

Curriculum *Connections*

A newsletter of the Education Council
and the Office of Medical Education

October 2002

Education Council Summary

- The Education Council has accomplished many things over the last year. One major change affected the Council. Dr. Greenberger left the Medical Center, but Dr. Cox provided a mechanism to communicate curricular concerns to the Dean and enlist in her assistance in addressing issues in course reviews.
- Over the year there was refinement of the course evaluation process. The levels of the systematic review are as follows: a) comprehensive review of required courses every three years, b) mid-cycle review to follow-up on issues that were raised during the systematic review process, c) focused reviews that occur at the discretion of the Education Council when particular concerns are raised. Overall the course reviews have been perceived positively by faculty and have facilitated communication across campuses and between courses.
- Several of curriculum proposals were reviewed. The MD/MHSA program was reviewed and approved. The International Health elective was changed to pass/fail due to the diversity in experiences and expectations of overseas faculty.
- Over the last year the Year 1-2 Oversight Committee has done several comprehensive course reviews, which include Pharmacology, Human Anatomy and Embryology, Introduction to Clinical Medicine I and II courses, Biochemistry, and Pathology. As a product of the Biochemistry and Pathology course reviews, the Education Council has created a taskforce to examine genetics in the medical school curriculum and make recommendations for coordinating and optimizing the educational experience in genetics. Dr. Jim Calvet chairs this taskforce. The Physiology comprehensive review is underway. Two courses, Microbiology and Neuroscience completed a mid-cycle course review. Other issues that were raised include a need for new grading software. Currently KUMC has no extended matching option due to the old software, but Information Resources is working on a solution. A decision was made to use BlackBoard as the course management tool for Lawrence and KUMC. Several issues were raised regarding post exam reviews and returning exams to students. Anne Flaherty, Registrar, provided information regarding the Family Educational Rights and Protection Act (FERPA).
- The Year 3-4 Oversight Committee has completed comprehensive reviews for Internal Medicine and the Rural Preceptorship and the Surgery review is underway. Mid-cycle reviews were performed on Family Medicine, Ambulatory Medicine/Geriatrics, Neuropsychiatry and Pediatrics. Issues raised in the Obstetrics and Gynecology review were deferred to be addressed in a comprehensive review this coming year. A new method for collecting and collating curriculum evaluation surveys was implemented. Students will now complete the surveys immediately following the course, which will increase the validity of the responses.
- At the Medical Education Retreat this last year, Dr. David Leach from the Accreditation Council for Graduate Medical Education (ACGME) discussed Building and Assessing Competence. The KUMC competencies were reviewed and it was suggested that we update the competencies and consider modeling them after the ACGME competency document.
- The Office of Medical Education (OME) polled residency program directors regarding the quality of preparedness and training of KU graduates. Ninety percent of KU grads were rated good to excellent by their residency directors and interpersonal skills were mentioned as a particular strength.
- A Clinical Skills Assessment (CSA) has been developed and implemented. Discussions are underway on how this assessment will be incorporated into students' overall evaluation.

Delbert D. Neis Clinical Skills Laboratory Dedicated

The Delbert D. Neis Clinical Skills Laboratory, which has been under construction since last winter, was officially dedicated on September 21, 2002. David Virtue, Coordinator of the Standardized Patient Program, and Ray Dahlberg, Project Assistant, staff the lab. The lab will be used for a variety of different projects including this year's Clinical Skills Assessment, Clinical Skills 1 small groups, exam reviews, etc. If you are interested in learning more about the Skills Lab please contact David Virtue at dvirtue@kumc.edu.

Mark your Calendar

The Office of Academic Affairs in cooperation with Women in Medicine and Science present:

A Writing Workshop Series

Three workshops dealing with: Basic writing skills, Grant writing & Writing for publication. Attend one, two or all three sessions. The first 25 attendees at each event will receive a free lunch in addition to invaluable coaching in writing skills.

- I. **“Basics of Strong Writing” Dr. Martha Montello,
Assistant Professor in the Department of History and Philosophy of Medicine**
When: October 29, 12:00 – 1:30PM
Where: 1023 Orr-Major

- II. **“How to Prepare and Submit Your Manuscript”
Ms. Linnea Korinek, Senior Editor, *American Family Physician***
When: November 15, 12:00 – 1:00PM
Where: 1023 Orr-Major

- III. **“Critical Features of Funded Grants” Dr. Joan Hunt,
Senior Associate Dean for Research and Graduate Education**
When: November 20, 12:00 – 1:30PM
Where: 1023 Orr-Major

The Center for Teaching Excellence on the Lawrence campus will be hosting the following workshops for Faculty this fall:

October 3: Writing letters of recommendation for students: Mary Klayder and Barbara Schowen (Honors Program). At some point, you've probably written a letter of recommendation for a student (or two, or 20). What points should you include in the letters? Are there ways to streamline the letter-writing process?

