

August 2004



OFFICE OF MEDICAL EDUCATION

Curriculum Connections

From the Education Council

The Education Council continues to be a hotbed of activity as we strive to improve undergraduate medical education at KUSOM. We have Nutrition and Genetics subcommittees that have been surveying other medical schools, examining national guidelines for these curriculum topics, and preparing recommendations for updating the KU curriculum. As part of the national trend toward improvement of clinical skills training in medical education, KUSOM has developed a Clinical Skills Assessment (CSA) and standardized patient program. The CSA is a skills competency exam to be given at the end of the third year in the curriculum. The second schoolwide CSA (Kansas City and Wichita campuses) was completed in August 2004. Standardized patients were used in the CSA and have been used to augment skills training in the Year 1 and 2 Introduction to Clinical Medicine (ICM) Clinical

Skills courses. We anticipate that these efforts will ensure success of KU graduates on the USMLE Step 2 licensure exam which includes a clinical skills component.

In February the Education Council sponsored the 2nd Annual Clerkship Director's conference. This year the theme was Innovation in Clinical Education. The agenda included opportunities for faculty from all specialties to work firsthand with standardized patients and to learn about the Blackboard educational software that was purchased by KUSOM in December 2003. The Blackboard software provides a framework for web-based, active learning exercises to facilitate faculty: student communication and enhance course curriculum. A goal is that all courses and clerkships at KUSOM will take advantage of this technology.

In the summer of 2003 Dr. Atkinson announced a

strategic planning initiative to review all aspects of medical education at KUSOM and named a steering committee for this initiative. The goals of this initiative include better integration and coordination of the curriculum, and implementation of more student-centered learning strategies to promote critical thinking, problem-solving skills, and information management. To date the steering committee, made up of six taskforces, has reviewed all activities at KUSOM from admissions and faculty development to technology infrastructure. Members of the committee have also visited other medical schools known for their innovative and effective curriculum. The steering committee has made recommendations for curricular revision at KU and the Year 1-2 and 3-4 Curriculum Oversight Committees, along with the Education Council, will be finalizing the curriculum revisions.

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Special Points of Interest:

- *All Faculty Retreat September 24, 2004 in Kansas City.*
- *AAMC Annual Meeting November 5-10, 2004 in Boston, MA. For more information please visit www.aamc.org.*

Year I (Class of 2007) Curriculum Evaluation Results

- The response rate was 86% and at least half of the students reported attending at least 60% of the lectures for all courses.
 - The majority of students (66% or more) indicated that the courses within the Gastrointestinal, Renal, Endocrine, and Neuroscience blocks were generally well integrated.
 - Most students (> 65%) agreed that the overall quality of Medical Biochemistry (BIOC), Human Anatomy & Embryology (ATMY), Medical Physiology (PHYS), Neuroscience (NEUS), and Clinical Skills I (CS1) was good. Less than half of the respondents indicated that the overall quality of Cell and Tissue Biology (CTB: 34%), and Social Basis of Medical Practice (SBMP: 31%) was good.
 - Most of the respondents (> 61%) indicated that there were sufficient illustrations of clinical relevance during lectures for BIOC, ATMY, PHYS, NEUS, and CS1. About one-third of the respondents agreed that there were sufficient illustrations of clinical relevance during lectures for SBMP (34%) and CTB (37%).
 - Most students (> 61%) agreed that lecture time was used effectively in BIOC, ATMY, PHYS, and NEUS.
- Less than half of the students reported effective use of lecture time for CTB (42%), CS1 (48%) and SBMP (24%).
- The majority of respondents (74% or more) agreed that the lab sessions correlated with the lecture material in ATMY, CTB, and NEUS.
 - The majority of respondents (52% or more) agreed that lab sessions facilitated learning of the course objectives in ATMY, CTB, and NEUS.
 - Almost half of the students (>46%) agreed that lab time was used effectively in ATMY, CTB, and NEUS.
 - The majority of students (> 74%) agreed that there were sufficient illustrations of clinical relevance in small groups for BIOC, PHYS, and CS1. A little more than one-third of the students agreed that there were sufficient illustrations of clinical relevance in small groups for SBMP (38%).
 - Most students (> 63%) indicated that small group time was used effectively in BIOC, PHYS, and CS1. Less than half of the respondents reported effective use of small group time for SBMP (34%).
 - The majority of students (64% or
- more) reported that the amount of scheduled contact time was about right for BIOC, CTB, ATMY, PHYS, NEUS, and CS1. A little less than half noted that the amount of scheduled contact time was about right SBMP (41%). About one-fourth noted too much contact time for BIOC (20%), CTB (26%), ATMY (20%), and CS1 (21%). More than half of the respondents noted too much contact time for SBMP (58%).
- Most students (65% 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 Renal block (23%), Endocrine block (32%) and Neuroscience block (32%) was too short.
 - About half (51%) of the students indicated that the number of examinations was about right, with 45% reporting that there were too many exams. Only 24% of the respondents agreed that the clustering of the examinations was helpful, while 57% disagreed.

