1). Use Of Symposium:
Some faculty have requested a symposium so there was some discussion of whether to purchase one. The symposium is said to be more sensitive in selecting items during the lecture. There initially was a large demand for the smartboard and once purchased it got little use. We originally had the symposium and bought the smartboard because a lot of people were unhappy with the inaccuracies of it and the angle at which it is mounted into the podium. That factor needs to be taken into consideration. There was also some concern of the podium being crowded with mounting another device and how it would all work effectively. There was an initial poll taken in an attempt to determine how many people would actually use the new symposium as opposed to the smartboard. One suggestion is to have both and it was determined that the cost does not seem to be prohibitive to having both.

2). Exam Recap Format:
The recap and exam review format was changed to match what was being done in block 3 because Block 3’s procedure was thought to be well liked by the students. Block 3’s procedure: The answers to the exam are posted in the MBRB basement atrium immediately upon completion of the exam, and the relevant faculty make themselves available at that time to answer questions. While it seemed to work in Block 3, it was not well received in Block 1. Their student response was, they did not know what they missed and had not received their scores. Dr. Chaney wanted clarification that his block performed it the way Block 3 actually did it. Dr. Goy confirmed that Block 3 did it the way it was described for 3 years and the students liked it. Other blocks are adopting the Block 3 model.

3). Implementation of course integration and critical thinking:
Block 1 Method:
ICM tries to talk about critically thinking from the logic of clinical decision making. Teaching critical thinking in the first course is difficult because the students haven’t had any prior information to draw from; therefore, they can only tackle the subject on a very rudimentary level. Subsequently, Block 1 deals with it by organizing a mock patient presentation.

Block 2 Method:
Their course is more passive and they listen to presentations by surgeons and the course directors have decided to set up a situation where they think critically in unsupervised small groups. It is a work in progress. The students work in a group of 8 to discuss a tape, whereas the details of which are released a piece at a time. The students will work in groups of 8 on a forum for their group of 8, so they will have their ability to debate and discuss the details on-line. The faculty is typically quite vague and they have to make a differential diagnosis with limited information and the field is wide open. The students get more information as they proceed along and the factors of details are paired up with lectures that are going on in that 2-3 day period. In some cases the block refers back to block 1 if possible and in some cases we are actually going over into blocks 3 and 4. The
idea is that medicine is comprehensive and not just anatomical. But, the students are not penalized for information not learned.

Block 3 Method:
Do three different things to promote critical thinking:
1). Try to relate a clinical scenario to the lecture material.
2). Provide clinical capstones where a clinician comes in for an hour and interacts with the class. These are usually cases taken from the pages of recent articles.
3). Take home homework assignments. The homework assignment attempts to focus questions on the most difficult concepts that they are learning. They are allowed to use any source they want. They are even encouraged to confer with each other. It encourages the students to work together.

There was additional discussion of giving homework and doing a better job in providing transition between 1st and 2nd year.

Also, some discussion concerning the CAC course.

There was also a report that showed some students liked being able to view lectures online and other students missed the class interaction.

Dr. Newton will be attending the next October CC1 meeting and there maybe new student representatives.