

Curriculum Connection

A newsletter of the Education Council
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Executive Dean's Message

Student Needs are Number One Goal

A medical school dean once commented, "It is easier to move a cemetery than to change a medical school curriculum." The process of curriculum change is always difficult. As we move from our traditional methods of educating physicians to better prepare students for the ever-changing field of medicine, I want to commend the faculty who have worked for more than three years to bring us to the point of implementation.

To initiate the reformed curriculum next July and August, there is much to be done. The new curriculum is a work in progress, one that is critical to the ongoing success of the medical school. We are striving to provide students with a more active and vibrant learning experience.

I encourage faculty to get involved in every way possible. Our number one goal is to educate students who will practice as competent and caring physicians well into the next century. The thrust of the new curriculum is to ensure that students not only learn effectively while in school, but also enable them to be lifelong learners.

I encourage students to learn about the goals and the design of the new curriculum. We are cognizant of the impact the new curriculum will have on you. The issues you bring to the table are important. We want to provide you with enough flexibility and control to succeed in medical school while attending to decisions that shape your personal life outside of medicine.

Medical education by its nature is very dynamic. Let us all continue to work together to ensure the success of the new curriculum at the University of Kansas School of Medicine.

Herbert M. Swick, M.D.
Interim Executive Dean

Proposed Curriculum Philosophy Approved by Faculty May 1996

A competency-based curriculum is being developed that clearly identifies skills, knowledge and behaviors required of all medical graduates, independent of subsequent specialty career choice. Within the curriculum, the generalist approach to patients with undifferentiated problems is emphasized. The curriculum is planned in a manner that ensures a guided, sequenced and integrated medical education.

Individual departments remain the focus of course/ clerkship development. Collaboration and active involvement with other appropriate departments, however, is required. Communication across departmental lines, horizontally within any one year and vertically among all four years, will occur in the planning, execution and evaluation phases of the curriculum. Innovative teaching and learning techniques will be used to improve students lifelong learning skills, enhance problem-solving abilities and facilitate the integration of the biological and social/behavioral components of illness and health.

Education Council Leads Curriculum Reform

The Education Council is charged with the management and design of the medical school curriculum. One member from each department which teaches a required course or an elective, and five medical students make up the 32-member governing council. It is chaired by Allen Rawitch, Ph.D., professor of biochemistry and molecular biology, Kansas City.

The idea of curriculum change is not new to the school of medicine - it dates back more than six years. The reform, in full swing today, began three years ago when a strategic planning committee spent a year exploring different curriculum models, discussing what KU could do better and visiting a half dozen other schools. Another two years of ad hoc committee planning resulted in the recommendation for a new curriculum.

The Education Council drafted the revised curriculum proposal and presented it to the Faculty Council last May. "It was approved by a substantial vote," said Rawitch. "Now it's time to put the approved curriculum model into a form that can be implemented."

Two oversight committees, one for years one/two, and another for years three/four, are charged with the implementation process. Four additional ad hoc committees and curricular clerkship teams are working on specific issues regarding implementation.

A phased implementation schedule emphasizing years one and three during 1997, and years two and four in 1998, is planned. However, the curriculum will be subject to frequent modification and revision based on a continuous quality improvement model.

Committees Report Progress

Oversight Committee for Years One/Two

This committee's main purpose is to define and implement a better integration of course information learned in years one/two. It is supported by four ad hoc committees - Committee for Year-One Integration, Committee for Year-Two Integration, Committee for the Introduction of Clinical Medicine and Committee for the Interdisciplinary Conferences.

"We are striving to reorganize content so that when you talk about an organ system, such as the cardiovascular system, in one course, it will also be the focus in the other ongoing courses," said Allen Rawitch, Ph.D., professor of biochemistry and molecular biology, and chair of the year one/two oversight committee as well as the Education Council. To do so, the Committee is exploring ways to change the medical school calendar - not the actual start and end dates, but how time blocks are used.

The committee has been studying two models of integration. One is similar to the current curriculum, but the other would run the introduction to Clinical Medicine course the entire year. "The course would not involve additional material or time because it would break and reconvene according to subject matter," he said.

Another curricular element being planned, though not set in stone, is a non-credit course in which clinical cases and treatment applications are presented. "These would be integrated sessions in which first- and second-year students could interact."

Rawitch cautioned that these are ideas being discussed in committee, but not yet finalized. "There are a lot of issues to be looked at. Everyone working with the curriculum change is committed to ensuring that the first students who go through the new curriculum have a positive experience," said Rawitch.

The oversight committee for years one/two will make concrete decisions regarding the specifics of the new curriculum later this month.

Oversight Committee for Years Three/Four

Members of this oversight committee are from hospital-based and ambulatory specialties, as well as from focused and generalist specialties. The group's central purpose is to facilitate the implementation of approved clerkship curricular changes. The actual design work falls to clerkship teams.

"We're currently developing a team for each clerkship," said Douglas Woolley, M.D., associate professor, Family and Community Medicine, Wichita, and chair of the oversight committee. "Each team has coordinators from Kansas City and Wichita and has representation by faculty from related clinical medicine disciplines, relevant sciences, allied health and nursing."

The committee is assisting teams in developing a well-integrated curriculum across the clerkship years. "We must make sure that no essential clinical skills in medicine fall through the cracks," said Woolley. "We are also striving to provide students with consistency from clerkship to clerkship, meaning that the basic philosophies and evaluation methods are congruent regardless of where the clerkship is taken. Only the local differences in clinical and faculty resources should affect the methods used to fulfill the curricular elements."

As the work of each clerkship team progresses, departments in conjunction with the dean's office will need to define additional clinical resources, such as preceptors, clinics and other on- and off-campus training sites required to fully implement the new curriculum.

The teams have until March to finalize each clerkship curriculum. The conclusive details of implementation then become the focus of each team, as assisted by the oversight committee.

Editorial Comments Invited

Curriculum Connections has been developed by the Education Council to keep faculty and students informed about progress and procedures to reform the KU School of Medicine curriculum. Questions, concerns and suggestions from readers for future newsletter articles or committee discussion are encouraged. Allen Rawitch, Ph.D., Education Council chair, will accept comments through e-mail at arawitch@kumc.edu.