

February 2003



OFFICE OF MEDICAL EDUCATION

Curriculum Connections

From the Education Council

This Fall the Education Council has had a number of new and ongoing activities. We are in the process of finalizing the Comprehensive course reviews for the Surgery clerkship and the Physiology course. This activity will complete a three-year process during which time all required course/ clerkships in the medical student curriculum underwent comprehensive peer-review.

We now have three active subcommittees. The Genetics subcommittee has

the task of making recommendations to organize, integrate and update genetics education in the four-year medical student curriculum. The Behavioral Sciences subcommittee is looking at opportunities for quality improvement and integration with other course modules in the Introduction to Clinical Medicine (ICM) curriculum. As part of the Year 3-4 Curriculum Oversight Committee, a Clinical Skills Assessment (CSA) subcommittee is working to further develop and validate a

CSA for KU students using the new Neis Skills Lab.

Dr. Glen Cox is meeting with course directors as part of a systematic review and analysis of the 1st and 2nd year curriculum. A combined Kansas City/Wichita conference has been planned for 3rd and 4th clerkship directors on February 28, 2003 to review learning objectives, core competencies for graduation, and evaluation methods.

Aamodt named Director of Neis Skills Lab

Carla Aamodt, M.D., was named the new Clinical Director of the Neis Clinical Skills Lab in November 2002. Dr. Aamodt joins David Virtue, Ph.D. the administrative director of the skills lab, and Ray Dahlberg, the Standardized Patient Coordinator.

Both Dr. Aamodt and Dr. Virtue have already begun (in conjunction with the Education Council) on developing curricula to help assist students in preparing for the new Clinical Skills portion of USMLE Step 2. In addition to improving the

Clinical Skills Assessment for the 4th year students, both Dr. Aamodt and Dr. Virtue have introduced two activities for the 2nd year students to help prepare them for their rotations this summer.

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Special points of interest:

- *Central Group on Educational Affairs is meeting from March 20-23, 2003 in Iowa City, IA. For more information please visit www.cgea.net.*
- *The International Association of Medical Science Educators annual meeting is July 19-22, 2003. For more information please visit www.iamse.org*

Year I (Class of 2006) Curriculum Evaluation Results

- The response rate of 95% was considered excellent.
- The majority of students (65% or more) indicated that the courses within the Cardiovascular, Respiratory, and Musculo-Skeletal blocks were generally well integrated. Less than half (47%) reported that the courses within the Cellular and Molecular Biology block were well integrated.
- Most students (> 56%) agreed that the overall quality of Cell & Tissue Biology (CTB), Human Anatomy and Embryology (ATMY), Medical Physiology (PHYS), and Clinical Skills I (CSI: ICM 801) and was good. Less than half (< 43%) indicated that the overall quality of was good for Medical Biochemistry (BIOC 801) and Health Promotion Disease Prevention (HPDP).
- The majority of the respondents (> 63%) agreed that the lecture material had sufficient illustrations of clinical relevance in CTB (64%), ATMY (78%), PHYS (78%), CSI (80%), and HPDP (66%). Less than half of the respondents (48%) agreed that the lecture material had sufficient illustrations of clinical relevance in BIOC.
- At least half (50% or more) agreed that lecture time was used effectively in BIOC (61%), CTB (66%), ATMY (55%), PHYS (78%), and HPDP (50%). Almost half (46%) of the respondents reported effective use of lecture time in CSI.
- Most respondents (> 78%) agreed that the lab sessions in CTB, ATMY, and PHYS correlated with the lecture material.
- At least 75% of the respondents agreed that the lab sessions in CTB, ATMY, and PHYS facilitated learning of the course objectives.
- The majority of students (> 65%) agreed that lab time was used effectively in CTB, ATMY, and PHYS.
- The majority of students (> 71%) agreed that the small group sessions had sufficient illustrations to clinical relevance in BIOC, PHYS, and CSI.
- Most students (> 57%) indicated that small group time was used effectively in BIOC, PHYS, and CSI.
- The majority of students (56% or more) reported that the amount of scheduled contact time was about right for BIOC, CTB, ATMY, PHYS, and CSI and HPDP.
- The majority of respondents (> 56%) indicated that the length of the Cellular and Molecular Biology block, the Cardiovascular system block, and the Respiratory system block was about right. The length of the Musculo-Skeletal system block was reported as about right by 46% and too short by 49% of the respondents. The Cellular and Molecular Biology block was considered too long by 39% of the respondents and the Respiratory system block was considered to short by 37% of the students.
- The majority of students (71%) indicated that the number of examinations was about right. About one-third (38%) of the respondents agreed that the clustering of the examinations was helpful, while (43%) disagreed.

