**Message from the Dean**

It seems like only yesterday we welcomed the first class of eight medical students to the Salina campus of KU School of Medicine.

This summer, in addition to eight new medical students, twelve nursing students started their studies on the newly established Salina campus of KU School of Nursing. Nursing students in Salina are sharing facilities in the Braddick Building with the medical school. Both KU School of Medicine and KU School of Nursing will move in July 2018 to the new medical education building in downtown Salina. The newly renovated building will provide triple the floor space as the current building and will provide abundant space for current and future needs of the medical school and nursing school educational programs.

**ACE IT!**

On July 31st, the new first year medical students at KU School of Medicine were introduced to a new medical education curriculum. The new educational program is called the “ACE” curriculum. “A” stands for active, as the curriculum actively involves the students in their education and will depend less on passive education, such as lectures by professors. “C” stands for competency-based education. Students will continuously be assessed for achievement of essential competencies. Finally, “E” stands for excellence-driven. KU School of Medicine wants to provide an excellent, unparalleled educational experience for its medical students.

In the new curriculum, students are asked to participate in the discovery of knowledge, rather than being told by a faculty member what is important to know. The new curriculum is designed to help students develop critical thinking skills and not just memorize facts. An important component of the new curriculum is the meshing of foundational science with clinical sciences. Hopefully, students will discover the importance of foundational knowledge in improving the health of their patients. To accomplish this goal, many of the educational experiences in the new curriculum will be based on clinical cases.

The foundational science years (Years 1 and 2) are separated into 9 Blocks which are nominally based upon specific organ systems: (1) Introduction to Doctoring, (2) Molecular and Cellular Medicine, (3) Infections, Blood and Immunity, (4) Breathing and Circulation, (5) Eating and Excreting, (6) Muscles and Movement, (7) Brain, Mind and Behavior, (8) Reproduction, Development and Sexuality, and (9) Medicine Capstone. Starting with the current first year medical students, lectures will be reduced from 15 hours per week to 5 hours per week. Instead of sitting through hours of lectures, students will spend the majority of their classroom time actively participating in problem-based learning sessions (PBLs), case-based collaborative learning sessions (CBCLs) and flipped classroom sessions. In addition to these activities, students will participate in clinical skills labs, simulation exercises and gross anatomy labs.

What are PBLs, CBCLs and flipped classrooms? PBLs are case studies authored by KUSM faculty. They consist of two sessions of two hours each, separated by one week. The major learning objectives of each PBL coincide with the educational theme of the current Block. A major goal of PBLs is student acquisition of clinical reasoning skills. During the first session, the
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Each medical school class is unique, and the newest class to matriculate on the Salina campus is no different. The Class of 2021 includes: Joshua Bahr (Ellsworth), Ayodale Braimah (Liberal), Jorrie Dykes (Salina), Nathan Finch (Lindsborg), Tyler Goeser (Munich, ND), Nathaniel Grabill (Beulah, CO), Maci Hicks (DeWitt, NE), and Joshua Warner (Belleville). All eight students come from small communities, and each is interested in pursuing a career in primary care.

What became quite obvious in the first few weeks of medical school was how well the members of the Class of 2021 bonded with each other. As one student remarked, “We have each other’s back.” Another student was surprised, and very pleased, with the sense of family on the Salina campus. The small class size undoubtedly contributes to the comradery; however, the new KU School of Medicine curriculum, which requires each student to actively participate in the discovery of knowledge and share what they have learned with their peers also fosters a collaborative atmosphere.

New this year was the “Introduction to Doctoring” block. In past years, first year medical students started their medical education with the Foundations of Medicine module—a concentrated introduction to molecular and cellular concepts as they relate to medicine. Past students likened this initial course in medical school to “drinking from a firehose.” The amount of information they were asked to consume was challenging. The new Introduction to Doctoring block eased the students into their roles as future physicians. They learned how to perform a basic history and physical examination and were eventually assessed on their competency to accurately complete this task. Additionally, they learned about evidence-based medicine, epidemiology and basic biostatistics, obtaining informed consent, how to deal with difficult patients, and immunizations and vaccinations.

It is an exciting time for KU School of Medicine, especially on the Salina campus. New students, a new curriculum, and a new medical education building in 2018. I look forward to keeping you informed of our progress!

