NOTES FROM THE CURRICULUM MANAGEMENT AND POLICY STEERING COMMITTEE MEETING
March 8, 2007 at 7:00 a.m. in 4038 Bondurant

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

EXECUTIVE SUMMARY:
• Lunch with Vice Dean Pisano scheduled for March 29.
• Revisions to draft language on CMPC relationship with chairs.
• “Continuity” an important theme for Charlotte expansion.
• Capstone and Patient Safety Training Day were great successes.

1. Minutes from February 22 were distributed and approved. Congratulations were extended to Dr. Cross upon his appointment as acting chair of the Department of Social Medicine and to Dr. Dent upon her election to AOA.
2. Lunch with Vice Dean Pisano has been scheduled for March 29 in 4038 Bondurant.
3. CMPC relationship with chairs. Dr. McCartney distributed a draft Notes and Procedures proposal for discussion. This draft was specific to preclinical and clinical management issues and incorporated LCME governance requirements. It was noted as part of transition to a coordinated interdisciplinary curriculum within the persistent departmental structure of hospital, a tension that has relevance in the national context of curriculum change. The steering committee described should be selected from acting teaching faculty by the co-directors of each course with consultation from chairs; chairs should be consulted if the steering committee’s decision will have significant impact on a faculty member’s time and effort. The committee noted the risk of legislating in response to an immediate situation. It was recommended that the statement strengthen the role of the Vice Dean (e.g., to “resolve the issue”). The topic is more relevant in MS1 and 2 since responsibilities in the clerkships are more fluid; the LCSF is collaborating on these issues with CC 3-4. A revision will be recirculated via email for approval. The acting chair of Social Medicine will sit on both clinical and preclinical chair meetings as an advocate for educational issues.
4. Charlotte project. Dr. McCartney noted the distributed NEJM article on “continuity” as principle of medical education to be kept in mind while working out Charlotte priorities. LCSF is also bringing forward continuity principles by establishing longitudinal partnerships.
5. Capstone Course and GSK update. Dr. Hobgood thanked all staff and volunteers for their support of the Patient Safety Training Day’s efforts to integrate simulation into patient safety education. The day included technical support from both METI and Laerdal, including anatomical model simulation, which should be introduced earlier in the curriculum. Tracks in Capstone allowed students to differentiate according to their career intentions. Student representatives confirmed that the objectives and value of Capstone were established early; greater debriefing around the student role in patient safety research would also be helpful. The committee noted the importance of including curriculum on how best to work with nurses.
6. Simulation retreat. METI and Laerdal are here today to showcase their materials.
7. Next meeting: Thursday, March 22, 2007 at 7:00 AM in 4038 Bondurant Hall.