



Curriculum Update

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Welcome to another academic year! It's hard to believe that this is the fourth iteration of the "new" first year curriculum and the third time through the "new" second year curriculum. Although minor updates and changes occur frequently, no major changes have been made in the Phase I curriculum for this academic year. Year 1 and 2 academic calendars are available for everyone to view and are located on the School of Medicine website:

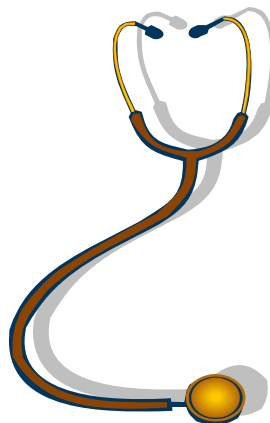
http://www2.kumc.edu/mesu/calendar/year_one.html

http://www2.kumc.edu/mesu/calendar/year_two.html

In contrast to the Phase I curriculum, the Phase II third year curriculum has changed its structure. There are now 4-, 6-, and 8-week clerkships (see page 2). The clerkships are concentrating on the teaching and assessment of specific competencies using a focused skills assessment form that will travel from clerkship to clerkship with each student.

Two hundred and seventy-three KU faculty, residents and community faculty will be precepting 354 first and second year medical students. Thirty-seven faculty and residents will be serving as tutors for 40 problem-based learning groups.

Crucial to continuing improvement of our programs is your feedback regarding what's working and what isn't. Vovici is the software used to collect evaluation data. Please remember to complete the electronic evaluation surveys that you receive and encourage your classmates and colleagues to do the same.



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Education Council Report- July 24, 2009

Members of Education Council this year included Phase I representatives Jim Fishback and Michael Parmely, Phase II representatives Dan Swagerty and Scott Moser (chair), dean's appointments Kim Templeton, Greg Reed, Won Choi, Anne Walling, and Jon Schrage, Sr. Assoc. Dean Heidi Chumley, medical students Adam Merando, Paul Cowan, and Daniel Warren, with alternate students Josh Stewart, Chris Wilbert, and Linh Nguyen, and ex-officio members Giulia Bonaminio, Mark Meyer, Garold Minns,

and Pam Shaw.

At the beginning of the year, Dr. Atkinson charged the Council with 11 specific items she wanted addressed by January 1, 2010. Many of these involved the third year block rotations. The ensuing series of meetings and retreats resulted in several changes to block rotations that were implemented June 29, 2009: the 8-week Neuro-psychiatry Clerkship was changed to a 4-week Psychiatry and 4-week Neurology Clerkship; the 12-week block of 6 weeks of Family Medi-

cine and 6 weeks of Ambulatory Medicine/Geriatrics was changed to 8 weeks of Family Medicine and 4 weeks of Geriatric Medicine scheduled in separate semesters. Unchanged were 8 weeks Internal Medicine, 8 weeks Surgery, 6 weeks Obstetrics and Gynecology, and 6 weeks Pediatrics.

Other items from the Dean's charge that the Council addressed included a decision not to incorporate a longitudinal clinical experience into year 3. Individual clerkships have assumed

responsibility for teaching and evaluating aspects of physical exam skills. We investigated distributive models of medical education for some students and intend to explore these further.

Additional items of ongoing interest for the Council include the grading system and grade distribution, year 4 required courses, strengthening clinical skills training throughout the curriculum, and greater integration of basic science concepts throughout Phase II.

Scott Moser, MD

Phase I Curriculum

Module Spotlight: Foundations of Medicine

Foundations of Medicine, the first module in the year 1 curriculum, is an 8-week, multidisciplinary course, taught by faculty members from basic science and clinical departments. This course integrates materials from the traditional disciplines of biochemistry, cell and molecular biology, histology, physiology, epidemiology, behavioral science and preventive medicine. The course includes clinical skills instruction in medical history, physical exam and cultural sensitivity. Patient cases are used where appropriate. Students participate in small group discussions, problem-based learning (PBL) sessions, lab exercises, clinical correlations, and lectures. They work collaboratively to master general principles, evaluate clinical literature and develop tools for life-long learning.

