

October 2003



OFFICE OF MEDICAL EDUCATION

# Curriculum Connections

## From the Education Council

This has been an exciting and busy year for the Education Council and medical education at the KUSOM. This year saw the completion of our first round of systematic course reviews. All required courses have now undergone a detailed peer-review. This process has led to course improvements, curriculum development, and better coordination between the Wichita and Kansas City campuses. The process of review has also facilitated a multidisciplinary collaboration here at KU. The collegiality and collaboration among KU faculty was further enhanced by the first annual Clerkship Director's Confer-

ence this Spring which was a tremendous success and brought together all clerkship directors from both campuses for a day of brain-storming and problem-solving.

Another exciting development has been the progress made toward establishing a Clinical Skills Assessment (CSA) for students completing their third year. The CSA will be an opportunity for students to hone their clinical skills and identify areas for additional study and practice. The Education Council is also confident that this exercise will prepare our students for success when the clinical skills portion of USMLE Step 2 is implemented in

2004/05.

Finally, this month the Education Council in conjunction with the Office of Medical Education and the Dean's Office sponsored the Annual Medical Education Retreat. This year's retreat was particularly exciting, launching the Medical Education Initiative 2003. This program will examine all aspects of medical education at KU from student satisfaction to technology-enhanced learning. This initiative will involve a fairly massive effort by faculty and administration but all attendees left the retreat motivated and optimistic.

— Dr. Michael Burke

### Faculty Development Unveils New Website

The Office of Academic Affairs is pleased to introduce a new web site which debuted in July. The new site, called My Faculty Info Now, is designed to provide "one-stop shopping" for all the information needed by the harried School of Medicine faculty member. Incorporating the dual func-

tions of the OAA (Faculty Affairs and Faculty Development), the site includes information ranging from promotion and tenure to reserving rooms. The office hopes users will be particularly interested in the area of the web site that lists the programs and workshops available to faculty and

staff. New information will be appearing on this page throughout the fall as we plan the programs for the upcoming academic year. If you have suggestions for a workshop or program you would like to see, please drop a note in the suggestion box found on the Programs page.

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#### Special points of interest:

- Faculty Development website address is <http://www.kumc.edu/som/facdev/index.html>
- The AAMC annual meeting is November 7-12, 2003. For more information please visit [www.aamc.org](http://www.aamc.org)
- Central Group on Educational Affairs meeting is March 18-21, 2004. Submission deadline is Dec. 1, 2003. For more information visit <http://shaw.medlib.iupui.edu/cgea/call04.html>

## Year I (Class of 2006) Curriculum Evaluation Results

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- The response rate was 90% and at least half of the students reported attending at least 60% of the lectures for all courses.
- The majority of students (62% or more) indicated that the courses within the Gastrointestinal, Renal, Endocrine, and Neuroscience blocks were generally well integrated.
- Most students (> 56%) agreed that the overall quality of Cell and Tissue Biology (CTB), Human Anatomy & Embryology (ATMY), Medical Physiology (PHYS), and Neuroscience (NEUS) was good. Less than half of the respondents indicated that the overall quality of Medical Biochemistry (BIOC: 47%), Clinical Skills I (CS1: 41%), and Social Basis of Medical Practice (SBMP: 31%) was good.
- Most of the respondents (> 73%) indicated that there were sufficient illustrations of clinical relevance during lectures for ATMY, PHYS, NEUS, and CS1. About half of the students agreed that there were sufficient illustrations of clinical relevance during lectures for BIOC (47%) and CTB (46%). About one-third of the respondents agreed that there were sufficient illustrations of clinical relevance during lectures for SBMP (35%).
- Most students (> 54%) agreed that lecture time was used effectively in BIOC, CTB, ATMY, PHYS, and NEUS. Less than half of the students reported effective use of lecture time for CS1 (36%) and SBMP (27%).
- The majority of respondents (78% or more) agreed that the lab sessions correlated with the lecture material in ATMY, CTB, and NEUS.
- The majority of respondents (65% or more) agreed that lab sessions facilitated learning of the course objectives in ATMY, CTB, and NEUS.
- More than half of the students (> 51%) agreed that lab time was used effectively in ATMY, CTB, and NEUS.
- The majority of students (> 61%) agreed that there were sufficient illustrations of clinical relevance in small groups for BIOC, PHYS, and CS1. About one-third of the students agreed that there were sufficient illustrations of clinical relevance in small groups for SBMP (36%).
- Most students (> 68%) indicated that small group time was used effectively in BIOC and PHYS. Less than half of the respondents reported effective use of small group time for CS1 (37%) and SBMP (37%).
- The majority of students (54% or more) reported that the amount of scheduled contact time was about right for BIOC, CTB, ATMY, PHYS, NEUS, and CS1. About one-third noted that the amount of scheduled contact time was about right SBMP (36%). About one-fourth to one-third noted too much contact time for BIOC (30%), CTB (30%), ATMY (23%), PHYS (23%), NEUS (27%), and CS1 (22%). More than half of the respondents noted too much contact time for SBMP (60%). About one-fourth of the students noted too little contact time for CS1 (24%).
- Most students (55% or more) reported that the length of the Gastrointestinal, Renal, Endocrine, and Neuroscience blocks was about right. About one-fourth to one-third of the respondents noted that the length of the Endocrine block (27%) and Neuroscience block (35%) was too short.
- About two-thirds (64%) of the students indicated that the number of examinations was about right, with 25% reporting that there were too many exams. Only 27% of the respondents agreed that the clustering of the examinations was helpful, while 43% disagreed.