October 8: Creating a student-centered program: Linda Davis and James Gentry (Journalism), and Pam Gordon (Classics). Two units, classics and journalism, were recently recognized for their work with CTE's Department Teaching Award. What, exactly, have these two done and how did they do it?

October 11: Teaching large classes: Strategies and support: Peter Casagrande (English), Diane Fourny (French and Italian), and Jim Woelfel (Humanities and Western Civilization). Teaching a large class brings its own set of challenges, from logistics (How should I return exams?) to the philosophical (Do students retain more in a large class than in a small one?). Join three teachers of large classes for this discussion.

Additional workshops will be offered throughout the course of the school year. For the most up to date list of workshops please visit <http://www.ku.edu/~cte/events.html>

2002 Kansas Healthcare Job Opportunities Days

The Job Days are career-service events that bring rural health-care employers together with prospective students. The Wichita event is Wednesday, Oct. 10, and the Kansas City event is Thursday, Nov. 7. Interested participants can register for free programs on the web at <http://ruralhealth.kumc.edu/khjo/jobdays.html>.

Faculty Corner

October's Teaching Tip: Priming the Learner

Looking to save time and help your students focus on the relevant information next time you see a patient together in clinic? Try the technique called, "priming," which involves giving the student patient-specific information just before seeing the patient and directing the student to perform specific tasks. For example, you pick up the chart outside the room and tell the student, "Mrs. Johnson is a single, healthy 30-year-old mother of two who is here for her annual exam. What specific screening issues will we want to ask her during this visit?" For patients with chronic conditions (e.g., pelvic pain), you can briefly review the student the causes of the condition and what to look for during the examination that would help with the differential diagnosis. Priming helps the student avoid repeating the entire history and physical exam, and teaches the student how to focus on the important matters.

Source: Alguire, PC, DeWitt DE, Pinsky LE, Ferenchik GS. *Teaching in your office: a guide to instructing medical students and residents*. Philadelphia: American College of Physicians – American Society of Internal Medicine, 2001, 39-40

DxR Software

In partnership with the School of Nursing, the School of Medicine has purchased the DxR clinician software. There are two components to the software. One component allows students to go through a hypothetical case. The student works their way through the case just like they would with a live patient, by asking questions and performing the appropriate exams/tests. The program then evaluates the student's responses, not just based on if the student got the diagnosis right, but the quality of the questions the student asks, the appropriateness of the tests he/she order, the types of exams he/she performs, and the speed that the student performs these activities. DxR provides 92 cases, however instructors can tailor cases to the students' learning needs. Training sessions about this software are currently being organized by Faculty Affairs.

Books added to the OME Library:

- *A Handbook for Medical Teachers* (4th Ed.) by David L. Newble and Robert Cannon. This publication has been in print since 1983 and this latest edition has been revised to reflect the major changes that continue to occur in both undergraduate and postgraduate education.
- *International Handbook of Research in Medical Education* edited by Geoff R. Norman, Cees P.M. van der Vleuten and David L. Newble. This text covers topics such as: Instructional Strategies, Assessment, and Research Traditions.

If you are interested in checking out either of these books please contact Kelly Magaha at ext. 87200.

Other resources:

Would you like to receive more teaching tips? The Society of Teachers of Family Medicine (STFM) has recently created a quarterly e-newsletter called *The Teaching Physician*. This newsletter is designed to provide you with teaching tips, training material, reprints from the best of Family Medicine's "For the Office-based Teacher of Family Medicine" column, two examples of Patient-oriented Evidence That Matters (POEMs) geared for the teaching physician, recommended websites of interests, and a clinical guideline that applies to the teaching physician. You may contact Linda Henderson at lhenderson@kumc.edu if you would like a copy of this newsletter emailed to you once a quarter.

Do you have teaching tip or resource that you would like to share? If so please contact Emma Webb at ewebb2@kumc.edu so that it can be included in future issues of *Curriculum Connections*.

