Curriculum Update

Heidi Chumley, MD
Senior Associate Dean for Medical Education

The School of Medicine has submitted a proposal to the Liaison Committee on Medical Education (LCME) to expand the Wichita campus from a 2-year to a 4-year program and the Salina rural track from an 18-month to a 4-year track. The LCME is the accrediting authority for medical education programs in medical schools in the United States and Canada.

Currently, all students complete their first and second year studies in Kansas City. About 120 students go on to complete years three and four in Kansas City while approximately 55 students complete their third and fourth years in Wichita. Two to four students complete 18 months in their third and fourth year in a rural track in Salina.

By expanding campus options, the School of Medicine will be able to expand its class size to increase the physician workforce in Kansas, especially rural Kansas.

The LCME conducted a site visit in July and we are moving forward towards admitting our first expanded class in 2011.

Director Chosen for Salina Expansion

William Cathcart-Rake, MD, FACP, has been selected as Director of the School of Medicine Salina expansion. Dr. Cathcart-Rake graduated from the KU School of Medicine and completed his residency in Internal Medicine at KU Medical Center.

Dr. Cathcart-Rake has served as medical director of the Tammy Walker Cancer Center in Salina and attending staff physician at the Salina Regional Health Center. He has also run a private practice and has served as a volunteer faculty member at the University of Kansas School of Medicine.

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2010 Medical Education Retreat Summary

The KU School of Medicine held its annual Medical Education Retreat on Friday, June 11. Executive Vice Chancellor and Executive Dean Barbara Atkinson began the event with a presentation outlining the Wichita and Salina Campus Expansion plans. Following Dr. Atkinson’s presentation, Dr. Heidi Chumley, Senior Associate Dean for Medical Education and Dr. Gary Doolittle, Education Council Chair, guided participants through several group exercises to explore ways to improve medical education at KU.

The participants generated thoughts about items for the Medical Student Program Dashboard, key items that reflect the health of our program. The top 10 items were (in the order that they occur in the life-cycle of a student):

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>MCAT biological science score</td>
</tr>
<tr>
<td>Undergraduate humanities/MCAT verbal</td>
</tr>
<tr>
<td>USMLE-Step 1 first time pass rate</td>
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<tr>
<td>USMLE-Step 2-CK first time pass rate</td>
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<tr>
<td>USMLE-Step 2-CS first time pass rate</td>
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<tr>
<td>Clerkship evaluations</td>
</tr>
<tr>
<td>Match into primary care</td>
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<tr>
<td>GQ overall student satisfaction</td>
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<tr>
<td>Residency performance</td>
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<tr>
<td>First practice primary care in Kansas</td>
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</table>

In addition, Dr. Atkinson asked that “% of students from Kansas” be added to the list.

The next group activity generated a number of really good ideas. Dr. Chumley took all ideas that scored over 20 (out of 25 possible) and grouped them into themes as outlined below. The number in parenthesis is the total out of 25 points. Dr. Chumley is planning to ask several of the faculty committees to look at these and propose next steps.

1. Create a 4-year communication curriculum. (21)
   Develop a formal quantitative assessment for “Communication Skills” for third and fourth year medical students. (21)
   a. Help students become better communicators (25)
   b. Emphasis on communication skills (24)
   c. Stress the importance of communication skills (21)
   d. The importance of communication skills is undervalued (21)
   e. Formally evaluate communication skills during clerkships (21)

2. Train clerkship directors, residency directors, and residency coordinators in these interactive methodologies. (25)

3. More objective clinical skills testing, evaluation, and education. (23)
   a. Faculty directly observe students doing clinical exams (24)
   b. Evaluate clinical patient interactions (20)

4. Create more time for integration of material within Year 1-2 and of basic sciences in years 3-4. (23)

5. After identifying at risk students, actively encourage them how to be effective help seekers. (23)
   a. Use the initial test taking cognitive assessments on admission and pass on to faculty for test prep - to take students from good to great (21)
   b. Identify poor performers early and develop effective learning strategy which they will use (20)

6. Develop better predictors of student performance than the MCAT (22).
   a. Attention to raw student scores is not an indicator of student performance (20)

7. Build a new medical education building. (22)

8. Do not use lecture time to repeat information in the book - instead use the time for questions, elucidating difficult concepts and student. (21)

9. Consider opportunities for learning or activities involving humanities, especially reading. (20)
Phase I Curriculum

Year 1 Module Spotlight: **Genetics & Neoplasia**  
**Jim Calvet, PhD, Module Director**

This 4-week multidisciplinary module, taught by both basic science and clinical faculty, covers the molecular and chromosomal basis of human genetic disease, emphasizing the clinical significance of normal and abnormal genetic variation; single-gene and multifactorial diseases; and conditions caused by somatic mutation and epigenetic mechanisms. An emphasis is placed on neoplastic disorders. The module also examines the predictive value of genetic testing and the role of genetic counseling in clinical decision-making; the principles of cancer therapeutics; and gender, ethnic, and behavioral considerations affecting prevention and treatment of cancer and other genetic diseases. The module includes clinical skills instruction and physical exam skills; large and small group discussion, laboratory exercises; problem-based learning sessions, clinical correlations, clinical lab sessions and lectures.

