural class and some of the new insights I've gained in the first year.

In contrast to the traditional lecture model in place at many medical schools, my first year training at Oakland University William Beaumont SOM included many team-based and interactive activities, such as solving complex medical cases in small groups with the guidance of a physician preceptor, placing felt cut-outs of lower leg muscles on another student in order to understand their relationships in the body, and making concept maps to help identify and learn the distinguishing characteristics of common pathogens. One of the most fascinating and memorable hands-on demonstrations was one in which we took EKG readings on our classmates while listening with our stethoscopes to determine where each heart

sound occurred in the cardiac cycle, as visualized on the EKG reading. All the members of my group began talking quickly and loudly with excitement as we breezed through the lab assessment questions that we had been given; we were finally able to connect the sounds that we hear when listening to someone's chest with the electrical signals that indirectly cause those sounds inside the heart, something I had never been able to grasp fully from reading our textbook. My teachers reinforced the interactive lessons with clinically relevant multiple-choice questions to assess our retention of the material. This carefully designed combination of teaching methods well illustrates the statement by contemporary scholars, that "medical school education should be given the same emphasis as research and patient care" (Nandi et al. 2000).

I have found that, in addition to being dedicated to an innovative curriculum, the faculty at OUWSOM to be especially receptive to feedback. For example, during our respiratory block, our course director, Dr. Rodenbaugh, knew that many of us used iPads to study and decided to create a course pack in eBook format for us to use. He consistently welcomed our comments, whether we were alerting him to small typos and factual errors or providing suggestions for re-organizing the material. In many ways, the students and the faculty collaborate to enhance each other's learning experience, since for most of the professors, being at a new medical school presents a fresh challenge.

Most importantly, I feel respected both as a student and a person by my professors, who truly value my opinion and are personally invested in my success. Notably, one of my classmates asked an interesting question in our Medical Humanities lecture about physical contact during a patient visit, particularly shaking a patient's hand at the beginning. While the question was answered acceptably in class, one of the physician mentors for the course took the time to provide his extended response via email along with an interesting article that he had found on the subject. I find that most of my professors will ex-

hibit this same behavior and go above and beyond to answer questions and clarify material.

Just as important to me, though, is my professors' respect for me as a person. Dean Folberg, who is probably the busiest person on campus, really sets an example here that is followed by most, if not all, faculty members. Every time I see him in the hallways of O'Dowd or even in the parking lot, he stops and initiates a conversation. He is always very interested in how my day is going, how I feel about my classes, and how I am doing overall, not only as a medical student, but as a person. Furthermore, he consistently offers to help in whatever way possible, whether that be by providing contacts for summer internships or spending 30 minutes talking to a student who is upset about failing an exam. We, as the inaugural class, are certainly surrounded by a special group of educators, one that inspires us to always strive for excellence.

I really appreciate the fact that I am studying medicine through a cutting-edge curriculum that integrates separate subjects into cohesive organ system courses, rather than following the traditional "block" method that separates each subject—*anatomy, pathology, etc.* For example, when we were studying the pathology of heart disease in lecture, we were also dissecting the heart in anatomy lab and learning the cardiovascular physical exam in our *Art and Practice of Medicine* course. This setup better prepares me for the real practice of medicine because it closely resembles the thought processes that I will use to diagnose and treat patients.

In conclusion, I feel excited to be part of innovation and writing on the "blank slate" that is a new medical school curriculum. As a member of the fledgling class, I feel privileged to provide feedback and witness how challenges are managed by students, faculty and administrators. Our administration collectively possesses decades upon decades of experience in medical education around the country; just two examples are Dean Folberg and Dean Nuzzarello, who both bring years of expertise and wisdom to O UWBSOM. While the policies for this particular school may not have been implemented before,

such as the remediation process for failed exams and guidelines for specialty interest group activities, this year's experiences began to build the kind of community that values my opinions and those of other students, and which allows re-evaluation of policies and courses to refine and improve them.

LITERATURE CITED

Nandi, PL, Chan JNF, Chan CPK, Chan P, Chan, LPK. Undergraduate medical education: comparison of problem-based learning and conventional teaching. *Hong Kong Medical Journal*. Vol 6 No 3 September 2000. 301–306.