

Curriculum Connections

*A newsletter of the Education Council
and the Office of Medical Education
July 1999*

*Enclosed in this issue of Curriculum Connections is a
summary of the Medical Education Retreat (June 4, 1999)*



Office of Medical Education Web Site

The Office of Medical Education (OME) has a new website at <http://www2.kumc.edu/mesu/index.html>. Office personnel contact information is available there as well as the Summative Competencies for University of Kansas Medical School Graduates, lists of course and clerkship directors and previous issues of *Curriculum Connections*.

Educational Oversight Committees

Year 1-2 Chair - George Enders, Ph.D.

Year 3-4 Chair - Michael Burke, M.D.

The committees are reviewing end-of-year curriculum evaluations and inviting course and clerkship directors to committee meetings to discuss their experiences and plans for the next academic year.



Issues in Clinical Medicine (ICM 900)

The Issues in Clinical Medicine course for third-year medical students will begin in September and conclude in June. Sessions will occur approximately two Thursdays per month at 4 p.m. and will consist of large group and small group experiences.

National Domestic Violence Course Evaluation

Anthony Paolo, Ph.D. and Sheryl Hodge, M.A. (OME) assisted Zita Surprenant, M.D., M.P.H. (Preventive Medicine) and students Michelle Higley and

Lee Wilbur in the development of a national evaluation for the Physicians for a Violence Free Society Domestic Violence documentation course.

JayDoc.Net

JayDoc.Net is an online service providing quick and easy access to up-to-date clinical information (<http://clinweb.kumc.edu/jaydoc.net/>). JayDoc.Net members receive access to online textbooks, clinical formulas, cases and much more. JayDoc.Net was created by Derek Williams, MD, Family Medicine and Tseng-Kuo Shiao, MD, Medical Informatics. JayDoc.Net is made available to registered users thanks to funding from Family Medicine, Medical Informatics, and the Office of Primary Care.

Central Group on Educational Affairs (CGEA) Meeting

The CGEA spring meeting took place March 25-28, 1999, at the Ritz-Carlton Hotel in Kansas City. Hosted by the University of Missouri-Kansas City School of Medicine, the meeting theme was "Ways of Learning, Ways of Teaching from Medical School into Practice". Presenters from KU included: Drs. Wilfred Arnold, Giulia Bonaminio, David Calkins, Jim Fishback, Cheryl Gibson, Ken Kallail, Anthony Paolo, Allen Rawitch, David Virtue, Anne Walling and Fred Whitehead.



First Year News

Summary of Student Responses to the End-of-First-Year Curriculum Evaluation
(Spring 1999 – Class of 2002)

- The majority of students reported attending at least 60% of the lectures for all courses.
- The majority of students indicated that the courses within the Gastrointestinal, Renal, Endocrine, and Neuroscience blocks were well integrated.
- Most students agreed that the overall quality of Medical Biochemistry (BIOC), Human Anatomy & Embryology (ATMY), Medical Physiology (PHYS), and Clinical Skills (ClinSk) was good. A little more than half indicated that the overall quality of Neuroscience (NeuSci) was good. About one-fourth agreed that the overall quality was good for Cell & Tissue Biology (CTB) and Social Basis of Medicine (SBM).
- Most of the respondents indicated that clinically relevant material was provided in the lectures and that lecture time was used effectively in BIOC, ATMY, PHYS, NeuSci, and ClinSk. About one-fourth agreed that the clinical relevance of the lecture material was made clear and that lecture time was used effectively in CTB and SBM.
- The majority of respondents agreed that lab time was used effectively in ATMY & NeuSci. About one-fourth reported effective use of lab time for CTB.
- The majority of students agreed that the relevance of the small group sessions to clinical medicine was made clear and that small group time was used effectively in BIOC, PHYS, and ClinSk. About one-quarter reported that the clinical relevance of the small group sessions was made clear and that small group time was used effectively in SBM.
- The majority of students reported that the amount of scheduled contact time was about right for BIOC, ATMY, PHYS, and ClinSk. About half of the students noted that the amount of time in NeuSci was too little, while about half indicated that the amount of scheduled contact time was about right for CTB. The majority noted that the amount of scheduled contact time for SBM was too much.
- Most students reported that the length of the Gastrointestinal and Endocrine system blocks was about right. Many students indicated that the length of the Renal block was about right with a similar number reporting that it was too short. Most respondents indicated that the Neuroscience block was too short.
- The majority of students indicated that the number of examinations was about right. About half agreed that the clustering of the examinations was helpful, while one-fourth disagreed.

