

First

Written by Karen Carlson • Photography by James Hawker

P R I O R I T Y



SIU
continues
to be a
leader in
medical
education

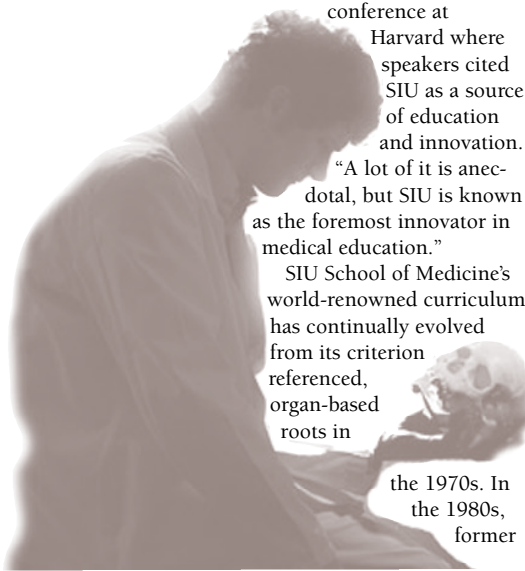
Listen closely and you can almost hear the mantra echoing in the halls of SIU School of Medicine: A medical school's first priority should be educating medical students. The School's first dean, Richard Moy, M.D., and the founding faculty created a haven for educators at SIU School of Medicine, and today's educators at SIU continue to be leaders in medical education.

The Department of Medical Education and SIU's faculty are continually evolving the curriculum with creative initiatives and expounding on the School's world-renowned programs such as the competency-based curriculum, performance-based assessment, standardized patients and problem-based learning — the hallmarks of the SIU School of Medicine experience.

The majority of U.S. medical schools still seem to place the concept of teaching medical students at the lower end of the priority list, superseded by basic and clinical science research projects or

renowned clinicians. Education is expensive, and funding sources are scarce, especially for medical education research. That makes it difficult for schools to make the case that medical education should be given a high priority. And as states tighten their fiscal belts, the push for clinical and research dollars will continue, and teaching may suffer.

"This is why SIU has been renowned for medical education," says M. Brownell Anderson, senior associate vice president, Division of Medical Education at the Association of American Medical Colleges (AAMC). Anderson formerly worked in SIU's Department of Medical Education. "In the past, very few schools have had a set of people devoted to maintaining medical education. It's only been in the last 10 years that more schools have a Department or Division of Medical Education." She estimates that about 70 percent have such units today. Still, SIU holds a distinguished place among them. Anderson recalls a recent educational



conference at Harvard where speakers cited SIU as a source of education and innovation. “A lot of it is anecdotal, but SIU is known as the foremost innovator in medical education.”

SIU School of Medicine’s world-renowned curriculum has continually evolved from its criterion-referenced, organ-based roots in

the 1970s. In the 1980s, former

Associate Dean for Education Howard Barrows, M.D., added problem-based learning (PBL) and standardized patients. A hybrid of lectures and PBL developed in 2000. Today, the faculty-directed system continues to use patient problems to teach, focusing on

years. Noteworthy initiatives include publishing curriculum objectives for the medical school that integrated knowledge and professional attitudes and skills. “Most medical schools didn’t think you could do it,” says Dax Taylor, M.D., the first associate dean for medical education at SIU School of Medicine. Schools all over the world wanted a copy of the SIU objectives. Test items were constructed from these objectives, another first.

Clinical skills teaching is a priority at SIU. First-year students see a standardized patient or a real patient within the first month of attending medical school, another distinguishing characteristic of the School of Medicine. The standardized patient exam at the end of the third year has also caught the eye of numerous institutions. “We can see how students deal with unknown patients,” Dr. Distlehorst says. In recent years, the department worked with the National Board of Medical Examiners to set up the USMLE Step 2 clinical skills exam. All U.S. medical student graduates this year took the clinical skills exam. Dr. Moy noted that it likely was a breeze for

ment from day one,” says Reed Williams, Ph.D., who was chair of the committee that coordinated development of the first clinical competency exam. He also was the first chair of the Department of Medical Education after it became a department in 1978.

SIU’s devotion to medical education and research is what drew Debra Klamen, M.D., MHPE, to the School. She is the current associate dean for education and curriculum and chair of medical education. “What vaulted SIU to international prominence is the quality and quantity of medical education research and curricular innovations that have come about because of it,” says the former University of Illinois professor. “It’s extremely rare to have a medical school that’s built around education as its No. 1 priority — usually it’s No. 3. I want to be sure that SIU keeps medical education No. 1.”

Dr. Klamen is working to make sure that happens with new initiatives such as the Academy for Scholarship in Education, whose goal is to advance SIU to the forefront of the nation in

“SIU is definitely in the top five medical schools in the world for medical education.”

— Reed Williams, Ph.D.

outcomes. Faculty in every department in the medical school have been key contributors to the department’s development and to the medical education research done at SIU.