## Year II (Class of 2005) Curriculum Evaluation Results

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- The response rate was excellent: 98% (167/171).
- More than half of the respondents (61%) agreed that the information presented across the courses within the semester was well integrated.
- Most respondents agreed that the overall quality of the course was good in Pharmacology (PHRM: 87%), Medical Ethics (Med Ethics: 52%) and Behavioral Medicine (Bmed: 55%). Less than half agreed that the overall quality of the course was good in Systemic Pathology (PAON: 44%) and Clinical Skills II (CS2: 38%).
- The majority of respondents agreed that the lectures had sufficient illustrations of clinical relevance in PAON (79%), PHRM (83%), CS2 (65%), Med Ethics (58%), and Bmed (71%).
- The majority of respondents (79%) agreed that lecture time was used effectively in PHRM. Less than half of the students agreed that lecture time was used effectively in PAON (37%), CS2 (24%), Med Ethics (42%) and Bmed (41%).
- Most respondents agreed that small group sessions had sufficient illustrations of clinical relevance in PAON (70%), PHRM (87%), and Med Ethics (66%).
- The majority of students agreed that the amount of scheduled contact time was about right for PAON (80%), PHRM (80%), CS2 (55%), and Med Ethics (66%). Less than half of the students reported that the amount of scheduled contact time was about right for Bmed (45%). About one-third or more of the respondents noted too much contact time for CS2 (40%), Med Ethics (31%), and Bmed (45%).
- The majority of respondents (82%) agreed that the number of examinations during the semester was about right.
- The majority of students agreed that the number of examinations was about right, with 25% reporting that there were too many exams. Only 27% of the respondents agreed that the clustering of the examinations was helpful, while 43% disagreed.

# Year IV (Class of 2003) Curriculum Evaluation Results

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- The overall response rate was 62% with 60% for Kansas City and 67% for Wichita.
- The majority of students from KC (88% or more) and Wichita (77% or more) agreed that they were able to arrange an interview schedule that met their needs, had enough time to complete interviews, and that the number & variety of electives was adequate. The majority of Wichita respondents (> 77%) agreed that the information and advice they received about the residency application and interview process was adequate. More than half (> 59%) of the KC students agreed that the information and advice they received about the residency application and interview process was adequate.
- More than half of the respondents (> 69%) from both campuses indicated that having elective time during the 3<sup>rd</sup>-year would have helped in their residency selection process.
- For the Rural Preceptorship, the majority of students from KC (> 50%) and Wichita (> 58%) agreed that the

overall learning experience was good, that the objectives were clearly specified, that patient and faculty contact was adequate, that the didactic components enhanced the learning experience, that they were able to complete the objectives, that the evaluation methods were clearly explained, and that feedback about their progress was timely and appropriate.

- For Health of the Public, the majority of respondents from KC (68% or more) and Wichita (69% or more) agreed that the overall learning experience was good, that the objectives and methods used to evaluate performance were clearly specified, that the didactic components enhanced the learning experience, that they were able to complete the objectives, that the type and amount of faculty contact was adequate, and that feedback about their progress was timely and appropriate.
- Although there was some variability across the critical care selectives, in general, students from both campuses reported that their critical care selective was a good learning experience, that

patient contact was sufficient for training purposes, that the didactic components enhanced the learning experience, that they were able to complete the objectives, and that the type and amount of faculty contact was adequate. In three areas, the objectives and evaluation methods used to evaluate performance were clearly specified and feedback was timely and appropriate, the average ratings by both campuses were slightly below an average rating of four.

