## Minutes from the Curriculum Management and Policy Steering Committee Meeting

**March 12, 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

### TOPIC | DISCUSSION | ACTION ITEMS
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Minutes | Approved for 2/6/09. |  
Information Items  
- Berryhill Maintenance - Ceilings and tile will be finished by the end of April; we’ve requested five rooms of 40 people with 10 rooms of 15-20; we hope to convert the first floor of Berryhill to two kinds of lounges, a wellness center and a food area. The AHEC building is another option.  
- Jake Achey has been appointed as an Educational Quality Improvement Officer.  
- Distinguished professorships and other educational funding have suffered with the market and may be at risk.  
- The LCME Internal Review Committee will meet with CMPC on April 16th.  
- The Office of International Affairs will launch publicly on 4/1/09. Martha Carlough and Doug Morgan will direct.  
- Regarding mistreatment, the Chairs have agreed that the occasional case of mistreatment of students should route through the same departmental office as patient complaints.  
- CC3/4 is working on a variety of interventions including late grades, faculty evaluations, acute care skills, transition course and grade inflation. From a process point of view, they will bring recommendations to CMPC for final approval.  
Asheville Pilot  
- Six students are interested. They are good students who reflect diversity of interests. Many will travel to Asheville on 3/13, where they will be interviewed and meet the faculty. Georgette will also go. They will also be interviewed by two other people here in Chapel Hill in the next 7-10 days. Other issues are pending – we will need to finalize the curriculum, do faculty development and an evaluation group will need to meet. LCME will need to be involved.  
- Student selection will proceed as proposed; progress will be brought back to this committee. Overall, our goal is to learn whatever we can about expansion from this experiment.
- Note that the course designation has been worked out and will represented by the registrar as six 8 week clerkships for which they will get an incomplete initially.

### AHEC Housing
- AHEC budget cuts have forced about an $80,000 gap. Note that our interests are different from Pharmacy; free housing has become a benefit of the fourth year in Pharmacy. We discussed two options – students pay $5/night lodging fees directly or we implement an across the board increase in the cost of education.
- Unanimous consent that the right strategy would be to institute an across the board fee so as to give students and incentive to go to AHEC. Students leaders concurred.

### Curriculum Committee
- The proposal for the Curriculum Committee was reviewed. The Academy of Educators nominees will be identified by the end of March. The Basic and Clinical Science Chairs have identified Chairs who are interested. We will formally need to vote. I will also need to get the opinion of Etta and Bill. The issue is the relative balance of Basic and Clinical Science Chairs. Other faculty raised the issue of the relative balance of faculty to Chairs, wanting to make sure this is a forum for faculty. Also, it will be important to be explicit about reimbursement. For the CC1, CC2, CC3/4 representatives, service on the Curriculum Committee would be embedded in their current payment for being the year directors. For AOE, there would be payment if it is substantial work (but not 1.5 hours/month).
- The first meeting would be at 7:00am and the group would decide on its meeting later on – likely to be early, given the clinical role.
- Consensus was that we would have one representative and one alternate from both the Basic and Clinical Chairs and that their official titles would be a graduation – that is it would be the equivalent of a representative elect and then representative for approximately two years.

### Clinical Content Coordination
- CC1 is developing the CAC and trying to link key cases to course content. In a parallel fashion, we are conducting a significant review of ICM. The question and issue is how to coordinate these initiatives. Key points of discussion included:
  - This was the purpose of the original LCSF which was disbanded because it was not making enough progress. The purpose remains valuable.
  - Maybe it would be valuable to have a czar of clinical skills who could push this along.
  - The Neuroscience example shows how people working together can really move the curriculum along.
- Key to be aware of the curriculum mapping and to feed that
- Consensus was that we needed to have an organized institutional strategy focusing on clinical skills. It should start with a vision of what our product should look like and then cross a number of disciplines, being informed by our curriculum mapping exercise. This merits a task force beyond the individual years. In the short term, there should be specific communication between CC1 and CC2 in the short term to coordinate efforts.
into this, although curriculum mapping is not the end. The end is curriculum change.
  o ICM is related to this.

Next Meeting

- Thursday, March 26th