

Educational Policy Committee
Minutes
January 14, 2009

Chair: Dr. Ron Ben-Ari

Recorder: Jay Hendershott

In Attendance:

Basic Science Reps: Jie Li, Robert Farley

Clinical Reps: Ron Ben-Ari, Glenn Ault, Theresa Woehrle, Darin Signorelli, Sarah Peyre, Peter Crookes, Sajjad Yacoob, Sam Yiu

Special Voting Representative:

Ex-Officio: Alan Abbott, Donna Elliott, Janis Brown, Julie Nyquist, Jo Marie Riley, Jan Trial, Pamela Schaff, Henri Ford, Clive Taylor, Harvey Kaslow

Students: Kate Estlin

Staff: Jay Hendershott, Janene White

Guest:

The meeting convened at 4:04 pm

Agenda Item

Approval of Minutes

Minutes from December 10, 2008 were approved after edits.

Agenda Item

Year III/IV Curriculum Committee Report

Dr. Signorelli:

1. Dr. Sullivan presented the new CT Selective for Surgery for selective or elective credit. Four students will be accepted. Most of the rotation will be at University Hospital. The motion was approved to accept the Cardiothoracic Surgery Selective.

2. The majority of the meeting was the Medical Student Educator Meeting Report. All core clerkship evaluations were submitted on time. The main focus was the Curriculum Revision planning, Year III-IV:
 - General Medicine to be 6 weeks in-patient experience
 - Establish Faculty Track Mentors
 - Re-emphasize instruction and confirmation of competency in clinical skills (Moreen Logan from ICM will be assisting in this action)
 - Ensure achievement and documentation of KSOM objectives in Years III-IV
 - ✓ Dr. Nyquist will be meeting with each clerkship director and MSE in January/February to look at how each clerkship does or does not look at a particular Keck Objective. That email went out today to meet with Dr. Nyquist.
 - Establish SPP-based evaluation system

- ✓ This effort helps address the LCME standard regarding centralized curriculum management.
- ✓ This will involve the creation of quizzes for each of three SPP cases in each clerkship related to the topics taught in the clerkships and items from years I, II, and III. This will start at the beginning of the next rotation.
- ✓ This will show where topics are taught, where students are learning it and how to understand where adjustments need to be made.
- ✓ The quizzes will not count and students taking the quizzes will be anonymous
- ✓ SPP cases will also be reviewed across the clerkships, i.e., overlap or where topics are missing.

Other items for Year III-IV Curriculum planning were:

- Enhance oversight of Selective/Elective choice
 - Revise Step 2 requirements
 - ✓ These have already been revised by EPC
 - Information Technology
 - ✓ Probably not for 2009-2010.
 - ✓ Information literacy and what resources are available. Dr. Whitaker from the library will be assisting Dr. Woehrle in this action.
3. **Subject Examination Standard Setting:** Dr. Hoffman will be invited to meet individually with the Clerkship Directors to help with standard setting. Dr. Hoffman's availability will be sent to Clerkship Directors by Dr. Schaff.
 4. **Clinical Experience Portfolio:**
 - The Clerkship Directors agreed that each clerkship would determine the level of involvement that was required for a student to justify entering a patient encounter in the portfolio.
 - Dr. Schaff will be sending out reminders to students reiterating what the purpose of the portfolio is.
 5. **MSE Name Change:** MSEs agreed to a name change to Clinical Educator. Dr. Schaff responded by informing the committee that the Clinical Educator title was no longer valid and the MSE (Medical Student Educator) name was reinstated because Clinical Educator is a designation with regard to faculty appointment and promotion and a dual use would lead to confusion.
 6. The question of whether patient safety was dealt with within the curriculum was raised. A seminar Responding to Medical Error is offered in Year IV; also, a session on patient safety by Dr. Kaufman during Year III orientation. Medical errors may be introduced in the CPX as well. Dr. Ford suggested that the Year III-IV Curriculum Revision Committee provide the plan to implement more education on patient safety topics.
 7. MSEs will be establishing a more uniform procedure for posting of subject exam scores. This will be discussed at the next MSE meeting.

Action

Year III-IV Curriculum Revision Committee will look at where patient safety issues could be implemented in addition to what is being offered currently.

