

## NOTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING

August 24 2006 at 7:00 a.m. in 4074 Bondurant – chaired by Dr Hobgood

**Members Present/Absent:**  Hobgood, Chair  Dr. McCartney; Drs.  Byerley,  Chaney,  Cross,  Dent,  Hoole,  Ingersoll,  Rao,  Shaheen,  Yankaskas;  Lewis,  Osmond,  Sutton;  Palmer,  Simhan

1. **Minutes** from August 10 were distributed and approved.
2. **USMLE step 2 exam scores** were distributed and discussed. Dr. McCartney noted that this year's Step 2 CK scores at UNC had a 99% pass rate, compared to a national average of 94%. This years step 1 scores and pass rate (98%) were also excellent (compared to 93% U.S.). In 1995, UNC's Step 1 pass rate for first time takers was 92%, compared to 93% nationally. This year's mean scores in both tests are the highest ever. The cohort tested for Step 2 CK is the second to participate in new 2<sup>nd</sup> year curriculum; this success may be attributable to curriculum changes, admissions work, and increased attention to the Boards by Student Affairs. Current 4<sup>th</sup> year students scored the highest of all cohorts in Step 1, while current 3<sup>rd</sup> years are scoring at 217, about the national average. It was noted that this cohort had difficulty with pharmacology integration and that theirs was the first year of a P/F MS 1. These issues have been remediated through greater discrete emphasis on MS2 assessment. Dr. Dent noted that other institutions sacrifice content in the name of test preparation, which has never been UNC SOM's practice.
3. The **AIMS Task Force working document** was presented by Dr .Osmond for discussion. Dr. Shaheen's emailed amendments were included. Dr. Rao suggested an immediate goal of having a draft exam completed 2 weeks before test administration, with the long term goal of having the draft completed 2 weeks before course begins. The issue of accommodating those courses with last minute content that must be evaluated was discussed. It was agreed that the Document, with changes, would go to CC2 and CC1 for further discussion and a vote and that Dr. Osmond would report back on its progress.

4. **CETF policy amendment:** Dr. Hobgood proposed that the Notes and Procedures of the Educational Policy Manual Article 8 (Student Progression) be amended to include the CETF recommendations about content and length of core clinical curriculum. The 3<sup>rd</sup> year clerkships should be completed within 14 blocks. It was noted that part of the intention of increased clinical curriculum flexibility was to support those who fail Step 1 to take off blocks before starting; most who fail Step 1 are in better shape because of new curriculum, and they can finish third year on time because of the flexibility. Mr. Palmer noted that some who are earning the MPH delay their Step 2 in order to start the MPH in July, which raises the question of whether core clerkships must be finished before beginning the MPH. Dr. Dent argued against changing our current policy, which allows students to choose to start their masters paper in the summer (which they can't do if they are doing a clerkship). A minority of students does the MPH after 2<sup>nd</sup> year. Dr. Dent recommended against putting into policy the expectation that all cores be done before beginning another degree in order to give the Student Affairs office flexibility. It was suggested to include in the Notes and Procedures a feed forward policy requiring students to disclose to clerkship directors when they are in their first clerkship. Dr. Ingersoll will draft this amendment for the next CMPC. Minor syntax suggestions were included, whereupon the CETF policy amendment about content and length of core clinical curriculum was approved for inclusion.

5. Next meeting **Thursday, September 14 at 7:00 AM in 4074 Bondurant Hall.**