Year II (Class of 2005) Curriculum Evaluation Results

- The response rate was 87% (152/174).
- The majority of respondents (78%) agreed that the information presented across the courses within the semester was well integrated.
- Most respondents (89%) agreed that the overall quality of the course was good in General Pathology (PAON). Slightly less (82%) agreed that the overall quality of the course was good in Microbiology (MBIO). Less than one-fourth (21%) agreed that the overall quality was good in Clinical Epidemiology and Prevention (CEP).
- A very small number of respondents (4%) agreed that the overall quality of the course was good in Clinical Skills (CSII).
- The majority of respondents (> 83%) agreed that the lectures had sufficient illustrations of clinical relevance in MBIO and PAON. About one-third (< 29%) of the students agreed that the lectures had sufficient illustrations of clinical relevance in CSII and CEP.
- The majority of respondents (> 75%) agreed that lecture time was used effectively in MBIO and PAON. About one-fourth (< 26%) agreed that lecture time was used effectively in CSII and CEP.
- The majority of respondents (> 85%) agreed that the small groups had sufficient illustrations of clinical relevance in MBIO and PAON. About one-third (30%) of the respondents agreed that the small groups had sufficient illustrations of clinical relevance in CSII.
- Most respondents (> 80%) agreed that small group time was used effectively in MBIO and PAON. Less than one-fourth (20%) of the students noted effective use of small group time in CSII.
- The majority of respondents (> 62%) reported that the amount of scheduled contact time was about right for, MBIO, PAON, and CEP. Many students (66%) noted too much contact time for CSII.
- The majority of respondents (87%) agreed that the number of examinations during the semester was about right.

Year III (Class of 2004) Curriculum Evaluation Results

- The overall response rate was 94%; the response rates for Kansas City and Wichita were 92% and 98%, respectively.
- The majority of students (> 54%) on both campuses reported that the Pediatrics (PEDS), Obstetrics/Gynecology (OB/GYN), Family Medicine (FM), Ambulatory Medicine (AM), Geriatrics (GER), Internal Medicine (IM), General Surgery (SURG), and Neuropsychiatry (NPSY) clerkships provided a good learning experience.
- Most students (> 54%) on both campuses reported that the objectives of the PEDS, OB/GYN, FM, GER, IM, SURG, and NPSY clerkships were clearly specified. For the AM clerkship, the majority (78%) of Wichita students indicated that the objectives were clearly specified, while 38% of the KC respondents indicated that the objectives were clearly specified.
- At least 67% of the students on both campuses indicated that patient contact was sufficient for training purposes on the PEDS, FM, IM, SURG, and NPSY clerkships. For OB/GYN, 49% of the KC students and 96% of the Wichita students reported sufficient patient contact. For AM, 75% of the KC students and 52% of the Wichita respondents reported sufficient patient contact. For GER, 62% of the KC students and 50% of the Wichita students noted sufficient patient contact.
- The majority of respondents (> 55%) on both campuses agreed that the didactic components enhanced the learning experience in the PEDS, OB/GYN, FM, GER, IM, and SURG clerkships. For the AM clerkship, 47% of the KC and 70% of the Wichita students indicated that the didactic components enhanced the learning experience. For NPSY, 55% of the KC and 43% of the Wichita students indicated that the didactic components enhanced the learning experience.
- At least 53% of the respondents on both campuses indicated that they were able to complete the objectives of the PEDS, FM, AM, GER, SURG, and NPSY clerkships within the allotted time. For OB/GYN, 41% of the KC and 71% of the Wichita students indicated that they were able to complete the objectives within the allotted time. For the IM clerkship, 36% of the KC and 100% of the Wichita students indicated that they were able to complete the objectives within the allotted time.
- The majority of students (50% or more) on both campuses reported that the methods used to evaluate their performance on the PEDS, FM, AM, GER, IM, and SURG clerkships were clearly explained. For OB/GYN, 39% of the KC and 38% of the Wichita students reported that the methods used to evaluate their performance were clearly explained. For NPSY, 53% of the KC and 47% of the Wichita students reported that the methods used to evaluate their performance were clearly explained.
- The majority (> 56%) of respondents from both campuses reported receiving timely feedback about their progress in the FM, AM, GER, and IM clerkships. For the PEDS clerkship, 69% of the KC and 25% of the Wichita students indicated that feedback about their progress was timely and appropriate. For the Ob/Gyn clerkship, 22% of the KC and 25% of the Wichita students noted receiving timely feedback. For SURG, 46% of the KC and 42% of the Wichita students noted receiving timely feedback. For the NPSY clerkship, 28% of the KC and 17% of the Wichita students noted receiving timely feedback.
- The majority (> 52%) of the students from both campuses reported that the type and amount of faculty contact was adequate for all of the clerkships.

