

First & Second Year Course Directors' Committee

Thursday, November 6, 1997 from 9:00-10:30 a.m. in Room 133 MacNider Bdg.

Present: Drs. Reisner & Gilligan, Co-Chairs; Drs. Brashear, Caplow, Dent, Estroff, Faber, Goz, Harp, Harris, Henson, Jennette, Loonsk, Newbold, Ontjes, Pallotta, Rao, Sharp, Ting, Wailoo, Wyrick; S. Gibbs, M. Kilpatrick, student representatives; M. Roach, M. Sluder, L. Fisher.

Attachments: draft working policy on the use of review sessions [November 6, 1997]; proposal to change the USMLE requirements, submitted by Dr. Georgette Dent [October 7, 1997]; minutes of the September 22, 1997 meeting of the Student Advisory Committee to the Curriculum; AAMC's Draft Report of the Medical School Objectives Project [September 1997]; 1997 AAMC annual Medical School Graduation Questionnaire for the UNC School of Medicine.

Review Sessions. Last spring the Curriculum Management Committee became concerned about the increasing number of out-of-class activities added to the students' schedule. Approximately 5-10 hours of 'voluntary' activities were scheduled in addition to the 30 hours of official contact time per week. The additional hours were devoted to course review sessions, extra course activities (not included in the allotted contact time), requirements of the school (e.g. immunizations, lab meetings, town meetings, advisor meetings), special events, and meetings of student organizations. While some of these activities were student-driven and voluntary, the amount of time for study and interaction with faculty was severely curtailed.

While beginning to discuss the possibilities for a more substantive approach to restructuring the curriculum, the Curriculum Management Committee approved the following measure on January 31, 1997: "beginning with the 1997-98 academic year, extra sessions, voluntary or required, may not be scheduled beyond allocated course hours without prior consent of the chairs of the First and Second Year Course Directors' Committee..."

Dr. Estroff felt that the term 'voluntary' was misleading. Although review sessions scheduled by the faculty are offered on a voluntary basis, many students feel obligated to attend the sessions. She suggested that the wording of the original motion be changed to reflect the difference between faculty- and student-initiated reviews.

Dr. Pallotta said that the intent of the Curriculum Management Committee was to limit faculty-initiated activities outside of class time. Those who feel that reviews are necessary, perhaps before an exam, should schedule these sessions as part of their course hours. The committee did not intend to limit requests from students for tutorial assistance. Many of these sessions are well attended by students and provide valuable help in organizing and learning the material.

A question was raised about whether review sessions are substantive, or simply provide emotional support to anxious students. Despite this concern the group agreed that faculty have a responsibility to answer questions and provide tutoring whenever possible. It was suggested that faculty use their best judgement in responding to students' requests for assistance, and Ms. Sluder agreed to help with scheduling issues.

After further discussion the following motions was made, seconded [Estroff, Jennette] and unanimously passed:

that no extra, faculty-initiated sessions, reviews or tutorials may be scheduled beyond allocated course hours without prior consent of the First and Second Year Course Directors' Committee

The motion will be put on the agenda of the next Curriculum Management Committee meeting.

Breaks Between Classes. Dr. Reisner reminded the committee of the university's policy for ending classes 10 minutes before the hour/ half-hour. This statement is printed at the top of the class schedule and should be reflected in individual course schedules. He asked course directors to please ensure that their faculty adhere to the class schedule, and provide appropriate breaks between classes and within those classes which extend beyond one hour. Ms. Sluder demonstrated the prototype signal light designed by MSTL at the request of the Student Advisory Committee. It was suggested that the signal light be installed in one of the large lecture halls on a trial basis to remind faculty and students of their time commitments..

After further discussion the following motions was made, seconded [Rao, Newbold] and unanimously passed:

that each course director be responsible for ensuring that their faculty adhere to the published class schedule, with appropriate breaks within class time and between classes for the convenience of the students and lecturers.

The issue of whether classes scheduled at the end of the morning/ afternoon should adhere to the 50-minute hour policy was tabled until the next meeting.

