Curriculum Policy Committee

Thursday, September 26, 1996 from 3:30 – 5:00 p.m. in Room 321 MacNider Bdg.

Present	W.D. Mattern, Chair; Drs. Boysen, Chescheir, Churchill, Dahners, Easterling, Farel, Frelinger, Froehner, Golden, Hackenbrock, Juliano, J. Lee, M. Lee, Loonsk, Lucas, Reisner, Renner, Sharp, Sheldon, Stritter, Tepper, Walton, Williams; J. Berg, N. D'Andrea, S. Frank, P. Flanagan, student representative; D. Harward, E. Juliano; L. Fisher, recording secretary.
Attachments	Draft of the 'Computer Requirement for Entering Medical Students' [September 26, 1996], submitted by Dr. John Loonsk; letter from Dr. William Mattern to the Curriculum Management Committee[September 19, 1996], summarizing discussions with student leaders about the computer requirement; proposed 'Guidelines for Administering the USMLE Step 1 Requirement' [September 18, 1996]; annual course evaluation reports from the Curriculum Evaluation Subcommittees for Years 1 & 2 and Years 3 & 4; 1996 'Medical School Graduation Questionnaire' for the UNC School of Medicine, published by the Association of American Medical Colleges; analysis of the AAMC Medical School Graduation Questionnaire [September 11, 1996], prepared by Dr. Frank Stritter; draft of the 'Responsibilities of Teaching Faculty' [approved by Curriculum Management Committee on July 16, 1996]; August 14, 1996 draft of the Executive Summary Report of the Institutional Self Study Task Force; performance summary for the August 1996 USMLE Step 2 Exam; performance summary for the June 1996 USMLE Step 1 Exam; grade distribution tables for third year clerkships-- 1986 to present [revised November 11, 1996]; and a draft of the modified 'Delay of Examination' policy.

Computer Requirement

Dr. Mattern reviewed the attached proposal for implementing a new computer requirement for students entering medical school in the fall of 1997. Students will be required to purchase a computer with a specific configuration, perhaps through the university Student Stores, which would handle the initial distribution and interactions with vendors. The Office of Information Systems will create an initial installation/software package which would be installed on the computers prior to distribution. The school will attempt to negotiate an extended, four year warranty for the machines, and students would work through Student Stores for hardware support. Students may be asked to pay a monthly fee to a statewide Internet provider for broader access on and off-campus; this would also ease the growing demand on the school's incoming access lines. The Office of Information Systems will seek funding for new personnel to provide software support. 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.

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, admission requirements, departments, e-mail, UNCLE, and other course related software. All of the first and second

year syllabi for fall courses are now available through the school's web site. Each syllabus contains complete text and graphics, with links to related courseware, student notes and other course information. Users may search across all syllabi for key words and phrases. The results of each query are listed on the screen by course.

The new UNCLE interface will be available within the next two weeks with links to other information resources, references and full text journals. Searching, downloading and printing text will be must easier in the new UNCLE. In addition to internal courseware, Siren mail, news groups, and teleconferencing, users will have access to the growing number of external resources on the Internet.

Dr. Loonsk said that there are several reasons for requiring our students to have a computer. First, it is essential that students become comfortable with the tools that they will use during the rest of their professional life. Secondly, there are many new resources available on-line, which help students study, learn, search for information, make informed diagnostic and therapeutic decisions, communicate with others, be productive, and be well-informed about current issues and events. Thirdly, the present computer facilities are no longer adequate and the school is faced with a major expense for maintaining these facilities, both in terms of providing state-of-the-art hardware and software, and support services.

There have been several meetings with a student advisory committee to discuss the implementation and impact of the computer requirement on the student body. Three issues surfaced from these meetings:

1) *Use of computers and technologies in teaching.* Some students question whether the current use of computers and technologies in the curriculum justifies the expense of purchasing and maintaining individual computers. Dr. Loonsk added that students are divided on this issue. Although there seems to be no question about the utility of using technologies to promote and support learning and productivity, there is some hesitation about the cost and utility of individualized computers vs. providing access to computers on site. Despite these concerns a number of students want the requirement and have asked that it be extended to the upper classes so that the purchase can be handled through financial aid.

2) *Cost of tuition and fees*. Some students made the point that although they will be able to pay for the computer and Internet provider fees through their financial aid, the school's tuition will almost double. There is concern that this will place a burden on some students, both for the initial start-up fee and any hidden costs that they may incur for maintenance. The low tuition and fees at this school have been an attractive selling point, but Dr. Mattern pointed out that UNC's low tuition is due to the generous State contribution. It is estimated that the direct cost of educating one medical student is $50,000 per year- the indirect costs being between $90-100,000/per year. Beyond the cost to each student, the school will be making a substantial contribution of personnel, funds and resources to implement the requirement and expand the learning resources for both faculty and students.

3) *Flexibility vs. hard requirement.* Approximately one half of the students come to medical school with some type of computer. However these computers differ widely in terms of capability, portability and connectivity. Some students want to retain the flexibility of purchasing a computer that meets their needs and budgets. While students seem willing to meet certain basic specifications, Dr. Loonsk said that a diverse population of computers would create massive problems for support. Dr.

Mattern noted that several schools initially implemented a 'soft' computer requirement with disastrous results. If students purchase a computer with a standard configuration for hardware, software and connectivity, it will be relatively easy and cost effective to respond to problems that arise with individual machines.

Dr. Chescheir said 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.

It was noted that the Community Information Systems Committee, which has been meeting for two years, is very interested in using technologies in community teaching sites. Communication and connectivity are essential in these sites, where students often teach preceptors about the potential use of computers in their practices. There is also enthusiasm about developing software that would help students and faculty track and assess interactions with patients, families, practices and communities.