Clinical competency and professionalism are indelible trademarks of education at the School of Medicine. “The objectives-based curriculum, PBL, standardized patients and performance-based assessment were the areas that put the school on map educationally,” notes Linda Distlehorst, Ph.D., associate professor emeritus. “Our graduates have always been very strong clinically and professionally, and that’s a tribute to the interest and effort of our faculty.” Dr. Distlehorst was named associate dean for educational affairs in 1995, having joined SIU’s medical education department in 1976.

The Department of Medical Education has helped spearhead many of SIU’s innovations over the past 30

years. Noteworthy initiatives include publishing curriculum objectives for the medical school that integrated knowledge and professional attitudes and skills. “Most medical schools didn’t think you could do it,” says Dax Taylor, M.D., the first associate dean for medical education at SIU School of Medicine. Schools all over the world wanted a copy of the SIU objectives. Test items were constructed from these objectives, another first.

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Collaboration is vital to the program, Dr. Klamen stresses. Her hope is that faculty will build on each other's ideas, breaking the mold of isolated departments. "I hope it becomes part of the fabric of the university," she says. "I want medical education research and collaboration to be a part of everybody's department."

Another indicator of SIU's leadership in medical education research is the periodical *Teaching and Learning in Medicine: An International Journal*, one of only five journals in the world solely devoted to medical education. The quarterly publication publishes perspectives and editorials, literature reviews, book reviews, and papers on basic and applied research, research methods and newly developed programs.

Jerry Colliver, Ph.D., director of the School-wide Division of Statistics and Research Consulting, is editor of the journal along with Dr. Barrows. Terrill A. Mast, Ph.D., Dr. Barrows and Dr. Colliver founded the journal in 1986. More than 700 medical educators subscribe and contribute to the journal, including many medical schools in the United States, Canada and Europe. Online subscriptions are also available.

The journal began with a focus on standardized patients and problem-based learning but has broadened to include any innovative activity — new courses, evaluations of courses and dozens of other topics from admissions to curriculum design to student characteristics and skills.

Dr. Colliver has worked on the journal since its inception and now receives about 200 papers a year from 25-30 different countries that cover a myriad of research topics from pre-medical to postgraduate and continuing medical education. An international editorial board reviews the submissions, and about 20-30 percent are published. "We look at the papers' methods that are being applied, including statistics, measurement, and design, as well as the importance of the topic studied," Dr. Colliver explains. "Medical educators are looking for evidence-based results that support claims about the educational effectiveness of the teaching and assessment methods."

The journal, he says, "has brought social sciences research into medical education."

In other medical education research

What does the Office of Education and Curriculum do?

The Office of Education and Curriculum implements the curriculum as designed by faculty. They manage the PBL lab, support nurse educators working in clerkships and work with new technologies to keep things running smoothly. They also oversee technological innovations in the curriculum such as CurrMIT, a software program created and maintained by AAMC that contains curriculum information about U.S. and Canadian medical schools. Medical schools can use CurrMIT to easily manage their own curriculums and learn from other institutions.

efforts, Dr. Distlehorst is beginning to analyze data from a graduate follow-up study designed in the early years of the medical school, which illustrated the forward thinking of the School's faculty. "Our interests are to look at the performance outcomes of our graduates," she says. "We are also interested in long-term characteristics of the different curriculum tracks to evaluate their effectiveness among graduates." Long-range plans are to evaluate physician behaviors with patients to see if the curriculum makes a difference, noting any predictive performance measures.

"I credit the faculty's willingness to look at what they do and make changes based on feedback from students and tests," Dr. Distlehorst notes. "That's a hallmark of the school, and we should be proud of that."

Dr. Klamen has more initiatives to continue the department's growth. She has an idea to revamp the interviewing process with prospective students using a method that mirrors problem-based learning, for example, and is currently working with a committee of faculty members to design innovative clinical competency remediation activities.

Because of its pioneering efforts in medical education, SIU School of Medicine has become fertile ground for educators from all over the world who come to the School to learn about our methods. Dr. Williams recalls that Canada's University of Manitoba sought SIU's assistance in setting up standardized patients exams. And each year, SIU hosts both standardized patient and problem-based learning workshops that bring international

medical educators eager to drink from the well of interactive programs at SIU.

Some of the faculty have spread SIU's program and ideologies to other institutions. Dr. Williams set up a standardized patient program during a stint at the University of Illinois at Chicago before returning to the School of Medicine. Former employees such as Anderson are making a difference in top national education positions.

SIU stood apart from the new and developing medical schools in the 1970s and remains a leader today. "SIU is one of the leading centers of excellence in medical education in the world," concurs Brian Hodges, M.D., associate professor at the renowned University of Toronto.

"SIU's visionary curriculum and focus on problem-based learning set the standard that other schools steeped in traditional learning models have taken years to catch up to," noted alumna Vicki Maclin, M.D., '80, at the summer reunion.

With continuing refinement of the curriculum and a strengthening research focus, SIU will retain its place as a leader in medical education, expounding on Dr. Moy's mantra: a medical school's first priority should be educating medical students. ■

