

NOTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING

July 26, 2007 at 7:00 a.m. in 4038 Bondurant Meeting Chaired by Dr. Cherri D. Hobgood

Members Present/Absent: McCartney, Chair Hobgood Byerley, Chaney,
 Cross, Dent, Farrell, Hoole, Ingersoll, Rao, Shaheen, Yankaskas; Lewis,
 Osmond, Sutton; Knierim, Fox

EXECUTIVE SUMMARY:

- Advanced clinical curriculum update: two selective proposals in progress
- Asheville branch campus update
- Preview of new NBME exam

1. **The minutes from the June 28 meeting were reviewed and approved.**
2. **Advanced clinical curriculum** handouts were discussed. The timeline for development of the new selective will be shorter than originally anticipated. The main campus needs contact hours and schedule, six months prior to start of course (January 08). However, In November 07, rising third years will begin their clinical registration. "Systems-based practice" and "practice-based learning" have been highlighted as advanced competencies. Dr. Yankaskas noted that there is now a proposal from CC 3-4 which would focus on both of these core competencies. The Advanced Practice Selective would include work in systems-based practice, and would replace the Ambulatory Care Selective. The location of the selective for each student will be chosen according to future speciality or to meet specific needs determined in advising. It was recommended that CC3-4 leaders develop focused criteria to decide which Ambulatory Care selectives become eligible for consideration for inclusion in the Advanced Practice Selective. The practice-based learning competency would be addressed by the learning objectives defined under the Integration Selective. For these domains, clinicians might seek out basic scientists to participate.
Radiology is another clinical gap; Dr Woosley's work might help accomplish integration in the core clinical years, with radiologic technique and pathology taught in self-directed modules. When radiology content is not named as such students do not feel they are "getting it". The instructional gap is more about how effectively to work with radiologists and how to decide what to order; we need more modeling in clinical teaching of how to use a radiologist. Step 2 CK also requires this knowledge explicitly; Block 11 is too early to teach it. The electronic clinical vignettes in the "You Make the Call" series were cited as an example. Other ideas include a session where radiologist and course director model this interaction and assigning the radiologist didactic rounds in the Critical Care Selective twice a week.
Another topic brought up was that the 3 weeks attached to the one week Fundamentals of Acute Care (FAC) rotation might be better used in the clinical curriculum, specifically with opportunities for acute care exposure or career exploration, rather than the current vacation time it offers.
3. **Asheville branch campus update.** Jeff Heck Director of Division of Family Medicine-MAHEC, is leading the Asheville campus proposal, which would include 20 students. There are more infrastructure deficits in Asheville than in Charlotte; only OB and Family Medicine have training programs, and there is no cadre of teachers, but they enjoy a large medical staff and excellent physicians. Budget and proposal is to be submitted by August 29 to Dr. Etta Pisano. The addition of another 20 students will cause commensurate increase in UNC budget proposals as well. It was suggested that this group should propose criteria based on LCME requirements which need to be met by a site before such a proposal will be considered (e.g., building up current clerkship offerings).
4. **New NBME gateway exam.** We will preview the implications of NBME changes for our curriculum. The decision will be made at NBME next year, with a 2009 or 2010 implementation.
5. Next meeting: **WEDNESDAY August 1, 2007 at 7:00 AM in 4038 Bondurant Hall.**