Upcoming Faculty Development Workshops

How do you Know if they are doing Research on You, when Can you do Research on them?

An Insider's View of IRBs and Human Subjects Review.

Speaker: Jerry Menikoff, JD, MD

Associate Professor of History and Philosophy of Medicine and Ophthalmology
Chair, KUMC Human Subjects Committee

When: March 6, 12:00 – 1:30PM

Where: 1023 Orr-Major

Leadership Series Workshops

Sponsored by Faculty Development and the Department of Health Policy and Management

When: February 21, 2003

Where: 1050 School of Nursing

Topic: Developing Coaching Skills

Speaker: Marilyn O'Hearne from Connections Coaching

When: March 21, 2003

Where: 1050 School of Nursing

Topic: Systems Thinking: Concepts and Applications

Speaker: Barbara Arrington, Ph.D., FACHE
School of Public Health, Saint Louis University

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Is there something you would like to see featured? If so please email Emma Webb at ewebb2@kumc.edu.

This newsletter is a service of the Office of Medical Education and the Education Council.

February's Teaching Tip — Establishing PBL Group Norms

Effective PBL groups establish distinct behavioral norms that optimize student learning and group function. Good facilitators subtly aid in group norming through early interventions. For example, before the first case is distributed, I suggest a realistic but high number of learning issues, and then ask the group “Can we do that?” While smiling, I quickly look each student in the eyes and nod. Since all are eager to proceed, students always nod back in agreement. Later on in the session when the first learning issue is generated I try to reinforce the agreement by saying something like, “Great! We got our first learning issue. We had better keep at it to achieve our goal of 23 learning issues.” Doing this in the first session with a group establishes the norm of generating a long list of learning issues. Since learning issues drive the research process a norm of high expectation has been subtly set.

— Courtesy of Kelliher and Associates, Ltd

NBME Representative Dr. Scoles Visits Feb. 12

Dr. Peter Scoles from the National Board of Medical Examiners will be on campus Wednesday, February 12, 2003. One purpose of Dr. Scoles visit to help acquaint faculty, staff and students with the newly approved Standardized Patient portion of USLME Step 2.

Dr. Scoles is Senior Vice President for Assessment Programs at the National Board of Medical Examiners (NBME). He is a graduate of the Jefferson Medical College-Pennsylvania State University Program in Medicine, received a Master of Science degree from Ohio State University, and a Master of Arts degree in Humanities from John Carroll University.

Dr. Scoles oversees the United States Medical Licensing Examination. He is responsible for implementation of the NBME Clinical Skills Examination. He supervises NBME programs for prac-

ticing physicians, client examination services and NBME international programs. He has responsibility for oversight of the Medical School Subject Test program. He represents the NBME at the American Board of Medical Specialties, and is responsible for design and coordination of post licensure assessment services with the Federation of State Medical Boards.

Prior to his appointment at the NBME, Dr. Scoles was Professor in the Departments of Orthopaedics, Anatomy, and Pediatrics at Case Western Reserve University School of Medicine. He is a member of Alpha Omega Alpha Medical Honor Society, the American Orthopedic Association, and the American Academy of Orthopedic Surgery.

Dr. Scoles holds a current clinical appointment as adjunct Professor of Or-

thopedics at Temple University School of Medicine, and is an attending Orthopedic Surgeon at the Philadelphia Shriners Hospital for Children. His clinical specialty is pediatric orthopedic surgery.

Students are scheduled to meet with Dr. Scoles between 3p.m. — 4p.m. in Rieke. This will be an opportunity for students to ask Dr. Scoles questions about the new portion of USLME Step 2, as well as an opportunity for students to learn more about purpose of this new portion of Step 2.

Faculty and staff are invited to meet with Dr. Scoles from 12:15p.m. — 1:15p.m. in 4024 Varnes Ceneter. Lunch will be provided to those people who RSVP to Melanie Brink at mbrink@kumc.edu.