

Curriculum Connection

A newsletter of the Education Council
June 1998

FIRST YEAR NEWS

Standardized patient program completes pilot phase

A group of 175 first-year students tested the new standardized patient program this year in the Introduction to Clinical Medicine (ICM) course. The trend across medical schools is early introduction of the principles of clinical medicine, and KU's revised curriculum allows students to interact with patients in the first two years. By conducting patient interviews as well as physical exams, first-year students balance textbook learning with patient interaction.

Students practice breast, pelvic, and male genital exams on patient-instructors. Program coordinator David W. Virtue, Ph.D. describes these patient-instructors as "professionals from all walks of life, all ages ... who are interested in helping physicians learn the best way to examine patients." Faculty physicians and nurse practitioners provide instruction before, during and after the practice exams, so students receive individual feedback on their clinical skills. Students learn to screen for cancer during these exams and to teach patients proper self-examination techniques.

Patient-instructors also help students learn the five basic steps of patient interviewing: 1) chief complaint 2) history of present illness 3) past history and current health status 4) family history 5) psycho-social history and 6) review of systems. These practice interviews are videotaped and later critiqued by instructors in small groups.

Beginning in the fall semester, standardized patient activities will be integrated throughout the curriculum.

Summary of Student Responses to the Mid-First Year Curriculum Evaluation (Fall 1997)

Overall, the courses within the system blocks were considered well integrated. The length of the system blocks was considered adequate, except for the Cardiovascular system block, which was reported as too short. The majority of students indicated that clinically relevant material was provided in most of the course lectures and most of the small groups. In general, small group experiences were seen as enhancing the lecture material, and most students indicated that the length of the small group sessions was about right. Half of the students reported that the number of small groups was about right, while the other half thought there were too many small groups. Students tended to spend more time preparing for basic science small groups than ICM small groups. About half of the students indicated that the length of the fall break was about right and the other half reported that it was too long. The majority of students indicated that the number of examinations and the time allotted to complete the exams was about right.

SECOND YEAR NEWS

Integration of Introduction to Clinical Medicine 11 course now complete

The second-year curriculum planning has been completed. The Microbiology course will be taught in the fall semester and Pharmacology in the spring semester, while the Pathology and ICM II courses will span both semesters. The challenge for the committee was to enhance students' clinical medicine exposure without overburdening student schedules. As the ICM II course has been integrated into the second-year curriculum, faculty have given students maximum clinical experience with minimal additional class time. Clinical skills teaching in ICM will be coordinated with basic science courses, particularly Pathology. ICM also will include sessions on evidence-based medicine, preventive medicine, medical ethics, and behavioral medicine.

THIRD YEAR NEWS

Summary of Student Responses to the Mid-Third Year Curriculum Evaluation (Fall 1997)

Overall, most students reported improved clinical skills as a result of the clerkship experiences. While there was some variability, most of the students indicated that clerkship objectives were clearly specified and that the clerkships provided a good learning experience. Overall, many students considered the number and variety of patients seen during most clerkships as sufficient for training purposes. The type and amount of faculty contact during most clerkships was rated as adequate by the majority of students. In contrast, many students indicated that the methods used to evaluate their clerkship performance were not clearly explained and that feedback about their progress was not as timely as they would have liked.

FOURTH YEAR NEWS

New clerkships expand students' clinical training options

Across the country, most medical schools have the same general curriculum for the first three years, but the fourth year varies widely. In redesigning KU's fourth year, the committee has tried to give students maximum flexibility, while ensuring a solid base of clinical skills. Students have required clerkships (Health of the Public, Rural Preceptorship), "selectives" (Subinternship, Critical Care, Ambulatory Specialties) and electives. Fourth year clerkships include:

- 1) Subinternship (4 weeks) Students function as much as possible on the level of an intern. Options include: internal medicine, family medicine, ob-gyn, otolaryngology, surgery, pediatrics and psychiatry.
- 2) Rural Preceptorship (4 weeks) Students work with a preceptor in a rural community, as in previous years, to develop primary care skills.
- 3) Critical Care (4 weeks) Students work in ICUs, CCUs, the Post Anesthesia unit, the Bum Center, or the Emergency Department.
- 4) Ambulatory Specialties (4 weeks) Two-week rotations are offered in physical medicine and rehabilitation, dermatology, ophthalmology, otolaryngology, urology and radiology (Wichita only).
- 5) Health of the Public (4 weeks) The goal of this clerkship is to learn how to work effectively with other health care professionals and community agencies to meet the needs of individuals and populations.
- 6) Electives (at least 16 weeks)

A group of ten students piloted the Health of the Public clerkship this year. Student and faculty responses to this pilot program will be used to revise the clerkship as necessary before July, when all 4th year students will participate in the Health of the Public clerkship.