Second Year News

Summary of Student Responses to the End-of-Second-Year Curriculum Evaluation
(Spring 1999 – Class of 2001)

- About half or more of the respondents indicated attending 60% or more of the lectures for all courses.
- The majority of students agreed that the information presented across the courses was well integrated.
- Most students agreed that the overall quality of the course was good in Systemic Pathology (PATH), Pharmacology (PHARM), and Behavioral Medicine (Beh Med). About a third or less agreed that the overall quality was good in Physical Diagnosis (PhyDx) and Medical Humanities (Med Hum).
- In PATH, PHARM, PhyDx, and Beh Med, the majority of students agreed that the relevance of the lecture material to clinical medicine was made clear. About one-third agreed that the relevance of the lecture material to clinical medicine was made clear in Med Hum.
- The majority of students agreed that lecture time was used effectively in PATH, PHARM, and Beh Med. About one-third or less agreed that lecture time was used effectively in PhyDx and Med Hum.
- The majority of students agreed that the relevance of the small group sessions to clinical medicine was made clear in PATH, PHARM, and PhyDx. One-fourth agreed that the relevance of the small group sessions to clinical medicine was made clear in Med Hum.
- Most students agreed that small group time was used effectively in PATH and PHARM, while about a third or less agreed that small group time was used effectively in PhyDx and Med Hum.
- The majority of students agreed that the amount of scheduled contact time was about right in PATH, PHARM, and Beh Med. Most of the students in PhyDx and Med Hum felt the amount of scheduled contact time was too much.
- Most students agreed that the number of examinations was about right and that the clustering of the examinations, as in the first year, would not be helpful.

Third Year News

Summary of Student Responses to the End-of-Third-Year Curriculum Evaluation
(Spring 1999 – Class of 2000)

Results from the third year survey are being tabulated and will appear in the next issue of Curriculum Connections.

Fourth Year News

Summary of Student Responses to the Mid-Fourth Year Curriculum Evaluation
(Fall 1998 – Class of 1999)

- The majority of students from both campuses reported that the Rural Preceptorship (RP), Ambulatory Specialties (AS), Critical Care (CC) and Subinternship (SI) clerkships were good learning experiences. More than half of the Kansas City students and one-third of the Wichita students reported that the Health of the Public (HOP) clerkship was a good learning experience.
- The majority of students from both campuses agreed that the objectives were clearly specified in the RP, AS, CC and SI clerkships. About half of the Kansas City students and one-third of the Wichita students reported that the objectives were clearly specified in HOP.
- The majority of students from both campuses indicated that the patient contact in the RP, AS, CC and SI clerkships was sufficient for training purposes. For the HOP clerkship, one-fourth of the Kansas City students and one-third of the Wichita students indicated that the patient contact was sufficient.
- Approximately one-half of the students on both campuses reported that the didactic components of the RP and AS clerkships enhanced the learning experience. The majority of students indicated that the didactic components of the CC and SI clerkships enhanced the learning experience. One-half of the Kansas City students and one-third of the Wichita students reported that the didactic components in HOP enhanced the learning experience.
- The majority of students from both campuses agreed that they were able to complete the objectives of the RP, AS, CC, SI and HOP clerkships within the allotted time.
- The majority of students from both campuses indicated that the evaluation methods were clearly explained in the RP, CC and SI clerkships. Approximately one-half of the students from both campuses indicated that the evaluation methods were clearly explained in HOP and AS clerkships.
- For the RP, CC, SI and HOP clerkships the majority of students from both campuses reported that the feedback about their progress was timely and appropriate. One-half of the students in the AS clerkship reported that the feedback was timely and appropriate.
- For the RP, AS, CC SI and HOP clerkships the majority of students from both campuses agreed that the type and amount of faculty contact was adequate.

Medical Education Network Sites

Featured site this month:
Manhattan, Northeast Region

The Manhattan Regional Medical Education Network Site is the last of the six sites to have been established under the PCPE. Our office, which opened in July 1998, is shared with the Community Health Coordinating Council, an organization funded by a HRSA grant, whose purpose is to facilitate better assessment of and planning for our region's health needs, as well as exploring imaginative and more efficient uses of electronic communication. The missions of our two grant-supported projects mesh well and we find that in the area of cooperation, the whole is certainly greater than the sum of its parts. Lori Boden is Administrative Assistant at our site for both projects.

