

Curriculum Connections

A newsletter of the Education Council
and the Office of Medical Education
September 2001

Educational Committees

Michael Burke, MD, PhD was elected chair of the Education Council for the 2001-2002 academic year.

The chair of the Year 1-2 Curriculum Oversight Committee is Dennis Valenzano, PhD and the chair of the Year 3-4 Curriculum Oversight Committee is Scott Moser, MD.

Dean's Office Reorganization

As part of the reorganization in the Dean's Office, Glen Cox, MD was named Vice Dean, and William Atkinson, MD was named Senior Associate Dean for Organizational Affairs and Graduate Medical Education. Laura Zeiger became Assistant Dean for Student Affairs and Dan Wilson, PhD was named Assistant Dean for Graduate Medical Education. Appointments became effective July 1, 2001.

Richard Anderson, MBA, CPA began his position as Senior Associate Dean for Finance and Administration on Aug. 27, 2001.

Summary of Medical Education Retreat

The fourth annual Medical Education Retreat was held on June 7. Faculty, students, and staff met as a large group as well as in small groups to review the current state of the curriculum and the rationale for further integration of the curriculum. Jordan Cohen, MD, President of the Association of American Medical Colleges, described the challenges facing medical education in the 21st century. Some of the strategies outlined to face these challenges included: life-long learning habits, well-established learning objectives and performance assessments.

Issues that arose included:

1. Academy of Scholars
 - a) Identify faculty committed and interested in teaching
 - b) Free up time
 - c) Identify money to pay them
2. Change Philosophy of education - encourage life-long learners rather than student being taught to

3. Curriculum-decrease fragmentation and identify areas for increased sequencing and sharing
4. How do we get beyond the departmental confines?
5. Facilitate integration-Microbiology and Pharmacology year-long to mesh with Pathology
6. More uniform grading systems across departments, similar use of shelf exams
7. Organize small group sessions along society lines
8. Cumulative exams/testing
9. Crowded curriculum? Not enough study time?
10. Should there be a coordinator/overseer for each year of the curriculum?
11. Who/What will be central authority for effecting change in the curriculum?
12. Should the Year 1-2 or Year 3-4 Oversight Committees or other subcommittees be charged to do a content analysis?

The unabridged retreat transcript can be found at:

<http://www2.kumc.edu/mesu/EducRetreat/MedEducRetreat6-7-01.htm>

First Year News

Summary of Student Responses
(Spring 2001 – Class of 2004)

- 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 (69% of more) indicated that the courses within the Gastrointestinal, Renal, Endocrine, and Neuroscience blocks were generally well integrated.
- Most students (> 57%) agreed that the overall quality of Medical Biochemistry, Human Anatomy & Embryology, Medical Physiology, Neuroscience, and Clinical Skills was good. About one-third of the respondents indicated that the overall quality of Cell & Tissue Biology (32%) and Social Basis of Medical Practice (30%) was good.
- Most of the respondents (> 58%) indicated that the clinical relevance of the lecture material was made clear in Medical Biochemistry, Human Anatomy & Embryology, Medical Physiology, Neuroscience, and Clinical Skills. Less than half of the students agreed that the clinical relevance of the lecture material was made clear in Cell & Tissue Biology (35%) and Social Basis of Medical Practice (40%).