Year II (Class of 2006) Curriculum Evaluation Results

- The response rate was excellent: 90% (161/179).
- More than half of the respondents (60%) 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: 86%). Less than half agreed that the overall quality of the course was good in Systemic Pathology (PAON: 48%), Clinical Skills II (CS2: 34%), Medical Ethics (Med Ethics: 41%), and Behavioral Medicine (Bmed: 46%).
- The majority of respondents agreed that the relevance of the lecture material to clinical medicine was made clear in PAON (75%), PHRM (91%), CS2 (75%), Med Ethics (58%), and Bmed (62%).
- The majority of respondents (81%) agreed that lecture time was used effectively in PHRM. Less than half of the students agreed that lecture time was used effectively in PAON (46%), CS2 (34%), Med Ethics (41%) and Bmed (41%).
- Most respondents agreed that the relevance of the small group sessions to clinical medicine were made clear in PAON (55%), PHRM (89%), and Med Ethics (52%). Less than half (41%) agreed that the relevance of the small group sessions to clinical medicine were made clear in CS2.

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Year II (Class of 2006) Curriculum Evaluation Results Cont.

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- Most students (> 61%) agreed that lecture time was used effectively in BIOC, ATMY, PHYS, and NEUS. Less than half of the students reported effective use of lecture time for CTB (42%), CS1 (48%) and SBMP (24%).
- The majority of respondents (74% or more) agreed that the lab sessions correlated with the lecture material in ATMY, CTB, and NEUS.
- The majority of respondents (52% or more) agreed that lab sessions facilitated learning of the course objectives in ATMY, CTB, and NEUS.
- Almost half of the students (>46%) agreed that lab time was used effectively in ATMY, CTB, and NEUS.
- The majority of students (> 74%) agreed that there were sufficient illustrations of clinical relevance in small groups for BIOC, PHYS, and CS1. A little more than one-third of the students agreed that there were sufficient illustrations of clinical relevance in small groups for SBMP (38%).
- Most students (> 63%) indicated that small group time was used effectively in BIOC, PHYS, and CS1. Less than half of the respondents reported effective use of small group time for SBMP (34%).
- The majority of students (64% or more) reported that the amount of scheduled contact time was about right for BIOC, CTB, ATMY, PHYS, NEUS, and CS1. A little less than half noted that the amount of scheduled contact time was about right SBMP (41%). About one-fourth noted too much contact time for BIOC (20%), CTB (26%), ATMY (20%), and CS1 (21%). More than half of the respondents noted too much contact time for SBMP (58%).
- Most students (65% 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 Renal block (23%), Endocrine block (32%) and Neuroscience block (32%) was too short.
- About half (51%) of the students indicated that the number of examinations was about right, with 45% reporting that there were too many exams. Only 24% of the respondents agreed that the clustering of the examinations was helpful, while 57% disagreed.

Year IV (Class of 2004) Curriculum Evaluation Results

- The response rate was excellent: 90% (161/179).
- More than half of the respondents (60%) 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: 86%). Less than half agreed that the overall quality of the course was good in Systemic Pathology (PAON: 48%), Clinical Skills II (CS2: 34%), Medical Ethics (Med Ethics: 41%), and Behavioral Medicine (Bmed: 46%).
- The majority of respondents agreed that the relevance of the lecture material to clinical medicine was made clear in PAON (75%), PHRM (91%), CS2 (75%), Med Ethics (58%), and Bmed (62%).
- The majority of respondents (81%) agreed that lecture time was used effectively in PHRM. Less than half of the students agreed that lecture time was used effectively in PAON (46%), CS2 (34%), Med Ethics (41%) and Bmed (41%).
- Most respondents agreed that the relevance of the small group sessions to clinical medicine were made clear in PAON (55%), PHRM (89%), and Med Ethics (52%). Less than half (41%) agreed that the relevance of the small group sessions to clinical medicine were made clear in CS2.
- The majority of students agreed that the small group time was used effectively in PHRM (86%). Just about half of the respondents agreed that the small group time was used effectively in PAON (49%) and Med Ethics (50%), while only 29% of those that responded agreed the small group time in CS2 was used effectively.
- The majority of respondents reported that the amount of scheduled contact time was about right for PAON (88%), PHRM (82%), CS2 (52%), and Med Ethics (59%). Less than half of the students reported that the amount of scheduled contact time was about right for Bmed (35%). About one-third or more of the respondents noted too much contact time for CS2 (41%), Med Ethics (39%), and Bmed (40%).
- The majority of respondents (82%) agreed that the number of examinations during the semester was about right.

August's Teaching Tip – Establishing PBL Group Norms

OFFICE OF MEDICAL EDUCATION

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Is there something you would like to see featured? If so please email Kelly Magaha at kmagaha@kumc.edu.

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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

Upcoming Faculty Development Workshops

"Item Writing"

Aggie Butler, Ph.D. - National Board of Medical Examiners
Raja Subhiyah, Ph.D. - National Board of Medical Examiners

Thursday, August 26th
1:30 p.m. - 4:00 p.m.
4024 Varnes Center (SoN)

"Basics of Good Writing: Style, Mechanics & Structure"

Martha Montello, Ph.D. - Associate Professor, Department of History and Philosophy of Medicine
Director, Writing Resource Center - School of Medicine

Tuesday, October 5, 2004
12:00 p.m. - 1:00 p.m.
G013 School of Nursing Building

"The 3 C's of Convincing Writing: Clarity, Coherence, and Credibility"

Martha Montello, Ph.D. - Associate Professor, Department of History and Philosophy of Medicine
Director, Writing Resource Center - School of Medicine

Wednesday, October 20, 2004
12:00 p.m. - 1:00 p.m.
1012/13 Orr-Major