Dr. Boyd Smith was recently honored with the Chancellor's Distinguished Teaching Award by the KU School of Medicine. Dr. Smith, who was selected by a committee of faculty and students, was presented with his award by University of Kansas Chancellor Bernadette Gray-Little. Dr. Smith is the lead instructor of pathology on the Salina campus, providing necessary instruction in histopathology and gross anatomy to first and second year medical students. From 1978-2009, he was a staff pathologist for Salina hospitals and a partner with WPM Pathology Laboratory.

Dr. Michael Robinson

Dr. Robinson, Associate Dean for Foundational Sciences, was selected to become a member of KU School of Medicine’s Academy of Medical Educators (AME). AME recognizes and celebrates teaching excellence, fosters the continued improvement of medical teaching at KU School of Medicine-Salina and advocates for the resources necessary to do so.

“Dr. Smith and Dr. Robinson represent only two of the great medical educators we have in Salina and we are extremely fortunate to have them as part of our faculty,” said Salina Dean, William Cathcart-Rake, M.D.
Amick relishes role as standardized patient

Stan Amick became involved with the standardized patient program at the KU School of Medicine-Salina at its inception upon the school’s opening in 2011. He was one of the first standardized patients recruited by Dean Cathcart-Rake. Amick, who is rarely serious, sat down and talked a little bit about how he got involved and why he thinks it’s so beneficial for medical students to get clinical experience.

“Dr. Cathcart Rake and I have been attempting to sing in the First Presbyterian Church choir for years. I innocently answered his call for the standardized patient program. Since then, I’ve been a medical wreck,” joked Amick. “I’ve suffered through spells and afflictions and been prodded and questioned by inquisitive young minds.”

Originally from Independence, Kan., Amick graduated from Baker University and worked for The Land Institute for several years before retiring to renovate his farm and spend time with his grandchildren, Lauren, Emma and Madalyn. Along the way he’s fostered a variety of his interests including church involvement, beekeeping and whole food store owner.

As a graduate of a smaller university, Amick could immediately see the impact he would be able to have on students as part of the clinical skills process.

“Our role is to see that the students get challenged and get real practice in this setting,” he said. “Having graduated from a smaller school, of course I think up close and personal is the way to go.”

Along the way, Amick has forged relationships with many of the students.

“I have enjoyed many new friendships and conversations with students over the brief history of this program. Watching students mature and progress in personal interactions is especially fun.”

spotlight: dr. trent davis

Dr. Trent Davis, who was recently selected by the KU SOM-Salina student body to receive the Excellence in Teaching in Clinical Clerkships award, shed some light on his role at the school as well as his background and the importance of the Salina campus.

How did you choose neurology as your specialty?
Neurology was not my first choice; I was torn between pediatrics and internal medicine. I chose a med-peds internship and one month of peds was enough to convince me that kids and their parents were more than what I was ready for! I really liked Psychiatry, but didn’t want to be boarded in only psych.

Neurology turned out to be just enough internal med, just enough psychiatry, and it matched my personality quite well. Inpatient neurology was initially quite tough on me emotionally, but I realized there was no better place for a hopelessly optimistic person like myself.

What is your take on the benefit of a campus like Salina?
It places a personal challenge and responsibility on me to make sure our students learn the discipline of neurology well. The regular and close communication between attending and student allows concepts to be learned, not memorized. I am able to focus on thought processing and problem solving rather than being responsible for making sure certain topics are covered in a lecture format. A student’s face and voice inflection tells me immediately if he or she is comfortable discussing the topic at hand.

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patient roles. Standardized patients allow students to practice their clinical skills in a safe and non-threatening environment.

Standardized patients, however, are not called on to play the role of critically ill or even dying patients—patients that may require some type of radical intervention, such as placement of an endotracheal tube to assist breathing, chest compressions to promote blood circulation, placement of intravenous lines or other tubes and administration of life-saving medications. Fortunately, we are now able to use advanced manikins in a controlled environment to reproduce many real-life medical emergencies—providing medical students, licensed physicians, and other health care providers the safe and non-threatening environment in which to respond to an emergency situation.

Simulation exercises start in the first year of medical school. First year medical students on all three campuses of KU School of Medicine participate in two separate simulation exercises involving training manikins. The first exercise involves a sequence of different scenarios involving patients with profoundly low blood pressure (shock). In each case, shock is caused by a different underlying problem, such as infection, allergic reaction, heart attack and bleeding. The second series of scenarios involves patients with respiratory failure related to different mechanisms, such as asthma, pneumonia, and narcotic overdose. In both sets of exercises students must ask the appropriate questions, examine the manikin, assess data on monitoring equipment, order appropriate laboratory and radiographic studies, communicate with other members of the healthcare team and deliver the appropriate care if the manikin is to survive. Yes, mistakes are made, but no one is harmed. Hopefully, learning is enhanced. Additional simulation labs are incorporated into the later years of medical education.

In the past, KU School of Medicine-Salina has used the laboratory facilities at Salina Regional Health Center to conduct the simulation exercises. This summer, as the result of generous grants from the Dane Hansen Foundation and another that has asked to remain anonymous, KU School of Medicine-Salina has developed its own simulation laboratory. We have created a dedicated space and purchased a state-of-the-art manikin, monitoring equipment, training defibrillator, intubation tools, and other essentials that will provide our students with a robust learning experience. Salina students will be provided the same training tools found in Kansas City and Wichita. We are extremely grateful to the Dane Hansen Foundation and others for their generous support of our new endeavor. The value of simulation training is unquestioned, and we will be adding more and more of these experiences to the medical school curriculum.

Thanks to a generous gift from the Dane Hansen Foundation, the KU School of Medicine-Salina was given the opportunity to purchase a 3G Sim Man. The Sim Man 3G is an advanced patient simulator that can display neurological and physiological symptoms. The innovative technology offers the most realistic training possible while being easy to operate (www.laerdal.com).
Do you feel Salina students are as prepared as those from a larger campus?

Salina students have shown up “ready to play”. The real stars of our medical campus are our foundational science instructors in years one and two - how they achieve such stellar results with what might seem to be a campus that’s too small to compete with larger schools is amazing. Their results are quite dependent upon the raw talent they are given to work with - the admissions team for Salina has chosen extremely well!

The new systems-based curriculum placed in the hands of students that are highly motivated to work hard beyond the classroom has resulted in junior students that make me work hard to stay a step ahead of them.

I am so much smarter for having been a part of the learning process here.

What do you bring to the table as a faculty member?

A committed faculty member, at any level of education, learns by teaching. I have never taught a class after which I was not smarter than before it began. Sometimes the enrichment is in pure knowledge, other times teaching technique, other times it is in awareness of how relevant students thought a topic was. I bring years of experience translating patient history, physical exam findings and lab results into pages in their books. As my involvement increases, I realize there is an expectation that today’s student is more capable of independent learning.

This frees up time to teach disease processes rather than individual disease. This is when neurology becomes fun - “solving the puzzle” is easier using the proper tools.

Final words...

Though my neurology career is my “job”, and I consider it fun, it is not who I am. I am a person who likes to appreciate the talents of everyone on earth and right wrongs when I see them. The older I’ve become, I realize that people are more alike than they are different. As the saying goes, “There are no strangers, just friends we haven’t met yet.”