

# Curriculum Policy Committee

Monday, April 21, 1997 from 2:00 – 3:30 p.m. in Room 133 MacNider Bdg.

## Present

W.D. Mattern, Chair; Drs. Bacon, Baker, Boysen, Cannon, Chescheir, Churchill, Dahners, Dent, Eifrig, Farel, Frelinger, Golden, Hackenbrock, Juliano, J. Lee, Loonsk, Lucas, Reisner, Reeb, Renner, Sparling, Stritter, Wang, Williams, Zeisel; J. Berg, S. Philp, N. Price, student representative; L. Fisher, recording secretary.

## Attachments

1996-97 mid-year course review of all courses; report of the 1996 Clinical Performance Examination (CPX) and implications for the curriculum; changes to the medical school curriculum proposal for MD/PhD students [initially approved by the Curriculum Policy Committee on April 17, 1997]; draft proposal for assessment of faculty teaching [Dr. Frank Stritter, April 15, 1997]; proposal for a nutrition curriculum for medical students [Dr. Stephen Zeisel, March 21, 1997].

## Mid-Year Evaluation of Courses

The committee reviewed the mid-year course evaluations, which included a summary report of key findings, outstanding features and problem areas, and comparisons of data across courses.

The report of the *First & Second Year Evaluation Subcommittee* focused on four areas of concern: 1) too many demands on students' time; 2) memorization of facts rather than emphasis on problem-solving and conceptual skills; 3) inadequate syllabi in some courses, with difficulties in course organization, vague objectives and lack of integration and presentation of material; and 4) a perception among the students that there is a declining emphasis and support for teaching.

The Cardiovascular, GI and Pharmacology courses showed improvement at the midpoint of the year, due in part to renewed efforts by the faculty to revise these courses. The MPAC 1 course showed significant improvement, although MPAC 2 in its first year of implementation is struggling with the logistics of scheduling, administration and syllabus. Students were highly enthusiastic about the community experiences, but felt that the quality of the small groups varied significantly among the tutors. Students have also expressed some concern about their preparedness for the third year, mastery of basic clinical skills, feedback about performance, and confusion about the grading process. The overlap of content areas with the Medicine & Society course should be improved this year due to collaborative efforts of each of the course directors.

Dr. Mattern stated that last year the demands on students' time reached critical levels. The disorganization of some courses and the emphasis on memorization of facts led to a growing number of review sessions scheduled outside of class time. In the upcoming year courses will be allowed only one review session before exams. Dr. Mattern noted that this policy addresses the symptoms but not the problems. He urged faculty to take a critical look not only at their teaching methods, but at the body of content that they feel is critical for a medical student to learn.

The report of the *Third & Fourth Year Evaluation Subcommittee* emphasized several

issues for further review: a) clarity of goals and objectives and their communication to students; b) nature & consistency of feedback to students on their performance; c) use of computers and technologies in teaching; and d) the variability of learning experiences across sites. The subcommittee recommended several projects be undertaken to address these issues: collecting and analyzing data from sources other than the traditional student questionnaire (student performance on subtests, boards, the CPX, house officer survey, etc.); defining basic clinical skills and assessing whether these skills are taught in the clinical courses; and developing a stronger, more responsive management process for the clinical years.

Some problem areas were noted in the Medicine Clerkship, the Neurosciences Selective and the Critical Care Selective, in part due to changes in leadership. The quality of the other third and fourth year courses remains strong. The Third & Fourth Year Course Directors' Committee will address these problem areas over the next few months. Dr. Baker, who is concerned about the issue of feedback, will organize a group to explore electronic options for improving feedback to students and faculty.

**Computer  
Requirement  
for all  
Students**

Dr. Loonsk provided an update on the implementation of the new computer requirement. Negotiation is underway with several companies for the purchase and distribution of the computers, as well as Internet provider services. The wiring of student labs in Berryhill Hall is on schedule, and both first & second year students will have desktop access to the network. A process for the faculty purchase of computers and ISPs should be in place by early August.

The Office of Information Systems will seek funding for new personnel to provide support for the new computer requirement. Dr. Loonsk stressed that this level of support will only be possible if students are required to purchase and use specifically configured machines and applications. Time has been scheduled during Orientation to distribute the machines, check the configurations and equipment, and provide an introductory session on the hardware and software. OIS is dealing on a case-by-case basis with students who have questions about the requirement.

Dr. Loonsk said that students and faculty now have access to a greatly expanded pool of resources through the school's new web site. The new home page provides easy access to news and events, curriculum and educational programs, student affairs, admission requirements, departments, e-mail, UNCLE, and other course related software.

The new 'Electronic Learning Environment', which began as the electronic syllabus, will incorporate many new resources. The complete text of all the first and second year syllabi (and some courses-without-walls) are on-line with graphic images, and links to related courseware, student notes and other course information. Each student class will have a homepage, which provides access to newsgroups, discussion groups, on-line schedules and calendars (with links to each day of the course syllabus), special events, and an expanded pool of educational and production tools.