FACULTY NOTES

AAMC/GEA membership application now available on-line

Faculty can join the Association of American Medical Colleges' Group on Educational Affairs (GEA) by filling out the application form on the GEA website. See URL <http://www.aamc.org/about/gca/start.htm> for membership information.

TEACHING UPDATE

Faculty poll students about best and worst qualities in a lecture

A recent faculty development workshop on "Effective Lectures" was presented by Drs. Robert Klein, George Enders, Jim Fishback, George Helmkamp, Garold Minns and Bob Pisciotta. The workshop inspired Dr. Klein and Dr. Anthony Paolo to survey KU students about what makes a good lecture. The e-mail survey was designed to identify the features students consider most important in the presentation and content of lectures. Although the response rate was modest, Dr. Anne Walling, Associate Dean for Faculty Development, valued these initial results because "lectures are the most highly visible part of education, and require a considerable investment by both students and faculty."

Students described excellent lecturers as (of 116 responses): clear (31), interesting/engaging (31), valuing student participation (28), well-organized or prepared (26), enthusiastic (16) and featuring good use of handouts (12), visual aids (9), humor (7) and timing (6). In terms of content (of 66 responses), students considered an excellent lecture: to be concise/ factual (18), clinically relevant (15), geared toward student-level of knowledge (13), expert (8), to use demonstrations/ examples (6) and to be relevant to evaluation/testing (6).

In contrast, poor lecturers according to the survey (117 responses): were disorganized (40), boring (18), had poor communication/language skills (15), used visual aids too quickly or too often (11), were hostile/ superior (9), read/repeated text material (5), didn't answer questions, or answered poorly (5), gave disorganized handouts (4), were disinterested and/or unenthusiastic (4) or unprepared (4). In terms of content, poor lectures featured (of 45 responses): too much detail (17), lack of clarity on key issues (16), lack of expertise (5), not related to evaluation/ testing (5) or to readings (2).

Dr. Walling thanked students for being responsible and serious in their responses, and more willing to praise than blame. "The issues raised as problems are all fixable," she said, "and we will use these results to consider how lectures at KU can be improved." The first step in this process was the workshop offered in January by Drs. Klein, Enders, Fishback, Helmkamp, Minns and Bob Pisciotta. Additional workshops will focus on improving lecture skills, including use of more clinical and interactive approaches in the lecture setting.

A MESSAGE FROM THE CHAIR OF THE EDUCATION COUNCIL

As this academic year winds down and we prepare to graduate the class of 1998, we are also coming to the end of a very challenging period of curriculum development and reorganization in the School of Medicine. At the same time, we begin the challenge of continued improvement of the new curriculum. The process of implementation of each of the years of the curriculum has been a complex one in which many have participated, including faculty, administration and students.

While each phase of the implementation has been planned and initiated, the Education Council, working with departments, continues to evaluate and refine the curriculum plan. Student involvement has been and will continue to be essential to the success of the curriculum. In addition to a number of feedback sessions with both students and faculty, several written surveys have been conducted by the Medical Education Support Unit. Some of these results are summarized in this newsletter. Information continues to be gathered to help focus problems and make appropriate changes. The faculty and student representatives on the Education Council, along with each of the departments within the School of Medicine have worked hard to improve the training of our medical students and that process is continuing. As before, your ideas, suggestions and concerns continue to be welcome and should be forwarded to your Education Council representative or to me. The students in years 1 and 3 of the curriculum should be commended for their positive and constructive attitude during a time of change. They are pioneers of the new curriculum and should be proud of their role in the development of our new structure.

As the process continues, it is important to note that issues raised by both students and faculty as the Year 1 and Year 3 revised curriculum was implemented have been considered and in almost every case, addressed. Some of these modifications in Year 1 include lengthening of the Cardiovascular Block, movement of some of the neuroscience material into the early part of the physiology course and an adjustment of the exam and break schedule to allow more student preparation time and limit the number of exams on a single day. In addition, the Education Council has passed a specific definition of clinical electives which will allow students who take an early clinical elective (in years 1 & 2) to count towards their clinical elective requirement for graduation. For Year 3, additional teaching sites are being developed as options for some of the required clerkships and opportunities to work at several of the network sites out in the State will be available. As we continue to refine our program and explore additional new or innovative ideas for our curriculum and the process of educating physicians, each member of the School of Medicine family has a vested interest in the success of the curriculum and of our students and we must continue to strive for improvement on an ongoing basis.

Allen B. Rawitch, Ph.D.
Chair, Education Council