Manhattan, a hundred miles west of Kansas City, has many features that enhance its value as a network site. With a population somewhere between 35,000 and 40,000, and a constantly shifting group of Kansas State University students plus military personnel from Fort Riley, we have a diverse population and attract many regional referrals to our physicians. On the other hand, Manhattan retains much of the close-knit quality of a rural community, especially in the medical community. Our doctors and other healthcare providers, and our community agencies, all know each other well and can communicate without some of the difficulties encountered in bigger cities. Interactive telecommunications and an excellent library are available at KSU, in addition to the facilities of our hospital and clinics.

We try to encourage premedical (and other pre-health professions) students with a variety of activities, including arranging shadowing and observing in doctors' offices, the Summer Mentor Program, Scholars in Primary Care, and steering students toward pertinent volunteer activities. Although 4th-year preceptorship students have been "on board" in Manhattan for years, we are beginning to see some 3rd-year students come through for basic clerkships. In Ob-Gyn, Mindy Powell and Bill Weatherford have been with The Women's Health Group this year and others are expected. Mindy reports that on her first night on our service, she saw three regular deliveries, a c-section for triplets, and a "routine" c-section. By the end of the rotation, she'd delivered a couple of babies herself. Bill found himself gaining confidence in our clinic with basic ob-gyn history and exam techniques, and he will be the first 4th-year surgical "subintern" this summer. (He is the eldest of several KSU alum and student siblings, and always likes to come back to Manhattan. Go Cats!). In the future, we hope to see more students rotating here in pediatrics and family practice.

No words about the regional medical education network would be complete without recognition of the volunteer faculty who really make the programs work and teach the students so much about being doctors and good human beings. In Manhattan, among others, Drs. Debra

Medical Education Network Sites (cont.)

Doubek, Jacqi Seaton, Palmer Meek, Steve Short, Steve Haug, Dave Pauls, and Gene Klingler, have never said “no” when I asked. In our region, I have talked personally with Drs. Roger and Linda Warren of Hanover, Dr. John Ryan of Marysville, Dr. Gregg Wenger of Sabetha, Drs. Rich Sosinski and Mary Vernon of Lawrence, Dr. Robert Banks of Paola, Dr. Tom Walsh of Onaga, Dr. Pat Blanchard of Wamego, Dr. Melanie Byrum of Council Grove, and Dr. John Eplee of Atchison. And for those others whose names don’t come immediately to my postmenopausal mind, forgive me. We couldn’t do it without you.

Anne Wigglesworth, M.D., FACOG
Medical Education Director

Activity of the Education Council

The following is a summary of the activities of the Education Council in the 1998-99 academic year. The Education Council has met 14 times in the last 11 months to consider specific curriculum issues and recommendations from its working committees. The standing committees of the Education Council for this year include the Year 1-2 Oversight Committee, the Year 3-4 Oversight Committee and the Issues in Clinical Medicine Planning and Coordination Committee. In addition, ad hoc committees have been appointed to examine issues in student evaluation, and student effort compared to credit hour assignment to courses. A working group was formed to complete a summative competency document and detailed appendices for the medical curriculum. Formal actions of the committee have included:

- 1) Consideration and action on proposals for new courses or changes to courses proposed by the Departments of Family Medicine, Surgery, Internal Medicine, Emergency Medicine and Obstetrics and Gynecology
- 2) Approval of a name change for the Neuroscience Courses listed in anatomy and physiology to an interdisciplinary course designation Neuroscience 840
- 3) Approval of the Summative Competency Document and draft appendices describing our overall curriculum objectives (see the OME webpage at <http://www2.kumc.edu/mesu/SumComp1.html> for text of this document which has been subsequently accepted by the Faculty Council).
- 4) Reduction of the ambulatory specialties required clerkship experience in the new curriculum from the initially proposed 8 weeks to 4 weeks, and more recently from a selective to an elective experience while further evaluation is being carried out.
- 5) Education Council leadership was involved in the preparation for the recent LCME accreditation visit as

well as meetings with the site visitors. Currently the Education Council is responding to one of the concerns of the LCME site visitors that a more structured review and evaluation of all courses and clerkships should be planned in order to help document the effectiveness of the curriculum in meeting its educational objectives.

6) Year 1-2 and Year 3-4 Oversight Committees are in the process of meeting with course and clerkship directors to discuss their courses or clerkships and ways in which improvements can be facilitated or responses developed to issues raised in course evaluations.

