

NOTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING

September 27, 2007 at 7:00 a.m. in 4038 Bondurant

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

EXECUTIVE SUMMARY:

- 2007 GQ and strengths and weaknesses documents circulated for limited review
- Student lunch with Dean debriefed, with student feedback on clinical curricular change
- Upcoming discussion with department chairs on clinical curriculum discussed
- New task force to be seated to explore shortening curriculum for MD/PhD or other exceptional students
- New transfer policy draft forthcoming

1. **The minutes from the September 20 meeting** were circulated; please send corrections via email.
2. **The 2007 Graduation Questionnaire and narrative comments on Strengths and Weaknesses** were circulated; comments are to be returned to Dr. McCartney within one week.
3. **The student lunch with the Dean** included discussion of student perception of the clinical curriculum evolution. Perceived disadvantages: (1) shortened time in 4 blocks might decrease shelf scores; (2) perceived lack of clerkship director buy-in; (3) most affected clerkships elected instead to cover the same content in the reduced time. Perceived advantages: (1) elective time in the 3rd year, especially good for students not going into “core” specialties; (2) inclusion of ACLS training as part of FAC; (3) addition of neurology as a stand-alone clerkship. Final message of students: they support the curricular change as increasing their opportunities and better meeting their needs. Dean Roper noted that he will regard shelf scores as a key marker for the efficacy of the curriculum. The present 4th year class test scores have been consistently lower than those of other classes, except for their MCATs. Note that shelf test scores have fallen, but current Step 1 scores have not. Preliminary results on 60 first time Step II takers show higher than national averages. We would expect that early testers would be most confident, but in fact career advisors recommend that if students did well on Step 1 that they delay Step 2 as long as possible (which might predict stronger scores will hold for the entire class). This class’s Step scores are 2.5 pts over national average with only 1/3 reporting. Even if scores dropped 2-3 points, that must be seen as a tradeoff for the greater flexibility and expanded options afforded to them. We also anticipate Neurology step scores will rise as a consequence of the dedicated clerkship.
4. The Dean has asked for all background materials to support the **curriculum change discussion with Department Chairs**. It would be most effective for the Dean to hear the concerns of chairs and clerkship directors, then reflect them back to the appropriate curriculum committee with a mandate to make decisions and present those decisions back to the Dean. Chairs must feel their concerns are respectfully considered within the governance structure, and our governance structure needs to be strong enough to handle such questioning. Dr. Byerley was asked to summarize these points in an email to Dr. McCartney. Whatever decision is made needs to engender investment in the process. Also, five year trends are more instructive than individual years. The Dean’s affirmation of CC 3-4’s decisions is essential for that committee’s continued viability.
It was noted that the MS1 curriculum change was accomplished by a task force, whose proposals were accepted by CC1, and that the task force stayed seated several months more to work out other recommendations and launch the change effectively. Despite good thought work, the Curriculum Evolution Task Force was not successful in building a coalition for change. The Dean should now come to CC 3-4 with a charge that certain changes resulting from conversations with department chairs must be accomplished, and that the committee be empowered to do it.

CMPC approved that Fundamentals of Acute Care – currently a one-week course attached to a one-month block – will float between 3rd and 4th year. This ACLS certification will be valid for at least part of internship.

5. At the Dean’s lunch, students heard that Berryhill is to be reopened in a limited fashion.
6. Dr. Pisano has asked that the CMPC find ways to reduce curriculum time for the MD/PhD. This will enhance our competitiveness with other schools for talented students. Dr. Hoole asked that the option be open to other categories of exceptional students. Recommendations regarding that task force’s composition were made, and it was decided that Dr. Shaheen will be invited *in absentia* to lead it.
7. The revised transfer policy, approved by Dr. Pisano, will be forthcoming via email from Dr. McCartney.
8. Next meeting: **Thursday, November 8, 2007 at 7:00 AM in 4038 Bondurant Hall.**