Class of 2005 – 1st Year News

Summary of Student Responses from Spring 2002 Curriculum Evaluation

- The response rate was 85% and at least half of the students reported attending at least 60% of the lectures for all courses.
- The majority of students (65% or more) indicated that the courses within the Gastrointestinal, Renal, Endocrine, and Neuroscience blocks were generally well integrated.
- Most students (> 58%) agreed that the overall quality of Medical Biochemistry (BIOC), Cell and Tissue Biology (CTB), Human Anatomy & Embryology (ATMY), Medical Physiology (PHYS), and Clinical Skills (CISk) was good. About one-third of the respondents indicated that the overall quality of Neuroscience (NEUS: 38%) and Social Basis of Medical Practice (SBMP: 38%) was good.
- Most of the respondents (> 63%) indicated that the clinical relevance of the lecture material was made clear in ATMY, PHYS, NEUS, and CISk. About half of the students agreed that the clinical relevance of the lecture material was made clear in BIOC (45%) and CTB (49%). About one-third of the respondents agreed that the clinical relevance of the lecture material was made clear in SBMP (36%).
- Most students (> 55%) agreed that lecture time was used effectively in BIOC, CTB, ATMY, PHYS, and CISk. Less than half of the students reported effective use of lecture time for NEUS (40%) and SBMP (32%).
- The majority of respondents (76% or more) agreed that the lab sessions correlated with the lecture material in ATMY, CTB, and NEUS.
- The majority of respondents (71% or more) agreed that lab session's facilitated learning of the course objectives in ATMY, CTB, and NEUS.
- The majority of students (> 56%) agreed that lab time was used effectively in ATMY, CTB, and NEUS.

- The majority of students (> 58%) agreed that the relevance of the small group sessions to clinical medicine was made clear in BIOC, PHYS, and CISK. About one-third of the students agreed that the relevance of the small group sessions to clinical medicine was made clear in SBMP (38%).
- Most students (> 59%) indicated that small group time was used effectively in BIOC, PHYS, and CISK. Less than half of the respondents reported effective use of small group time for SBMP (44%).
- The majority of students (65% or more) reported that the amount of scheduled contact time was about right for BIOC, CTB, ATMY, PHYS, and CISK. A little less than half of the students noted that the amount of scheduled time was about right in SBMP (47%) and NEUS (40%). Half of the respondents indicated that too much time was spent on SBMP and one-third reported too much time spent on BIOC. About one-third noted that too little time was spent on NEUS with 27% reporting that too much time was spent in NEUS.
- Most students (59% or more) reported that the length of the Gastrointestinal, Renal, and Endocrine blocks was about right. Only 20% of respondents noted that the length of the Neuroscience block was about right. One in five respondents noted that the Renal block was too short, while 38% reported that the Endocrine block was too short. A full 60% of students indicated that the Neuroscience block was too short.
- About half (55%) of the students indicated that the number of examinations was about right, with 28% reporting that there were too few exams. Only 26% of the respondents agreed that the clustering of the examinations was helpful, while 53% disagreed.

Class of 2004 – 2nd Year News

Summary of Student Responses from Spring 2002 Curriculum Evaluation

- The response rate was good: 93% (157/169).
- About half of the respondents (52%) agreed that the information presented across the courses within the semester was well integrated.
- Most respondents (> 57%) agreed that the overall quality of the course was good in Systemic Pathology (PAON), Pharmacology (PHRM), Medical Ethics (Med Ethics) and Behavioral Medicine (BMed). Only 4% agreed that the overall quality of the course was good in Physical Diagnosis (PhyDx: 17%).
- The majority of respondents (> 59%) agreed that the relevance of the lecture material to clinical medicine was made clear in PAON, PHRM, Med Ethics, and BMed. Less than one-third (30%) agreed that the relevance of the lecture material to clinical medicine was made clear in PhyDx.
- The majority of respondents (> 58%) agreed that lecture time was used effectively in PAON, PHRM, and BMed. Half (50%) of the students agreed that lecture time was used effectively in Med Ethics and only 6% agreed that lecture time was used effectively in PhyDx.
- More than 55% of respondents agreed that the relevance of the small group sessions to clinical medicine was made clear in PAON, PHRM, and Med Ethics.
- The majority of students (> 66%) agreed that small group time was used effectively in PAON and PHRM. About half (51%) of the respondents noted effective use of small group time in Med Ethics.
- The majority of respondents (> 61%) reported that the amount of scheduled contact time was about right for PAON, PHRM, Med Ethics, and BMed. More than one-fourth of the respondents noted too much contact time for Bmed (25%), Ethics (37%), and PhyDx (75%).
- The majority of respondents (73%) agreed that the number of examinations during the semester was about right.

