# MINUTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING

**January 22, 2009 at 7:00 a.m.**

**Members Present:** Newton, Chair; Byerley, Chaney, Cross, Dent, Farrell, Bashford, Ingersoll, Rao, Shaheen, Yankaskas, Stewart, Stone, Borders, Guerrero, Roberts

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| Information Items          | 1. Minutes distributed – no additions.  
2. Berryhill - Staff have developed a list of 22 possible modifications. We will refine these, get input from special committees of students and faculty, look at costs and implement with a view towards finishing by July 31st.  
3. Faculty evaluations in CC3/4 – Dale Krams and CC3/4 are developing a proposal for faculty evaluations. It will involve a common evaluation form with some standard questions as well as some clerkship specific questions. It will be web available. They will work out the proposal and bring back their proposal to CMPC. A related issue is late grades; again CC 3/4 and staff will develop proposal.  
4. Timing of clinical skills follow-up – Rescheduled due to snow. |                                                                             |
| Asheville Proposal         | Asheville has proposed a $500,000 financial backstop for state funding to pilot four students for two years starting in July. CC3/4 clerkship directors have met, discussed and are supportive of proceeding. OME staff have also reviewed. LCME documentation should be straightforward for a small pilot like this. There are many practical issues but no show stoppers.  
Discussion issues raised include:  
• CPX – How will it be scheduled?  
• Kinds of patients – Will they include Medicaid/uninsured?  
• How will we do faculty quality control on preceptors – perhaps we need to go to Asheville and start the process and then monitor it. This is a key piece.  
• Time of clerkship directors needs support. | Newton will integrate the issues raised by CC3/4, OME Staff and CMPC into a response to Asheville. If we are to go forward this year, we would need to move forward quickly with planning, initially by being clear about what they need. |
- There needs to be some system for advising that is different from the people directly involved both here and there for these students.
- How do we insure active learning? We don’t want them just to shadow and make it a passive experience.
- Upscaling from 4 to 20 will be the real challenge, however, we can’t do the upscaling until we’ve figured out how to do it with the four.
- Is four the optimal size? Should we be considering a larger group which would be better for discussion?

**LCME Internal Review Proposal**

We envision a small group internal review of our medical student program using a document that the LCME site visitors use for their site reviews, which is organized around the standards and thus makes reviewing and self reviewing very easy. It will be important to separate this from the formal institutional self study and it needs to be a small working group. Cam Enarson has agreed to chair the review and we are finalizing dates. Other individuals with LCME site visit experience include Carol Tresolini and Georgette Dent.

Discussion points include:
- Valuable to get an outside perspective – Cam can do a significant amount of that.
- Let us review not just for fulfillment (LCME has basic standards) but also aim towards excellence - identify best practices at other schools, as much as possible, recognizing that we also want to develop our own ideas.

- Newton and Enarson will develop a more detailed proposal.
- Newton, Enarson and Stone will finalize plans and communicate back to CMPC.

**Process for Review of Blocks**

- Newton raised the issue of how we review blocks in clerkships. So far this year, we’ve had several opportunities for involvement in significant redesign – Neuroscience curriculum, block four, FAC or clerkship redesign and now the cardiovascular block. What we’ve used de facto is a strategy of having the year course directors get very involved in identification of problems and development of solutions with involvement of the EAD in the plan and appropriate aspects of the execution such as touching base with Chairs and Division Directors. This has been critical. How is this process going and is this an appropriate template for the future?
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|   | • General consensus was that this was a good use of the Year Directors.  
|   | • Key, however, is to make sure that the Year Directors would be supported.  
|   | • It’s important to know what resources are available, particularly in these lean budget years. Overall, there needs to be more transparency and obligation for the individual departments.  
|   | • We will need to add to the ways in which we review courses. Currently, we are doing student evaluations, focus groups as well as some peer evaluations. Do we need outside peer review? Do we need to be explicit about LCME requirements? What about interventions with the faculty who in many ways are functionally volunteers?  
|   | • Another variable is the quality/continuity of staffing. One course has had four staff members over the last four years. |