The point was made that if we ask the students and the school to make this commitment, the faculty and their departments should be willing to make a similar commitment to learning and using the resources, both in their own work and in the classroom. Dr. Loonsk added that OIS will offer a number of workshops to show faculty how to use multimedia, develop on the Internet, and use the other available resources. He will continue to explore

the possibility of including faculty in a group purchase agreement.

Some members were concerned about the infrastructure needed to implement and support the computer requirement and expanded on-line resources. Dr. Mattern said that the school is engaged in strategic planning to address impact of technological advances on teaching and learning in the institution. The school must make an investment in the infrastructure, perhaps by initially shifting people and resources to provide appropriate support services for students and faculty. The idea of forming a multimedia resource center is being discussed.

After further discussion the following motion was made, seconded and passed:

*that beginning in the fall of 1997 all second, third and fourth year students be required to own a computer.*

### **CPX Exam**

Dr. Stritter reported on the results of the 1996 Clinical Performance Exam (CPX). Overall our students performed less well on cases that included significant history-taking in combination with education/counseling (e.g., risk factors, health promotion issues). In addition, performance on two of the cases involving significant physical examination were less strong than those cases with focused physical exams. Six students who failed the exam with a marginal performance are working with a faculty mentor to address their problems. There were two additional students who were considered 'extreme' failures ; one student will repeat the fourth year, and the other student will undertake a one-month intensive, clinical skills review with a faculty preceptor. The UNC failure rate is consistent with the other medical schools in the state.

In response to students' concerns about the exam, several initiatives were undertaken this year. Students will be given feedback about their performance within 2-3 weeks after their exam. During a more formal orientation session at the end of the last clerkship block in June, students have the opportunity to learn about the exam format by observing an actual case with a simulated patient.

Dr. Stritter commented that despite improved orientation efforts, students still feel that the exam is disconnected from the curriculum. If the clinical faculty were more actively involved in the exam process, the integration and teaching of basic clinical skills across the clerkships could be strengthened. Dr. Chescheir agreed that the Third & Fourth Year Course Directors' Committee would oversee the CPX Exam. The committee will review the annual data on students' performance and make recommendations for change. Annual reports will also be presented to the Curriculum Management and Curriculum Policy Committees.

Dr. Mattern said that it not cost effective to administer the exam in the limited facilities available on the campus. The school was cited by the LCME Accreditation for the lack of space provided for teaching and evaluating basic clinical skills. The exam, which is administered at night in the ACC clinics, requires extensive staff resources and time throughout July, August and September. The school continues to explore options for a new facility, which could house the CPX exam, national boards, licensure exams, and teaching of clinical skills with standardized patients. Such a facility could be used by the hospital and other health sciences schools.

**MD/PhD  
Program  
Changes**

Several changes have been made in the curricular requirements of the program in order to recruit new, qualified students, and to facilitate students' progress through the program. The attached 'Medical School Curriculum Proposal for MD/PhD Students' was originally reviewed and approved by the Curriculum Policy Committee on April 17, 1997, and formed the basis for the modified program.

Students in the new program were allowed to receive course credit for the Biomedical Science Selectives, Humanities & Social Science Selectives, and the Clinical Epidemiology course. This decision was evidently made without appropriate input from the directors of those three courses. Drs. Laura Sadowski [Clinical Epidemiology] and Sue Estroff [Humanities & Social Science Selectives] are opposed to students opting out of their courses. Both these courses emphasize critical thinking and analysis in a multidisciplinary, small group approach to content which is not taught in any organized fashion elsewhere in the medical or graduate school curricula. If students have a background in epidemiology, they may petition the course director to 'test out' of the Clinical Epidemiology course under the school's 'Credit by Exam' policy. Dr. Estroff voiced concern at the last Curriculum Management Committee that we are sending students the wrong message by allowing them to bypass these courses, which are so crucial to their professional development.

After reviewing these concerns the Curriculum Management Committee on February 28, 1997 recommended "that students enrolled in the MD/PhD Program be required to take the Humanities & Social Science Selective and Clinical Epidemiology courses as part of their medical school curriculum; and that this decision be made in the context of reviewing the MD/PhD document to ensure that that as far as it is possible, the curriculum be individually structured to fit the needs of each student."

**Nutrition  
Curriculum**

On April 18, 1997 the Curriculum Management Committee approved the proposal for a three-year Nutrition curriculum, with the understanding that this would become a separate course. The curriculum would not require any additional contact time, but would make use of elements that already exist in the curriculum. This would be a self-directed learning experience, and students would be required to track their own progress by passing certain milestones during the three year program. Students would record their progress in a portfolio, which would be periodically reviewed by nutrition faculty. The new course will be implemented beginning in August 1997 with the entering first year class.

The meeting was adjourned at 3:30 p.m.