Class of 2003 – 3rd Year News

Summary of Student Responses from Spring 2002 Curriculum Evaluation

- The overall response rate was 87%; the response rate for Kansas City and Wichita was 86% and 87%, respectively.
- The majority of students (> 56%) on both campuses reported that the Pediatrics (PEDS), Family Medicine (FM), Internal Medicine (IM), General Surgery (SURG), Geriatrics (GER) and Neuropsychiatry (NPSY) clerkships provided a good learning experience. For the Obstetrics/Gynecology (OB/GYN) clerkship, 42% of the KC students and 81% of the Wichita students noted a good learning experience. For the Ambulatory Medicine (AM) clerkship, 50% of the KC students and 57% of the Wichita respondents reported a good learning experience.
- About half (48%) or more of the respondents on both campuses reported that the objectives of the PEDS, OB/GYN, FM, IM, SURG, NPSY, and GER clerkships were clearly specified. For the AM clerkship, 41% of the KC and 65% of the Wichita students indicated that the objectives were clearly specified.
- About half (48%) or more of the respondents on both campuses indicated that patient contact was sufficient for training purposes for all clerkships.
- At least 50% of respondents on both campuses agreed that the didactic components enhanced the learning experience in the PEDS, FM, AM, GER, IM, and SURG clerkships. For the Ob/Gyn clerkship, 39% of the KC and 81% of the Wichita students indicated that the didactic components enhanced the learning experience. For NPSY, 51% of the KC and 46% of the Wichita students indicated that the didactic components enhanced the learning experience.
- Most students (52% or more) on both campuses indicated that they were able to complete the objectives of all the clerkships within the allotted time.
- At least half of the respondents on both campuses reported that the methods used to evaluate their performance on the PEDS, FM, GER, IM, SURG, and NPSY were clearly explained. For Ob/Gyn, 33% of the KC and 67% of the Wichita students reported that the methods used to evaluate their performance were clearly explained. For the AM clerkship, at least 35% of the KC and 57% of the Wichita students reported that the methods used to evaluate their performance were clearly explained.
- About half (49%) or more of the students on both campuses reported receiving timely feedback about their progress in the PEDS, FM, IM, and NP clerkships. For the Ob/Gyn clerkship, 18% of the KC and 62% of the Wichita students noted receiving timely feedback. For the GER clerkship, 41% of the KC and 57% of the Wichita students noted receiving timely feedback. For the AM clerkship, 26% of the KC and 52% of the Wichita students noted receiving timely feedback. For the SURG clerkship, 76% of the KC and 25% of the Wichita students noted receiving timely feedback.
- The majority of students (> 56%) on both campuses reported that the type and amount of faculty contact was adequate for the PEDS, FM, AM, GER, IM, and NPSY clerkships. For the OB/GYN clerkship, 30% of the KC and 67% of the Wichita students reported adequate faculty contact. For the SURG clerkship, 75% or more of the KC and 46% of the Wichita students reported adequate faculty contact.

Class of 2002 – 4th Year News

Summary of Student Responses from Spring 2002 Curriculum Evaluation

- The overall response rate was 62% with 74% for Kansas City and 58% for Wichita.
- The majority of students from KC (80% or more) and Wichita (71% 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 (> 73%) agreed that the information and advice they received about the residency application and interview process was adequate. About half (45%

to 49%) of the KC students agreed that the information and advice they received about the residency application and interview process was adequate.

- The majority of respondents (> 80%) from both campuses indicated that having elective time during the 3rd-year would have helped in their residency selection process.
- For the Rural Preceptorship, the majority of students from KC (> 65%) and Wichita (> 70%) agreed that the overall learning experience was good, that the objectives were clearly specified, that patient and faculty contact was adequate, 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 (75% or more) and Wichita (50% 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 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 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.
- 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.

Don't Forget:

- **The AAMC's Annual Meeting will be held November 8 - 13, 2002 in San Francisco. For more information about the Annual Meeting please visit their homepage at www.aamc.org**
- **CGEA Proposal Deadline is December 1, 2002 for the March 20-23, 2003 Conference in Iowa City, IA. The Conference theme is Active Learning in Medicine: Principles Into Practice. For more information about CGEA and the March Conference please visit the CGEA homepage at <http://shaw.medlib.iupui.edu/cgea/cgea.html>**