

COMMITTEE ON MEDICAL EDUCATION
REPORT TO MEMBERS
Gastrointestinal, Renal II Course – Year 2
2005-2006 Academic Year
Class of 2009

William Carey, M.D., and Phillip Hall, M.D., Course Directors, presented their course reports on Gastrointestinal and Renal, respectively to the Curriculum Steering Council. Overall, 88% of students rated the overall quality of the course as good or excellent, despite the fact that this course is the last of Year 2 and competes with USMLE pressure and summative portfolio completion. The issue of time and student attendance were major concerns raised during the course by students and faculty. 94% of students indicated that the CAPPs contributed to their learning and emphasized the integration of course concepts instead of memorization of facts. The SAQs were more difficult to assess secondary to low completion rates. With few exceptions, the faculty received positive feedback.

Based on the review of student evaluations, faculty feedback, and suggestions from student focus groups and faculty, the following are planned revisions for the GI component of the course in the 2006-2007 academic year:

1. Increase the number of seminars covering GI infections from 1 to 3 seminars.
2. Delete alcohol seminar as this topic has been covered elsewhere.
3. Expand seminar on GI effects of diabetes to include GI manifestations of systemic disease.
4. Delete seminar on nutritional consequences of short bowel and replace with seminar on intestinal ischemia including nutritional consequences learning objectives.
5. Engage pharmacologists in seminar for pharmacology related to inflammatory bowel disease.
6. Refine SAQs including use of NBME format and greater utilization of images.
7. Replace PBL in week 3 with case focused on GI neoplasia.
8. Engage Chris Taylor, Ph.D. to work with faculty on seminar style.
9. Continue to work with Process of Discovery series to ensure integration with course themes.

The Renal component of the GI/Renal block was also well received and only minor modifications have been suggested. The PBL case in week 4 covering diabetic nephropathy as a model of progressive chronic renal disease will be revised to focus on another form of progressive renal disease. It was recommended that the hemodialysis experience as a clinical correlation be offered again as optional given the time pressure on students at the end of the year. However it was suggested that students be required to sign up for the session well in advance so that faculty and patients could be appropriately scheduled.

Overall, the Gastrointestinal, Renal Year 2 Course was well received in its first year of implementation. In response to feedback from students and faculty, revisions as described above will be implemented. The Curriculum Steering Council thanked Drs. Hall and Carey for their efforts and accepted their recommendations for course modification for the 2006-2007 academic year.

Respectfully submitted,

A handwritten signature in cursive script that reads "Andrew Fishleder".

Andrew J. Fishleder, M.D.