- Most students (> 51%) agreed that lecture time was used effectively in Medical Biochemistry, Human Anatomy & Embryology, Medical Physiology, Neuroscience, and Clinical Skills. About one-third of the respondents reported effective use of lecture time for Cell & Tissue Biology (37%) and Social Basis of Medical Practice (26%).
- The majority of respondents (69% or more) agreed that the relevance of the lab session to clinical medicine was made clear in Human Anatomy & Embryology and Neuroscience. About one-third of the students reported that the clinical relevance of the lab session was made clear for Cell & Tissue Biology (34%).
- The majority of respondents (> 64%) agreed that lab time was used effectively in Human Anatomy & Embryology and Neuroscience. Half of the students reported effective use of lab time for Cell & Tissue Biology (49%).
- The majority of students (> 53%) agreed that the relevance of the small group sessions to clinical medicine was made clear in Medical Biochemistry, Medical Physiology, Clinical Skills, and Social Basis of Medical Practice.
- Most students (> 71%) indicated that small group time was used effectively in Medical Biochemistry, Medical Physiology, and Clinical Skills. Half of the respondents reported effective use of small group time for Social Basis of Medical Practice (51%).
- The majority of students (56% or more) reported that the amount of scheduled contact time was about right for Medical Biochemistry, Cell & Tissue Biology, Human Anatomy & Embryology, Medical Physiology, Neuroscience, and Clinical Skills. About half (49%) of the students noted that the amount of scheduled time was about right in Social Basis of Medical Practice and half (50%) noted that the amount of scheduled contact time was too much. About one-fifth or more of students noted that too much time was devoted to Cell & Tissue Biology (31%) and Clinical Skills (20%).
- Most students (68% or more) reported that the length of the Gastrointestinal, Renal, and Endocrine blocks was about right. About equal numbers of respondents noted that the length of the Neuroscience block was about right (44%) or too short (41%). About one-fourth or more of the students indicated that the length of the Renal (30%) and Endocrine (22%) blocks was too short.
- The majority of students (68%) indicated that the number of examinations was about right. Less than half of the respondents (42%) agreed that the clustering of the examinations was helpful, while 33% disagreed.

Second Year News

Summary of Student Responses
(Spring 2001 – Class of 2003)

- The response rate was considered good: 87% (153/176).
- The majority of respondents (61%) agreed that the information presented across the courses within the semester was well integrated.
- Most respondents (> 55%) agreed that the overall quality of the course was good in Systemic Pathology (PAON), Pharmacology (PHRM), and Behavioral Medicine (BMed). Less than half of the respondents agreed that the overall quality of the course was good in Medical Ethics (Ethics: 36%) and Physical Diagnosis (PhyDx: 17%).
- The majority of respondents (> 51%) agreed that the relevance of the lecture material to clinical medicine was made clear in PAON, PHRM, PhyDx, Ethics, and BMed.
- The majority of respondents (> 53%) agreed that lecture time was used effectively in PAON, PHRM, and BMed. Less than half of the students agreed that lecture time was used effectively in PhyDx (20%) and Ethics (33%).
- More than 63% of respondents agreed that the relevance of the small group sessions to clinical medicine was made clear in PAON, PHRM, and PhyDx. Less than half (42%) agreed that the relevance of the small group sessions to clinical medicine was made clear in Ethics.
- Most respondents (> 55%) agreed that small group time was used effectively in PAON and PHRM. Less than half of the respondents noted effective use of small group time in PhyDx (48%) and Ethics (32%).
- The majority of respondents (> 53%) reported that the amount of scheduled contact time was about right for PAON, PHRM, PhyDx, Ethics, and BMed. More than one-fourth of the respondents noted too much contact time for PhyDx (40%), Ethics (37%), and BMed (27%).
- The majority of respondents (76%) agreed that the number of examinations during the semester was about right.

Third Year News

Summary of Student Responses
(Spring 2001 – Class of 2002)

- The overall response rate was 91%; the response rate for Kansas City and Wichita was 89% and 94%, respectively.
- The majority of students (> 68%) on both campuses reported that the Pediatrics (PEDS), Family Medicine (FM), Internal Medicine (IM),

and General Surgery (SURG) clerkships provided a good learning experience. For the Obstetrics/Gynecology (OB/GYN) clerkship, 25% of the KC students and 62% of the Wichita students noted a good learning experience. In KC most students (> 61%) reported a good learning experience in the Neuropsychiatry (NPSY), Ambulatory Medicine (AM) part and the Geriatrics (GER) part of the Ambulatory Medicine/Geriatrics clerkships. In Wichita, less than half (< 43%) of respondents reported a good learning experience in the NPSY, AM, and GER clerkships.