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**Faculty Document Folder Now Available on O: Drive**

There are now “faculty documents” folders on the O: drive (e.g., small group leader and PBL faculty guidelines) Making these documents available on the O: drive will allow faculty the opportunity to view curriculum documents for all modules. The folders reside in the module folders located within the class folder on the O: drive Repositories.

**Example:** O: drive>Repositories>2013>M2>CORE_835_Musculoskeletal>MSK Faculty Documents_fall 2010.

As the documents are housed in Repositories, students do not have access to these files.

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Phase II Curriculum

The Class of 2012 began their third-year clinical rotations on June 28, 2010. Orientation began the week of June 21st with the third-year orientation day on June 24. Students were given an overview of the Phase II curriculum, introduced to the clinical directors and administrators, and given a run-down on dress code, professionalism, evaluations, clinical skills, and the skills lab. They then broke into small groups to participate in mini clinical skills exercised located in the Neis Skills Lab and the School of Nursing.

The third year is very different from their first two years of medical school as they now will be exposed to and evaluated on their knowledge and performance in live patient/doctor settings. Also new to them will be the requirement of patient logging. Each student will be required to log every patient they encounter. In the past, this was done using E-Value, an online outside vendor program. Starting this Fall, students will now log patients in a new, web-based logging system. This new system was developed in partnerships with the Office of Medical Education and Information Resources. Logs will be used to identify the number and variety of patients that students encounter during their third and fourth year of medical school.

We look forward to the new year and a new group of students!

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**Year 1 Orientation**  
July 22-July 30.

**White Coat Ceremony**  
2 pm on Friday, July 30  
Battenfeld Auditorium

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**Year 2 Module Spotlight:** **Musculoskeletal**  
**George Enders, PhD, Module Director**

This is a 4-week multidisciplinary module taught by faculty from the departments of Anatomy and Cell Biology, Orthopedic Surgery, Pathology, Pharmacology, Internal Medicine, Family Medicine and Pediatrics. The module covers the normal/abnormal processes; principles of therapeutics (non-drug treatment will be emphasized); and gender, ethnic, and behavior considerations affecting disease treatment and prevention of diseases of the musculoskeletal & soft tissue systems. The module includes clinical skills instruction in an extremities physical examination. Students participate in small group discussions, laboratory exercises, clinical correlations, clinical skills lab sessions and lectures.
Clinical Skills

Through a Center of Excellence for Diversity and Health Disparities grant the Neis Clinical Skills Lab continues to initiate new programs to address:

- Diversity training
- Intercultural and diversity management
- Cultural competencies’
- Multicultural teamwork

The grant has enhanced current programming by providing students with the knowledge, skills, and attitudes necessary to care for a culturally and ethnically diverse patient populations. The lab implemented a new standardized patient encounter this school year that allowed students to assess patients’ cultural and religious beliefs in an effort to enhance a positive health outcome.

The lab is also addressing how to improve communication skills with minority populations through the standardized patient program. These new programs will incorporate 1st through 3rd year medical students as well as PGY1’s (residents).

Upcoming Skills Lab Events:

Aug 5  Geriatric Clerkship
Aug 6  Neurology Objective Structured Clinical Exam
Aug 9  OBGYN Clerkship
Aug 10 & 13  History Taking
Aug 12  Geriatric Clerkship
Aug 12 & 16  Musculoskeletal
Aug 17 & 18  Vital Signs

KU School of Medicine Student Receives American Medical Association Foundation Minority Scholars Award

Laddy Maisonet, a second-year medical student, was one of 13 medical students from across the United States to be awarded a $10,000 Minority Scholars award from the American Medical Association (AMA) Foundation.

The awards recognize academic achievement, financial need and personal commitment to improving minority health among first or second-year students in groups defined as “historically underrepresented” in the medical profession.

The Minority Scholars Awards are given in collaboration with the AMA Minority Affairs Consortium, with support from Pfizer, Inc. The National Business Group on Health (NBGH) partially supports one scholarship in honor of the late Ronald M. Davis, MD, Past-President of the AMA. This specific Minority Scholars Award is granted to a minority medical student who has an interest in becoming a primary care physician.

This is the third consecutive year that a KU School of Medicine student has received the AMA Foundation Minority Scholars Award. Third-year student, Natalie Casagrande, received an award in 2009 and fourth-year student, Rigoberto Ramirez, received an award in 2008.