- Although there was some variability across the subinternships, in general, students from both campuses reported that their subinternship was a good learning experience, that the objectives were clearly specified, that patient contact was sufficient for training purposes, that the didactic components enhanced the learning experience, that they were able to complete the objectives, that the evaluation methods were clearly specified, that the type and amount of faculty contact was adequate, and that feedback about their progress was timely and appropriate.

## Upcoming Events

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### The Office of Academic Affairs School of Medicine Presents: A Writing Workshop Series

#### I "Basics of Good Writing: Style, Mechanics, and Structure"

**Martha Montello, Ph.D., Associate Professor**  
**Department of History and Philosophy of Medicine**  
When: Wednesday, November 5th, 5:00 – 6:00 PM  
Where: 1025 Orr-Major or  
\*When: Thursday, November 6th, 12:00 – 1:00 PM  
\*Where: 1050 SON  
\*Repeat of Session I for faculty unable to attend session on November 5th.

#### II. "3 C's of Convincing Writing: Clarity, Coherence, and Credibility"

**Martha Montello, Ph.D., Associate Professor**  
**Department of History and Philosophy of Medicine**  
When: Wednesday, November 19th, 12:00 – 1:00PM  
Where: B018 SON

#### III. "Writing and Healing, a Workshop"

**Charles Anderson, Ph.D.**  
**University of Arkansas for Medical Sciences**  
When: Thursday, December 11th, 12:00 – 1:30PM  
Where: 1012 Orr-Major  
Attend one, two or all three sessions. The first 30 attendees at each noon event will receive a lunch in addition to invaluable coaching in writing skills. Snacks will be provided at the evening session.

Please RSVP to: Jason Edwards, OME – X8-7216 or jedwards2@kumc.edu

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Is there something you would like to see featured? If so please email Emma Webb

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## October's Teaching Tip — Diagram material for student understanding and retention

When we consider how to best present material to students, we should keep these points in mind:

1. Too much material overwhelms students. Presenting too much material at one time takes away time for making connections.
2. Students need to learn the relationships between concepts, not just the definitions of the concepts. Organization is important.
3. When connections are seen, discussion is enhanced.
4. When discussion is enhanced, students are thinking critically and learning.
5. Mapping, diagramming, and graphics helps the teacher prepare the key ideas and helps the student learn.
6. Using diagramming allows the teacher to teach in an organized manner but without notes and to connect with the students. We can condense material, yet still cover it well.

— Courtesy of University of Kansas Center for Teaching Excellence

<http://www.ku.edu/~cte/resources/teachingtips.html>

### Medical students visit Capitol Hill to discuss student loan limits

Twelve medical students traveled to Capitol Hill on Sept. 15 to advocate for an increase in the annual limit on subsidized Stafford student loans for graduate and professional students. The medical students, administrative board members of the AAMC Organization of Student Representatives, are asking that the loan limit be increased from \$8,500 to \$12,000 per year.

Congress is beginning to discuss reauthorization of the Higher Education Act, the law that governs all aspects of student financial assistance. Annual loan limits have not been increased since 1992.

Information: Jonathan Fishburn, AAMC Office of Governmental Relations, [jfishburn@aamc.org](mailto:jfishburn@aamc.org), (202) 828-0057

Courtesy, AAMC

## Step 2 Clinical Skills Exam Set for June 2004

After nearly 15 years of pilot testing different version of a new component of the USLME, the NBME has set a June 2004 date for medical students to begin taking the Step 2 Clinical Skills Examination.

The medical school class of 2005 will be the first graduating class required to take the new exam, which will be one of two components of Step 2. The other component, a clinical knowledge exam, has been part of Step 2 since the test's implementation in 1992.

The Clinical Skills Exam will be a one-day test reflecting a doctor's typical workday, and will aim to measure the ability of medical students to deal with patients in clinical settings. Students will examine 10 standardized patients for approximately 15 minutes each, and after each examination will spend 10 minutes recording pertinent history and

physical exam findings, listing their impression, and outlining plans for any necessary follow-up evaluations.

The exam will produce three component scores: an integrated clinical encounter (based on the checklist from the standardized patients), global rating of the encounter noted by an assessment of communication skills, and an evaluation of English Language skills. Students must pass both the clinical skills section and the clinical knowledge section to pass Step 2.

This is the first time that the clinical skills of a student will be tested since 1964. The move back to assessing students clinical skills began when research indicated that poor clinical and communication skills led to a higher incidence of medical malpractice.

Courtesy, AAMC