Follow-up

None

Agenda Item

Year I/II Curriculum Committee Report

Dr. Kaslow:

1. The GI/Liver schedule was approved.
2. The Endocrine System was reviewed and was completed at the end of December and it went fairly well. There was considerable discussion regarding the performance of the small groups within the system which went to a general discussion of small groups. The conclusions were that there is considerable heterogeneity in the role of small group sessions from Year I to the end of Year II in terms of the student's perception of their benefits. It was thought that the system chair was in a good position to know what works in their system and the use of a mandate without consulting with the system chair is not an optimal approach.
3. Dr. Abbott described to the committee that there is now a process under way reviewing the curriculum and one of the main goals is to identify if there are any holes in the curriculum as to content that is required by the LCME.

Action

None

Follow-up

None

Agenda Item

Year I-II Small Group Teaching Report

Dr. Kaslow:

The agenda item above, Year I-II Committee report reflects the status of the small group teaching.

Discussion

Dr. Schaff communicated that the students comment was that "not one size fits all". Small group teaching in some courses in Year I, i.e. pathology and microanatomy, were essential to have one instructor in each of the seven MDLs. This is different than what happens in Year II when the more clinical types of teaching takes place and the students feel that it would be adequate to have four groups instead of seven. Not as many students go to those groups and

thus the number of groups could be less. It was suggested to assess the goals of small groups to determine their number and if there should be required attendance. It was acknowledged that the use of small group instruction is one of the principles of the current curriculum and that proper management of this curriculum, therefore, requires that small group instruction be preserved and ensured. In addition, by our own definitions, small groups are no larger than one MDL, thus, each session characterized as a small group session must have enough faculty present to staff seven MDLs. at minimum, that There was agreement that a review of current use of small groups should be done with a subsequent plan to ensure that the use of small group teaching in future years is based on appropriate goals. In addition, it was recognized that scheduling of all small groups should be undertaken long in advance so that faculty calendars can be blocked.

As an intermediate strategy to better manage the small group portion of the curriculum, Drs. Ford, Abbott, Schaff as well as the system chairs met before Christmas break and agreed to reward student attendance of small groups for the remainder of the academic year. Plans for confirming attendance and making rewards sufficiently uniform (e.g., points) are under development. In the long term, mandatory attendance at small group activities such as is the case with ICM, PPM, ICS and Clerkships, will be considered. Dr. Abbott stated that the plan for the rest of the year with regard to small groups that if the schedule says “MDL” there will be seven groups and there will be a reward for attendance. If the schedule says “Lecture” then the numbers of sessions will vary and attendance is not required.

A related issue is that technology has changed the ability of the students to in many different ways since the new curriculum was implemented, i.e., webcast, internet. Students can study before, during and after the course/lecture and this was not the case in 2000. There may need to be a menu of educational options with some students taking one menu and other students taking other menus. As long as the students are evaluated and meeting competency, which menu may not be as important now as long as it is a good menu. This should be a conscious design rather than by default. Students also have various learning styles and need certain learning environments and others have other styles and environments.

Neuroscience system has an inherent problem in finding seven clinical neurologists or seven neuropathologists because of an absolute shortage of faculty. This is the one course that has moved from the seven MDLs to the three or four model. Neuro should be looked at early to make any possible changes in small group instruction and may need to be an exception with regard to number of faculty participants and size of groups.

Action

1. A re-examination of the goals of our small group sessions will be initiated and appropriate revision will follow.
2. For the remainder of 2008-2009, if a session is labeled, “MDL”, that means there will be seven groups/MDLs staffed by faculty. Student attendance will be rewarded. Determination of tracking attendance and the accompanying rewards is underway.
3. Other long range strategies to promote effective small group instruction, student attendance, and to ensure adequate staffing with faculty will be examined.

Follow-up

Report on small group teaching forthcoming via Year I-II revision to Year I-II Committee soon.

Agenda Item

Year III-IV Curriculum Revision Report

Dr. Ben-Ari:

There was a presentation at the Dean's Education Retreat and to the EPC regarding the recommendations of the Year III-IV Curriculum Revision Committee. Dr. Ben-Ari, Dr. Schaff and Dr. Ford will meet to clarify to how to move forward with implementation with the recommendations.

Action

A meeting of Dr. Ford, Ben-Ari and Dr. Schaff will define the structure of implementation of the Year III-IV Curriculum Revision Committee recommendations.

Follow-up

None

The meeting adjourned at 4:56 pm

The meeting dates for the 2008-09 academic year are:

December 10, 2008

January 14, 2009

February 11, 2009

March 11, 2009

April 08, 2009

May 13, 2009

June 10, 2009

The above dates are all Wednesdays. The meetings will be held from 4:00pm - 5:00pm in the Norris Medical Library conference room unless noted otherwise.