- Most students (50% or more) on both campuses reported that the objectives of the PEDS, FM, AM, IM, SURG, and NPSY were clearly specified. For the GER clerkship, 80% of the KC and 46% of the Wichita students indicated that the objectives were clearly specified. For the Ob/Gyn clerkship, 19% of the KC and 42% of the Wichita students agreed that the objectives were clearly specified.
- The majority of respondents (> 61%) on both campuses indicated that patient contact was sufficient for training purposes for the PEDS, FM, IM, SURG, and NPSY clerkships. For AM and GER clerkships, 65% or more of the KC and 46% of the Wichita respondents reported sufficient patient contact. For Ob/Gyn, 38% of the KC and 69% of the Wichita students noted sufficient patient contact.
- At least 50% of respondents on both campuses agreed that the didactic components enhanced the learning experience in the PEDS, FM, GER, IM, and SURG clerkships. For the AM clerkship, 72% of the KC and 42% of the Wichita students indicated that the didactic components enhanced the learning experience. For Ob/Gyn, 37% of the KC and 81% of the Wichita students indicated that the didactic components enhanced the learning experience. For NPSY, 46% of the KC and Wichita students indicated that the didactic components enhanced the learning experience.
- At least half (50%) of the students on both campuses indicated that they were able to complete the objectives of the PEDs, FM, AM, GER, IM, and NPSY clerkships within the allotted time. For Ob/Gyn, 46% of the KC and 65% of the Wichita students indicated that they were able to complete the objectives 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, IM, SURG, and NPSY were clearly explained. For Ob/Gyn, 23% of the KC and 50% of the Wichita students reported that the methods used to evaluate their performance were clearly

explained. For the AM and GER clerkships, at least 63% of the KC and 42% of the Wichita students reported that the methods used to evaluate their performance were clearly explained.

- The majority of students (> 53%) on both campuses reported receiving timely feedback about their progress in the PEDS, FM, AM, IM, SURG, and NP clerkships. For the Ob/Gyn clerkship, 15% of the KC and 50% of the Wichita students noted receiving timely feedback. For the GER clerkship, 68% of the KC and 44% of the Wichita students noted receiving timely feedback.
- The majority of students (> 61%) on both campuses reported that the type and amount of faculty contact was adequate for the PEDS, FM, IM, SURG, and NPSY clerkships. For the OB/GYN clerkship, 15% of the KC and 54% of the Wichita students reported adequate faculty contact. For the AM and GER clerkships, 80% or more of the KC and 40% to 50% of the Wichita students reported adequate faculty contact.

Fourth Year News

Summary of Student Responses
(Spring 2001 – Class of 2001)

- The overall response rate was 59% with 55% for Kansas City and 69% for Wichita.
- The majority of students from KC (59% or more) and Wichita (84% or more) agreed that they were able to arrange an interview schedule that met their needs, had enough time to complete interviews, that the number & variety of electives was adequate, and that the information and advice they received about the residency application process was adequate. Half (50%) of the KC students and 82% of the Wichita respondents agreed that the information and advice they received about the residency interview process was adequate.
- For the Rural Preceptorship, the majority of students from KC (> 53%) and Wichita (> 80%) 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 both campuses, 33% of the KC students and 50% of the Wichita respondents agreed that the didactic components enhanced the learning experience.
- For Health of the Public, the majority of students (59% or more) from both campuses 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.

- 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.

- 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.

Announcements and Upcoming Events

Controversies in Medical Education

"Comprehensive Course Review"

Dianne Durham, PhD

October 18, 2001

12:00-1:00 p.m.

Location to be announced

Association of American
Medical Colleges (AAMC)
Annual Meeting

November 2-November 7, 2001

Washington, D.C.

<http://www.aamc.org/meetings/annual/start.htm>

Central Group on
Educational Affairs (CGEA)
Annual Meeting

Call for Proposals

<http://www.medlib.iupui.edu/cgea/call2001.html>

Submission Deadline

December 1, 2001

Academic Medicine
In Progress:
Reports of New Approaches in
Medical Education

Call for Submissions

Submission Deadline

November 16, 2001

Editorial Comments Invited

Curriculum Connections was developed by the Education Council to keep faculty and students informed about progress and procedures to reform the KU School of Medicine curriculum. *Curriculum Connections* will strive to keep faculty, students and staff up to date on the KU medical curriculum, and you are invited to submit comments, suggestions and/or newsworthy items relating to medical education. Please contact either Dr. Michael Burke, Chair of the Education Council, or Dr. Giulia Bonaminio, Assistant Dean for Medical Education, with your feedback.