NOTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING
August 23, 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:
- Reports from the IAMSE Annual Meeting
- Discussion of ideas for proposals for funding of Longitudinal Education in Cancer
- CMPC members recognized for SOM teaching awards and national responsibilities

1. The minutes from July 26 were accepted with revisions; the minutes of the August 1 meeting were reviewed and will be emailed for further revision and approval with a seven day return deadline.

2. Reports from the annual meeting of the International Association of Medical Science Educators (IAMSE) were circulated by Drs. Chaney and Gilliland. They noted that UNC seemed to be ahead of many schools due to our institutional support for curriculum evolution. Highlights and ensuing discussion appear below.

- At The Mayo Clinic, basic scientists who are involved in teaching are given money to support their laboratory or a portion of graduate student salary rather than money toward their faculty salary. This seems to be a more effective incentive because it helps the faculty to keep their programs running while they teach. This model may be interesting as we begin to involve more basic science faculty in teaching when we increase class size. They also administer the Step 1 exam every year in medical school to provide a baseline of science competency and give students a sense of what they are preparing for. We might consider creating an in-service exam for our students for this purpose. The importance of maintaining consistent USMLE format in all SOM exams was emphasized; a desktop module to support this work has been developed by the OED.

- The Cleveland Clinic has a criterion-referenced curriculum in which students create portfolios to show how they are meeting the criteria. Simulation remains a powerful way to ensure that all students receive comparable experiences; it was noted that Block 3 is the most appropriate 1st year venue for increased simulation because of its aptness for demonstrating physiology / pharmacological interactions. The challenge of using simulation in large classes has been met elsewhere by involving small groups in simulation but projecting the session on a large screen for the whole group to comment on through the Audience Response System. We have this capacity as well.

- “Randomized trials are the best way to show something works, but the worst way to show who it works for,” since they are usually done with homogeneous groups under controlled situations that do not necessarily transfer to other contexts (McMaster U).

- Research was shared demonstrating that medical knowledge is best retained when learned in the context of basic science, not just clinical conditions; knowing mechanisms permits students to see the logic of disease, a crucial condition for transfer. While a practicing physician in the community uses pattern recognition most of the time, knowledge of basic science is required to identify when exceptions to the pattern occur. To support this learning, Dr. Gilliland has added a case-based method tutorial one afternoon a week which is taught by the same faculty in each session. Each case gives a diagnosis and challenges students to decide how to manage it. It is challenging to find sufficient faculty to staff such an experience on a larger scale, but students have also shown their ability to work independently. This may be an opportunity for MS4s to collaborate with MS1s. Surgery and the burn unit can provide faculty and space for such experiences; although advanced students welcome the opportunity, frequent rotation changes may make it difficult to implement. Alternately, medicine housestaff could be assigned to groups of 3 MS2s to teach them the procedural aspects of running the hospital. Administrative support would be needed to improve their teaching skills. In the clinical anatomy elective, MS4s have begun to serve as TAs for only those sections corresponding to their specialties. The Academy of Educators is also interested in such development.
Other institutions are pursuing online content delivery; podcasting, tablet PCs, software to guard against student plagiarism, and Wikis. Dr. Woosley might address CC1 to explore how his online materials expertise might help their curriculum development. We might also explore how students could participate in this work, as they may welcome the chance to collaborate with mentor faculty. Copyright and fair use issues are important in publishing materials online.

3. **Longitudinal Education in Cancer proposal.** It has been implied that the new SOM legislative funds for cancer are largely for research, but the draft document of how they will be allocated clearly shows elements addressing psychosocial issues, clinical excellence, outreach and training, and graduate education. An initiative from our education group would require proposed training for cancer research, not just cancer education; we might develop a cogent way of teaching cancer research methodology. Compared to starting a new program and impacting mortality rates, educational intervention and community outreach can have demonstrable impact in the short term. We might consider requesting funding of summer student research projects, since 60% of our students do research over while in the SOM. We might also explore the creation of 10 “North Carolina Cancer Scholars” who would do summer cancer research and present at the Lineberger conference. Dr. Shaheen will copy the CMPC on his inquiries along these lines.

4. Congratulations were extended to those receiving **teaching awards** at the Whitehead Lecture, including Drs. Gilliland, Byerley, Hadler, and Dent. It was noted that 4 of the 6 housestaff award winners were SOM grads.

5. It was also noted that Dr. Dent will head the AAMC’s national Group on Student Affairs this year and has been appointed to the Board of Directors of the LCME. Dr. Hobgood is also the outgoing Chair of the Board of Directors of the American College of Emergency Physicians, and Dr. McCartney has been appointed to the Council on Medical Education and Lifelong Learning of the American Psychiatric Association.

6. All are reminded to meet for breakfast at 8:00 AM with Drs. David Hirsh and Barbara Ogur next Friday at the Carolina Inn.

7. Next meeting: **Thursday, September 20, 2007 at 7:00 AM in 4038 Bondurant Hall.** Also note the CMPC luncheon with Vice Dean Pisano **Monday, September 24, 2007, at 12:00 PM in 4038 Bondurant Hall,** which should include a progress report on development of new selectives.