

Curriculum Management Committee

Tuesday, April 11, 2000 from 7:30-9:00 a.m. in Room 238 MacNider Bdg.

Present: Dr. C. McCartney, Chair; Drs. Dent, Farel, Gwyther, Pallotta, Reisner, Steiner, Tresolini; M. Bedard, P. Currie, E. Juliano, A. Ward; R. Kimple, student representative; L. Fisher, recording secretary.
Absent: Drs. Braeuning, Chescheir, Harris, Hoole, Lucas, Meyer.

Attachments: residency placement results, March 2000; Influences on Career Choices of UNC School of Medicine Graduates- a 1999 survey of fourth year students; UNC-CH Primary Care Education Plan- report to the Board of Governors, April 5, 2000; minutes of the February 23, 2000 meeting of the First & Second Year Course Directors' Committee; 1999-2000 mid-year Student Course Evaluation Summary. The minutes of February 8, 2000 were approved as written.

Office of Information Systems (OIS) report. Dr. McCartney said that the OIS review committee, chaired by Dr. Gerry Oxford, submitted its final report to the dean. Dr. Orringer will provide oversight for OIS, which will continue to focus on building & maintaining the school's computing infrastructure and user support services. Some of the large-scale networking responsibilities may be transferred to campus. The Educational Technology Group, directed by Ms. Eve Juliano, will continue to work closely with the Office of Medical Education to provide technological support for teaching.

Request for a tuition increase. In May Dr. McCartney will submit a request to the Board of Governors for a tuition increase for the School of Medicine. For in state residents the tuition would rise in increments of \$1500 annually to a tuition for Fall, 2004 of \$9,220 (+ fees). Tuition for out of state resident students would rise annually by \$1000 to a tuition of \$28,112 (+fees) in Fall, 2004. The report addresses the impact of the increases on institutional quality, educational access for NC students and those in financial need, student indebtedness, and the relationship of projected tuition revenue to institutional costs.

In writing the justification for the tuition increase, Dr. McCartney compared UNC with other U.S. medical schools in terms of cost-of-living, NIH funding, and ranking of program quality by residency directors (*US News & World Report*). UNC is ranked 21st by residency directors and 15th in NIH funding. After ECU, UNC has the second lowest tuition & fees among US medical schools. Among the eight schools with the lowest tuitions, UNC is the only school ranked among the top 50 medical schools by the *US News and World Report*. Furthermore, *US News and World Report* ranks UNC #8 for excellence in primary care.

Dr. McCartney added that the actual cost of educating a medical student ranges from \$60,000 to 90,000 per year. About 18% (\$80 million) of the school's annual \$436 million budget is derived from state funds, which are earmarked to support teaching. The majority of this money is distributed to departments, while only a modest amount is set aside for the centralized administration & support of teaching. Over the years it has become increasingly difficult to identify how departmental funds are used for teaching.

In 1997 the Report of the Ad Hoc Survey Team for the Liaison Committee on Medical Education (LCME) cited the need for improvements in curricular content, teaching methods, and educational resources. Dr. McCartney said that the tuition increase would help us respond to these needs. About half of the projected increase would be channeled back into underrepresented minority programs and scholarships for students in financial need.

The committee was concerned that medical education has moved farther down the list of priorities for many medical schools, in part because of the economic pressures of managed care. Dr. McCartney agreed that we

need to continue this discussion at future meetings. She said that we must respond to the LCME's concerns about our traditional curriculum. The Integration Subcommittee is working on a report outlining some of the issues and problems they've encountered in trying to make changes in the second year curriculum. Dr. McCartney also agreed to keep the committee informed about the progress of the tuition request.

1999 MATCH Report. Dr. Dent reported that students' career choices this year were quite diverse. Approximately 52% of students chose primary care; 64% got their first choice of residencies, while 84% got one of their top 3 choices. Dr. Dent added that while these numbers are favorable when compared to the national average, they are a little misleading. Students who do not finish combined MPH degrees until after medical school are not usually counted in the national figures even though they ultimately end up in primary care careers. This year six of our MPH students went into primary care.

Update of Primary Care Education Plan. In 1994 UNC submitted the first report to the Board of Governors outlining the plan for increasing the number of graduates entering primary care to 60%. Dr. Dent noted that the number of students entering residencies in family medicine, internal medicine & Ob/Gyn peaked nationwide in 1997. The number of UNC students choosing a career in family medicine began to decline after reaching a high point in 1998. Even though we are consistent with many other U.S. allopathic medical schools, Duke, Bowman Gray and ECU have all increased the number of graduates entering primary care.

Dr. Dent said that the way residency programs are funded has had an impact on students choosing primary care. Residents are given an established number of years of eligibility based on the number of years it takes a program to make a student board eligible (Medicine- 3 years, Surgery- 5 years). This has had a serious impact on students taking a preliminary year in medicine or making a career switch later in their residency.

Dr. Dent noted that a complex set of factors influence students' career choice, including personal social values, institutional culture, curriculum design, role models and market forces. According to the *US News & World Report* UNC ranked 2nd in the quality of its primary care programs. This ranking certainly acknowledges the school's efforts to build quality programs and services.

Dr. Steiner said that his department is very concerned about the drop in students choosing family medicine. Some faculty question whether the primary care focus of the Introduction to Clinical Medicine (ICM) course may in fact be discouraging some students. Today's students are interested in life style issues, and working with local practitioners who have busy practices and many demands may not provide a balanced picture of what it's like to be a physician. Students are also turned off by the perception among many faculty members that family medicine is not a valued career. Dr. Steiner suggested that we consider expanding ICM sites to include some subspecialty practices so that students get more opportunities to experience different careers.

Influences on Career Choices. Dr. Tresolini shared the results of a 1999 survey of our fourth year class. The survey looked at how career choices changed during medical school, what factors students identified as being most important in influencing career choices, and how various medical school experiences and characteristics influenced decisions to choose, or not choose primary care careers. The survey found that role models, practice environment, and curricular experiences had the most significant impact on career choice. There is also the perception among some faculty that primary care is not an intellectually challenging career, and this attitude gets transmitted to students early in medical school. Dr. McCartney agreed that this topic would need further discussion at future meetings.

The meeting was adjourned at 9:00 a.m.