Year 1 Modules

Foundations of Medicine

Director: Joseph Fontes, PhD

Genetics & Neoplasia

Director: James Calvet, PhD

Inflammation & Immunity

Director: Michael Parmely, PhD

Cardiopulmonary

Director: Merrill Tarr, PhD

Gastrointestinal Tract & Nutrition

Director: Bob Klein, PhD

Renal & Endocrine

Director: Merrill Tarr, PhD

Reproduction & Sexuality

Director: George Enders, PhD

Year 2 Modules

Musculoskeletal

Director: George Enders, PhD

Brain & Behavior

Director: Dianne Durham, PhD

Blood & Lymphoid

Directors: Mark Cunningham, MD & Chris Crenner, MD.

Infectious Diseases

Director: Wolf Zückert, PhD

Medicine Across the Lifespan

Directors: Mary McDonald, MD & Pam Shaw, MD

Integration & Consolidation

Director: Tom Pazdernik, PhD

Phase II Curriculum

ICM 900

This year's ICM 900 course began on September 3, 2009. The course enables students to apply the theoretical framework developed during their Phase I Clinical Skills experiences to the patient care activities

in which they participate during third-year clerkships. Through lectures and small group discussions, students examine the ethical, legal and social aspects of medical practice and application of key principles to clinical practice. Students also explore career

opportunities in medicine and factors to be considered in choosing a medical specialty. Students are evaluated through written assignments and participation in course activities.

Third Year Clerkship Changes

Beginning June 2009, the third-year medical curriculum will include:

- 8 weeks of internal medicine
- 8 weeks of surgery
- 8 weeks of family medicine
- 6 weeks of obstetrics/gynecology
- 6 weeks of pediatrics
- 4 weeks of neurology
- 4 weeks of psychiatry
- 4 weeks of geriatrics

Clinical Skills

The medical students in the first two years of the “new” curriculum are busy learning clinical skills in a much different format than their colleagues did three or four years ago. The Introduction to Clinical Medicine courses (ICM 850 and 851) no longer exist. Instead, an integrated and developmental program to teach clinical skills has taken their place.

Year 1

In the first year of the curriculum the students participate in the following skills lab activities that introduce them to patient care.

- **4 Standardized Patient (SP) encounters:** encounters include taking a history, taking a history and vital signs and taking a sexual history.
- **4 Sessions with Physical Exam Teaching Associates (PETAs):** sessions in which students practice the skills they’re learning in the module. These include taking vital signs, the cardiovascular exam, pulmonary exam, and abdominal exam.
- **2 small groups with SPs:** students meet in groups of 4-5 to take patient histories and manage encounters with difficult patients. Difficult patients might include chatty patients, flirtatious patients or hostile patients.
- **Breast, Pelvic and Male GU exams:** sessions are scheduled separately so that the students can learn these from experienced PETA’s.
- **7 Preceptor visits:** students are required to visit their preceptor once during each module. At the end of each visit, the preceptor completes a form provided by the student. The form includes the learning objectives for that module. Students submit the completed form in order to receive credit for the visit.
- **Basic Life Support (BLS):** students receive BLS instruction during the first module in the curriculum.

Year 2

Students continue to expand their skills as they continue through the second year of the curriculum. At the end of the year, students are tested on their ability to conduct a complete exam. Year 2 students participate in the following skills lab activities.

- **5 Standardized Patient (SP) encounters:** encounters include giving unexpected/bad news, developing cultural competency by interviewing patients with the assistance of an interpreter, experiencing a hybrid sim encounter (using an SP and a simulator to mimic abnormal lung sounds), learning to write a post-encounter note and conducting a geriatric assessment.
- **5 PETA sessions:** sessions include the musculoskeletal, neurologic, HEENT, lymph, and head-to-toe exams.
- **6 Preceptor visits:** students continue to visit a preceptor once per module.
- **Basic Life Support (BLS):** at the end of the second year, all students retake the BLS course before entering the clinics.
- **Head-to-Toe Assessment:** students are tested on their ability to perform a head-to-toe exam.
- **Mini Clinical Skills Assessment (CSA):** students see patients in the clinical skills lab and are expected to take a history, do a focused physical exam, if indicated, and write a post encounter note. Students receive grades for the encounters and the head-to-toe exam. The clinical skills director prepares written feedback for each student. The student receives a copy of the feedback as does the clerkship director into whose clerkship the student will enter at the start of Phase II (year 3). The mini CSA encounters also help prepare students for the Clinical Skills Assessment they’ll take at the end of year 3.

