NOTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING

October 12, 2006 at 7:00 a.m. in 4074 Bondurant (chaired by Dr. Dent)

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

1. The minutes from September 28 were reviewed and approved prior to this meeting through email; hard copy was distributed for participants’ records.

2. Clinical Curriculum Scheduling: Dr. Dent distributed the draft calendar for 3rd and 4th year for 2007-2008. A class meeting with MS2 is scheduled for Nov 2 at 12:00 in MBRB 2204 to discuss scheduling for 3rd year; this is the first time second year students have had a meeting with clinical faculty prior to scheduling clinical courses. The objective is to have the calendar finalized by then. When the curriculum was conceptualized, the plan was to have advisors in place to support student scheduling; they will not be in place for this year. Dr. Byerley proposed a draft 3rd year calendar for 2007-2008. The main differences from previous calendars are: (1) students will be off Thanksgiving week given how the winter holidays fall in 2007-8, and (2) Block 7 is only 3.5 weeks long because students will miss three days due to both New Years and MLK Day, which may raise issues with Family Medicine and OB clerkships. The concern about adding time by starting December 31 is that staff would like to take that day off; not an issue with people on clinical service. The idea of adding time by starting on December 28 was discussed and determined to be not feasible. 4th year must end on May 2 to accommodate graduation on May 11 (without which there would not be enough time to certify grades). 3rd and 4th year are now lined up (this year they are one week off following Capstone). Having one week off between the 3rd and 4th year is not a priority according to student feedback. Dr. Byerley noted that there is some discussion of extending Capstone to a month in 07-08, which would make it a discreet block (perhaps adding some clinical pharmacology); such a change would make scheduling easier. This calendar will be vetted by Drs. Yankaskas and Byerley through CC 3-4. Dr. Shaheen asked if the schedule might shorten blocks 7 and 8 in equal amounts, which is not possible because of the logistics of changing sites. Dr. Shaheen also wondered how to get more pragmatic experience for students to interact with allied health professionals in the 4th year; the ICU might be a good place for this experience. Dr. Osmond noted that at HAICC last year a student commented to him that the differences between health professions was not very apparent this early in their training and suggested that doing an interdisciplinary exercise later in their education might be more beneficial. It was noted that previously it was a scheduling “rule of thumb” not to do a clerkship in a specialty area of the student’s likely career interest first or last; Dr. Yankaskas recommended softening that recommendation to avoid limiting opportunities for career exploration in areas of interest. Dr. Byerley noted that on November 2 they should discuss scheduling in light of the whole clinical curriculum, not just clerkships, and show the whole spectrum in preparation for Acting Internship and Critical Care Selective experiences. Dr. Byerley noted that we need to provide the degree of flexibility we committed to, which includes the ability to rearrange student schedules to support changes mid-course. Dr. Shaheen noted the need to streamline the drop / add process and create a central agency to expedite the process. Dr. Byerley noted that a cadre of onsite advisors to give both advice and approvals would do that. Dr. Ingersoll suggested that developing template schedules as guidelines would be helpful; Dr. Byerley expressed concern that any template would be understood as the “right” way to do it. Instead, we should present a few sample paths that could be followed, with examples of how flexibility is limited or supported by the scheduling of months off. The issue of addressing uneven enrollment desires was raised; Dr. Shaheen noted that giving each student “points” to allocate to their highest preference is a successful business school model. Dr. Dent noted that in the past assignment was done randomly, to reflect our inability to accommodate all students’ schedule requests. Dr. Byerley affirmed the importance of scheduling in a 14 month block, not 12. It was noted that we need almost double current capacity in the summer to accommodate a 14 month calendar beginning in 07-08.

3. Advisor System: Dr. Dent noted that the national conversation on advising recommended a small group of highly skilled advisors. Tuition funds might make possible paying those who advise. Each well-informed advisor would build relationships with a small group of students, a ratio between 20:1 and 6:1 best. 25% effort would be supported with professional development. The money would also serve to formalize their commitment and justify it to chairs. Dr. Dent recommended that ICM tutors serve this role in the interim; Dr. Shaheen recommended that we support them through a 3 day orientation about the SOM and the curriculum. Advising should be seen as evidence of the changing status and rewarding aspects of investment in students. Ten highly motivated individuals could make an effective cadre of advisors.

4. Next CMPC meeting scheduled for Thursday, November 9 at 7:00 AM in 4074 Bondurant Hall.