The Spotlight

SPOTLIGHT: DR. SCOTT OWINGS

Dr. Scott Owings started working for the Salina campus of KU School of Medicine in 2010—a full year before the Salina campus enrolled its first student. He was instrumental in the development and implementation of the medical education program in Salina. Dr. Owings is an Associate Professor of Medicine and currently serves as Associate Dean for Clinical Experiences on the Salina campus. He is responsible for supervising the clinical clerkship experiences for Year 3 and 4 students. Continued on page 3
Dr. Owings graduated from Maize High School in Sedgwick County, KS. He received a BS in Biology from Pittsburg State University and his MD from the University of Kansas School of Medicine. In 2005 Dr. Owings completed a residency in family medicine at Smoky Hill Family Medicine Residency Program in Salina. After residency, he accepted a faculty position with the Salina residency program. In January 2017, he resigned his faculty position at Smoky Hill and became the Medical Director of the Salina Regional Health Center Inpatient Rehabilitation Unit. He now divides his time between the Rehab Unit and teaching and administrative duties at the School of Medicine. Dr. Owings is married to Melanie, a second grade teacher at Meadowlark Ridge Elementary School in Salina, and has three very active children, ages 8, 9, and 10.

Becoming a physician was not a decision he made in high school or college. He claims that he knew he was going to be a physician by the time he was in third grade. “It was a true calling,” he says. “First and foremost, I knew I wanted the opportunity to help people on a daily basis and perhaps make their lives better. I also knew it would be an intellectually challenging and stimulating career.” By the time he reached junior high, he set a goal of becoming a family physician and never waivered from that goal.

It is difficult to balance the demands of family, the practice of medicine, and being a medical educator. Dr. Owings has been able to maintain that balance. He is a devoted husband and father who makes every effort to make time for his family. He is a knowledgeable and compassionate physician who delivers expert care to his patients. He is also an excellent teacher. Dr. Cathcart-Rake supervised Dr. Owings as a resident and worked with him as a colleague in practice. He appreciates Dr. Owings’s fund of knowledge, skills as a teacher, and ability to bring a new and different perspective to issues involving the medical school. “When I needed someone to assist with the development, implementation, and supervision of the clinical experiences for third and fourth year medical students on the new Salina campus, the most qualified person I could think of was Scott,” Cathcart-Rake said. “Fortunately, when offered the job, he accepted.”

“Teaching is a two-way street,” says Dr. Owings. He claims he learns as much from his students as they do from him. “Each student brings with him or her an entirely new perspective. Their perspective is not only refreshing but teaches me to look at things from a different vantage point. I am certainly a better teacher, doctor, and person because of my experiences with students. Students remind me why I chose medicine in the first place.” In addition to teaching the basic principles of good medical care, Dr. Owings tries to emphasize the importance of professionalism and family. "Simply put, I try to instill in the students the importance of always trying to do the right thing, even when you don’t necessarily want to. I also try to encourage them to work just as hard in their personal life and relationships as they do in medicine.”

A hard hat day!

New Medical Students inspect the new Salina medical education building
history and physical findings of a patient are gradually presented. Students are asked to develop a problem list and a list of possible diagnoses causing each problem. Students then must decide what laboratory work and imaging procedures might provide support for their presumed diagnoses. During the course of the first session, students discover a number of terms, disease processes, and other key learning objectives that need further investigation. Each student is assigned one or more learning objectives to research and discuss with their classmates at the second session. During the second session, additional case history may be divulged and the students eventually need to settle on a final list of diagnoses and a treatment plan. CBCLs are also case-based but differ from PBLs in that the goal of these sessions is the use of previously acquired content (that is, required pre-work, such as watching short podcasts or reading articles) to address a set of clinical problems presented in the case. Solving the case may also require seeking and applying new information during the session. PBLs and CBCLs are small group activities with eight students and a faculty facilitator. Finally, flipped classrooms are large group sessions where content provided in earlier sessions is used to solve problems posed by the instructor.

Year 3 in the new curriculum will consist of six required 8-week clerkships: Family and Community Health, Gender and Reproductive Health, Care of the Surgical Patient, Care of the Adult, Neural and Behavioral Health, and Infant, Child and Adolescent Health. The learning objectives and clinical experiences on these clerkships will be similar to those in current clerkships but will be expanded, and foundational science concepts will be regularly revisited. In Year 4 a rural preceptorship, a critical care clerkship and a subinternship are the only required clerkships, leaving plenty of time for elective clerkships and interviewing for residency positions.