Continuing projects for the Education Council, in cooperation with the Office of Medical Education, include: 1) entry of curriculum information into the CurrMIT central curriculum database (your department may be asked for additional information about your course or clerkship structure and scheduling) and 2) refining of the appendices to the competency document which reflect specific competencies and learning objectives from the several disciplines which contribute to our medical curriculum.

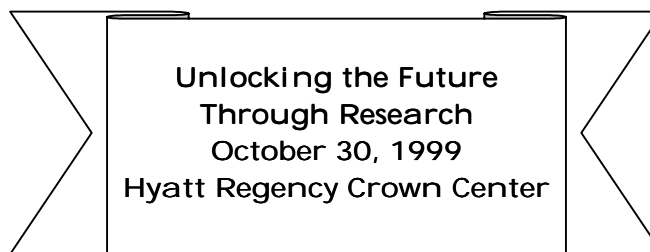
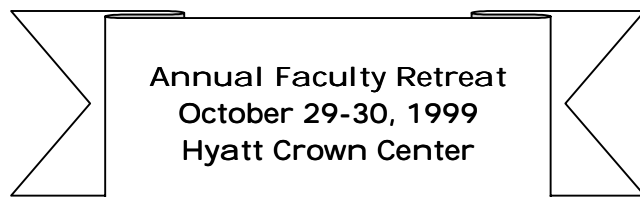
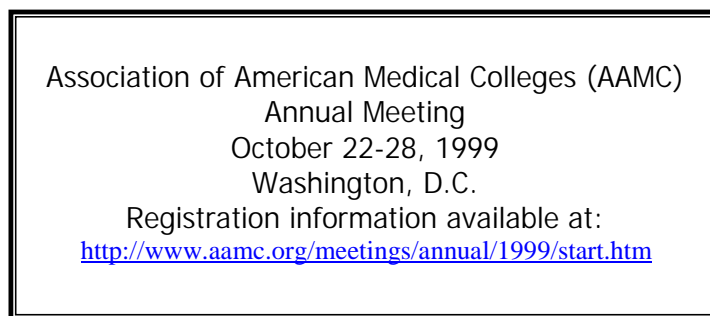
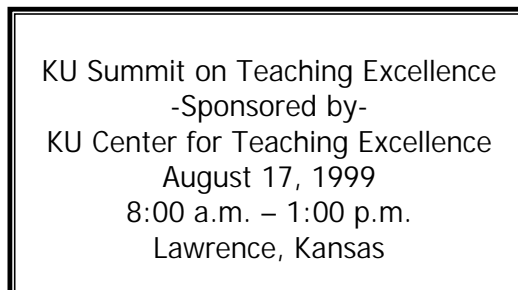
Allen Rawitch, Ph.D.
Education Council Chair

Med Ed 101

(a course co-sponsored by the Offices of Faculty Development and Medical Education)

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| Sept. 2 | Orientation and Basic Concepts
Nancy Davis, Ph.D. |
| Oct. 7 | Giving Effective Lectures and
Formal Presentations
Robert Klein, Ph.D. & Anne Walling, M.D. |
| Nov. 4 | Preparing and Using Written Examinations
Steve Downing, Ph.D.
American Board of Internal Medicine |
| Jan. 6 | Feedback and Performance Assessment
of Learners
Giulia Bonaminio, Ph.D., Anne Walling,
M.D. & Anthony Paolo, Ph.D. |
| Feb. 3 | Case-Based Teaching
LuAnn Wilkerson, Ed.D.
UCLA School of Medicine |
| March 2 | Teaching in the Ambulatory Clinic
Jane Murray, M.D. & Lisa Campbell, M.D. |
| April 6 | Education Scholarship
David Irby, Ph.D.
UCSF School of Medicine |
| May 4 | Digital Media Database
Robert Ardinger, M.D., Jim Fishback, M.D.
& Derek Williams, M.D. |

Announcements/Upcoming Events



Editorial Comments Invited

Curriculum Connections was developed by the Education Council to keep faculty and students informed about progress and procedures to reform the KU School of Medicine curriculum. Although the major implementation of the new curriculum is complete, the curriculum renewal process is ongoing and dynamic. *Curriculum Connections* will strive to keep faculty, students and staff up to date on the KU medical curriculum, and you are invited to submit comments, suggestions and/or newsworthy items relating to medical education. Please contact either Dr. Allen Rawitch, Chair of the Education Council, or Dr. Giulia Bonaminio, Director of the Office of Medical Education, with your feedback.