The clinical skills lab personnel work hard to make sure that Phase I students receive instruction on the clinical skills they need to prepare them for the clinical clerkships

and provide them with a foundation upon which clerkship directors can build.

News from Neis Skills Lab



Clinical Skill Assessment (CSA) event completed in June.

The CSA is a clinical skills examination required for graduation from the School of Medicine. The CSA uses standardized patient (SP) encounters to assess student performance in:

- History and physical examination skills
- Interpersonal communication
- Clinical management
- Professional documentation

Each student completes 12 clinical encounters. In each encounter, the SP portrays a common clinical outpatient. This event runs for 10 days from 8 am-4:30 pm. Ultimately, our CSA is modeled after the student’s national exam and provides valuable practice for that high stakes exam. All medical students must take and pass the national exam in order to be licensed.

Technology

Beginning with the class of 2010, the University of Kansas School of Medicine ushered in a new curriculum and with it the opportunity to become one of the most technologically integrated and advanced medical schools in the country. The first tool added was the Aperio virtual microscopy system. Students are able to hone their histology and pathology skills without a microscope, instead studying virtual scanned slides on a computer. Students still attend lab sessions for discussion, but also self-study with video recordings detailing histological and pathologic structures within each slide.

The virtual microscopy videos were born from the most popular technology in the curriculum. All first and second year lectures are recorded at the lecture podium, capturing the screen and voice from the presenter. These recordings are made available within minutes of the end of the lecture in audio and video form. These recordings are the most highly rated part of the new curriculum and allow students to review lectures, often multiple times, mining detail from each.

The centerpiece of the technologically based curriculum is the Tablet PC. With the Tablet, students can annotate PowerPoint slides in their own hand, organize notes in Microsoft OneNote and create digital atlases from snapshots taken from the Aperio system. Students use their tablet PCs as their primary research tool, finding, collecting and assembling information to guide them through the first two years. All academic material is distributed to students via a space called the O Drive and the Angel Learning Management System. The O Drive houses the tremendous amount of material available to students, almost 100 gigabytes of data and growing everyday. Angel is used to bring students together with discussion groups and as a place for students to hand in their work electronically, take quizzes and tests, and view grades.

High stakes examinations are given in the Computerized Testing Center (CTC) located in Dykes library. The examinations are designed to test student knowledge and to help prepare students for board examinations. The testing center provides an atmosphere

similar to the national exams. Extensive data is collected on each exam to help faculty design and deliver tests that push the knowledge of students and help them find areas of academic strength and weakness.

Technology advances don't end in the first two years. Third year students are issued a PDA phone, replacing PDAs and pagers given to students in previous years. These devices are used by students to log clinical encounters, research diagnoses and drug mechanisms at bedside and as a key communication tools to link faculty and staff with students on the go.

Putting all of these technologies together helps prepare our students for the practice of medicine in the 21st century. We strive to give our students the tools they need to use technology to improve patient care and to help them innovate as physicians. We'll use this space in coming newsletters to discuss these technologies in depth and to help stimulate new ideas to advance academic technology in the School of Medicine.



Upcoming Faculty Development Activities

International Association of Medical and Science Educators— IAMSE WEBINAR SERIES (all sessions are 12-1 pm)

Sep. 7, 3020 Murphy, *Introduction: Educating the Physician of the 21st Century: Providing the Slate for Medical Schools to Write On*

Oct. 1, 4016 Varnes, SoN, *Red Hot Chili Pepper—Clinical and Basic Science Integration at Paul L. Foster School of Medicine*

Oct. 8, 4016 Varnes, SoN, *A Distributed Community Instructional Model of Medical Education*

Oct. 15, 4016 Varnes, SoN, *Medicine in a Virtual World—Using Simulation Technology to Enhance the Curriculum*

Oct. 22, 3020 Murphy, *Filling a Void: Community Support for a New Medical School in Northeast Pennsylvania, The Commonwealth Medical College*

Oct. 29, 3020 Murphy, *Team-based Learning: from 0-60+ in 18 Months*

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(no fees)

Office of Medical Education

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

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mquearry@kumc.edu.**

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