After further discussion the following motion was made, seconded [Sheldon, Froehner] and passed [18 for, 3 opposed, 1 abstain]:

that the computer requirement for new incoming first year students be accepted and implemented beginning with the entering class of 1997 with the understanding that the faculty, department chairs and administration make a commitment to integrate computers and technologies into each of their courses.

New Member for Curriculum Management Committee

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

that the Director of the Office of Information Systems be added as an ex-officio member of the Curriculum Management Committee effective immediately.

Proposed Guidelines for Administering the USMLE Step I Exam

The Third and Fourth Year Course Directors' Committee recommended that students be 'required' to take the Step 1 exam at the end of their second year. Dr. Mattern said that the committee was concerned about students who might fail the exam for the first time during their third or fourth year. 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.

Some students voiced concern about being required to take the Step 1 exam at the end of the second year. They felt that the clerkships better prepare them for the exam by helping to integrate basic science and clinical material. Ms. Harward said that the better students might improve their scores, but those students who are having difficulty will suffer. Over 90% of our students pass the exam on their first try. Ms. Harward felt that the school should focus its effort on those students who are at-risk of failure.

The guidelines stipulate that students who fail the Step 1 exam twice will be encouraged to take a leave of absence and enroll in a formal preparatory/review course. These courses are offered in a number of locations around the country and would be taken at the student's expense.

The Office of Educational Development meets with the first year class in the spring to discuss preparation for the Step 1 exam. At that time the students are informed about a number of campus-wide services and programs that are available to help them improve study and test-taking skills. During the spring semester of the second year OED offers workshops, practice exams and individual counseling. This is a voluntary program and the school does not actively seek out students at-risk. If students are identified with academic problems they are referred to the Learning and Assessment Lab for counseling and support.

This year OED and the departments sponsored a review of the board exams, and only a few faculty participated. Ms. Harward asked the department chairs to encourage their faculty to become more actively involved in reviewing the exams and incorporating these content areas into their courses. Although we do not 'teach to the boards', she felt that the faculty should be familiar with the exam process.

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

> *that the proposed guidelines for administering the USMLE Step 1 policy be approved with the understanding that students will be 'required' to take the exam in June following completion of their second year curriculum.*

Annual Evaluation Report of Courses in Years 1-4

Drs. Paul Farel & Howard Reisner presented the report of the Curriculum Evaluation Subcommittee for Years 1-2. The report focuses on those courses which showed improvements or problems over the last year. New leadership by Drs. Jenny Ting and O'Neill D'Cruz brought about improvements in the Immunology and Nervous System courses. There were some problem areas in the Histology, Introduction to Pathology, Pathology, MPAC, Cardiovascular and Urinary Systems courses. As a result of continued problems in the Virology segment, the Department of Microbiology & Immunology hired a consultant to evaluate the course and suggest improvements. Some changes were instituted this spring, and additional modifications will be made next year. The Urinary System course will have a new course director this fall. Each of the course directors is addressing these concerns.

Dr. Farel noted that the student evaluation form will be revised to incorporate the main points of the 'Responsibilities of Teaching Faculty' document. Students will also be encouraged to provide more specific feedback in their comments about courses.

The report from the Subcommittee of the Third and Fourth Year Curriculum emphasized several issues for further review: a) clarity of goals and objectives and their communication to students; b) feedback to students on their performance; c) use of computers and technologies in teaching; d) incorporation of special topics into the clinical curriculum; e) use of standard evaluation forms across courses; and f) variability of learning experiences across sites.

To address these issues the Third & Fourth Year Committee is undertaking several new initiatives: a) data is being collected this year on the new selectives (Critical Care and Neurosciences), and discussions are underway with Student Affairs and the course directors to change the way we collect and process student evaluations for the electives and acting internships; b) the clinical courses will have a new questionnaire, with a set of 10-12 common questions to be used across sites and courses; c) the subcommittee will begin to

examine other performance data (e.g., NBME subtests, CPX exam), and information from external sources (e.g., annual alumni/house offer survey, AAMC graduation questionnaire).

Student Comments on the Annual AAMC Graduation Questionnaire

Every year the AAMC conducts a national survey of graduating medical students. The information is used to set priorities and develop programs and policies, both at the national and local levels. Part of the questionnaire is designed to elicit open-ended comments about the strengths and weaknesses of each medical school. These comments are returned to the respective schools, along with the statistical data from the complete questionnaire.

For the first time in several years, some basic themes were identified from our students' comments. Students overwhelmingly cited the excellence of the faculty and the AHEC program as strengths of the school. They also continue to be pleased with the low tuition rates. However several concerns were raised: the lack of support and attentiveness from the administrative offices; the school's emphasis on primary care careers; frustration with the residency placement process; a growing perception that the admission's process does not consider as many students who express an interest in research and basic sciences; continued reports of harassment; and a perception that the school provides support services which are available only to a subset of the students. The comments have been shared with the dean and a process will be put in place to address these concerns.

Dr. McCartney is working with a committee to develop 'Technical Standards for the Admission, Promotion and Graduation' of our medical students. The standards address attitudinal, behavioral, interpersonal, and emotional attributes; stamina; intellectual skills; communication skills; and visual, auditory, tactile and motor competencies. Once the draft has been finalized it will be shared with the curriculum committees, students and faculty.

In closing Dr. Mattern asked the committee to review the latest draft of the Executive Summary of the LCME Institutional Self Study Task Force, Responsibilities of the Teaching Faculty, and the USMLE Step 1 scores for the June 1996 administration.

The meeting was adjourned at 4:55 p.m.