USMLE Proposal. Dr. Dent asked the committee to review the attached draft proposal which recommends changes in the requirements for students to take and pass the USMLE Steps 1 and 2 exams. The school's pass rate for first time test-takers is approximately 93%. Although some of these students subsequently pass the exam at the second administration, the remaining students continue to struggle. In 1996 the Curriculum Policy Committee recommended that students take & pass Step 1 before graduation. That committee was concerned about students who might fail the exam for the first time during their third or fourth year. Dr. Dent noted that many of these students have already experienced academic difficulty, and they would probably not be able to complete their clinical curriculum or graduate on schedule.

Dr. Dent stated that we are able to predict and track those students at risk- not just by MCAT scores and undergraduate records, but through performance on internal examinations and evaluations. Students who repeatedly fail the Step 1 exam usually have other academic problems. These students will be counseled appropriately, and in those cases where students demonstrate repeated failures, they may be dismissed and encouraged to seek other careers. The attached proposal provides several options for students to step out of the full time curriculum and systematically prepare for the boards. Requiring students to take the Step 2 exam before graduation will better prepare them for their residency programs.

Three issues were raised: 1) the seating capacity for the computerized exams may be limited, thus making it impossible for all of our students to take Step 1 in June after their second year; 2) recent literature suggests that students who take Step 1 after their clinical clerkships perform better; and 3) the number of times that students can take and fail Steps 1 and 2 should be limited to four. Dr. Dent felt that despite the clinical, case-based format of the new exams, students were still better prepared to deal with the basic science content of Step 1 after their second year. She agreed to explore the issue of seating limitations in the computer-based exam. The proposal will be changed to reflect the concerns about the number of failures.

Report from the Student Advisory Committee to the Curriculum. Dr. Gilligan reviewed the main points of the committee's first two meetings, including the issues of review sessions, exam schedules, breaks, syllabi and overall organization of courses, integration of courses-without-walls, and the OSCE exam. He

stated that the committee developed action items for each issue, and periodic reports will be made to the course directors and Curriculum Management Committee. He suggested that the issue of exam scheduling be tabled until the next meeting.

Electronic Learning Environment. Dr. Loonsk gave a brief demonstration of the new electronic learning environment, which includes the course syllabi, as well as new class homepages, specialized news groups, electronic mail, class schedules, and other on-line learning resources- e.g., computer assisted applications, slides & images, faculty notes, full-text journals. He commented on two other web-based initiatives that are currently underway in conjunction with the electronic learning environment. The first is a testing and grade reporting system which will allow students to receive feedback, take self assessments, and view grades in a secure environment. The second is an application designed to help students learn and practice clinical problem solving skills. Dr. Loonsk mentioned that there are now two courses in the curriculum which are almost totally computer-based- the Computing in Medicine and Nutrition in Medicine.

Dr. Loonsk reported that the distribution of the new computers during Orientation was very successful. Students received an introductory session on the hardware and software, and were able to purchase accessories and peripherals through the bookstore. A brief orientation to the new learning environment was given to the second year class, who are also eligible to purchase the new computers. Students are also able now to purchase an ISP, which is covered by financial aid.

Special Topics. Dr. Harris updated the committee on the activities of the Special Topics group. The four clinically oriented special topics (Nutrition, Alcohol & Substance Abuse, Health Promotion/ Disease Prevention & Geriatrics) put together a one-time elective which will field test various ways of blending their content into the clinical curriculum. Students will be asked to apply the principles learned in the first two years to patient care. Assignments may include short case write-ups or focused questions about clinical cases.

Based on the model used in the Nutrition course, the group will evaluate whether assignments already used in most clerkships would meet the requirements of the courses-without-walls, perhaps by asking students to focus on a special topic when doing their write-ups. During their third year, students will be asked to devote a minimum amount of time to these assignments. They will complete 2 weeks of the elective in their fourth year by engaging in some clinical or basic science work in one of the special topic areas.

Dr. Harris reminded the committee that the courses without walls were given no contact time. Although they have had some success with integration, there is no effective mechanism in place for incorporating new content areas into the curriculum. Computer-based cases or modules could be used, but may only add to the problem of overload.

Dr. Harris said that if we want students to take the special topics seriously we must have an evaluation method. The group is considering a portfolio, which would be maintained by the students, and would include such items as performance on content in existing written and the OSCE, patient write-ups in the clinical years, and the CPX. He asked the course directors if they would be willing to work with him to discuss options for integrating and evaluating the special topics.

The meeting was adjourned at 10:30 a.m.