Notes from September 23rd meeting were distributed for comment and corrections.

2. Graduation Questionnaire. All course director committee co-chairs are asked to encourage course directors and chairs to review the Graduation Questionnaire. The link to the report is included in the September 23rd notes. There is information about each course included in the report. http://www.med.unc.edu/curriculum/Administration/adminrpts.htm#aamc

3. Revisions to the first year curriculum. Dr. Chaney presented the proposal for revising the first year curriculum to the CMPC and Dr. Robert Golden, Vice Dean. This proposal was developed by a Task Force that was authorized by the CD1 Committee, and discussed and further developed at CD1 meetings and unanimously endorsed by the committee at their October meeting. The proposal addresses areas of concern that both students and the LCME accreditation report have identified, and is designed to achieve the goals of the first year curriculum through sound educational pedagogy that facilitates learning. The proposal is to reorganize the first year courses into four integrated interdisciplinary thematic blocks, each led by a team of co-directors consisting of a basic science and a clinical faculty member and a committee of faculty members and a representative from OED. Class hours will be limited to 25 hours per week (20 hours block/clinical case/PBL instruction, 3 hours for ICM and 2 hours for Medicine and Society) to allow for an increase in time for independent, self-directed learning. A minimum of 20% of instruction time will be dedicated to small group activities, and this percentage is expected to increase over time.

During the first year of implementation, blocks will take initial steps toward integration, eliminating gaps and unintended redundancies, and creating exams that are composed of questions testing all disciplines within the given block. During the second year, integrated interdisciplinary exam items will be developed, and one or two new Clinical Cases will be developed, eventually representing leading causes of illness based on morbidity and mortality statistics of North Carolina.

Department chairs have reacted to this proposal with varying degrees of enthusiasm ranging from endorsement to acquiescence. Dr. Golden asked about the feasibility of having clinicians participating in each block and suggested that perhaps the department chairs, many of whom are excellent teachers, might be invited to be the clinician participants.

An obstacle to the further development and implementation of this plan is the historical reality that teaching has not been thought to be valued by past deans. The current dean’s office has already articulated the importance and value placed on our teaching mission and their support is requested in creating and supporting a climate in which faculty observe that teaching is embraced as an important and valued contribution. The development of an Academy of Educators is strongly supported. The Dean’s office is asked to act in concert with the department chairs to appoint teaching faculty. Perhaps in addition to or instead of taxing departments for money or time, the task force recommends that the dean support this plan and the pursuit of teaching excellence because of the importance and value the SOM places on the teaching mission.

Departments may decide to appoint a faculty member exclusively for teaching. Ultimately, department chairs will be accountable for providing excellent teachers, in support of our goal to achieve excellence in medical education (Educational Policies Article 4).

The effects of the revision of the first year curriculum will be evaluated by subsequent trends on mean Step 1 scores and passing rates, trends in the Graduation Questionnaire (particularly relevance of basic sciences to clinical education), the Annual Profile Report (OED) and comments from second and third year curriculum faculty regarding the degree to which students are prepared for these subsequent parts of the curriculum. Information regarding implementation of similar changes at other medical schools was presented and discussed.
Dr. Golden’s response to this proposal was most favorable (“Fantastic!”) and he discussed briefly the development of an Academy of Scholars for promoting, supporting and appropriately awarding and acknowledging teaching excellence. The CMPC members unanimously indicated their enthusiastic endorsement and approval of the proposal to revise the first year curriculum.

Members of the CMPC thanked Dr. Chaney and acknowledged the first year task force members for their endeavors and “fantastic” plan.

4. **Revision of third/fourth year curriculum.** Drs. Yankaskas and Byerley will co-chair a task force charged with considering revisions to the third and fourth year curriculum. Their initial meeting will be October 21st.

5. **LCME Consultation Visit –** (Dr. McCartney) Next CMPC meeting is the second to last meeting before the LCME Consultation. Please note the revised organizational chart reflecting the curriculum governance structure.

6. **Educational Policies** are in Mary Seachrist’s office for review.

7. **Next CMPC meeting will be October 28, 2004 in 133 MacNider.**

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<thead>
<tr>
<th>Action Item</th>
<th>Who Will Do</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Facilitate CD Preparation for LCME Consultation Visit</td>
<td>CD Co chairs</td>
<td>Next CD meetings.</td>
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<tr>
<td>(Review progress in areas of noncompliance, identify how Core Competencies are taught/developed in each course/clerkship)</td>
<td>Dr. McCartney</td>
<td>October 28, 2004</td>
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