1. Medical Student Advising System – Robyn Stewart
In the most first and second year students have been mentored by their ICM tutors; however students have complained about lack of choice and in diversity of their advisors. Administrative and faculty issues for establishment of a student advising system include the protection of time and monetary support for faculty providing these services. Incoming students in the first, second and third years will have the new advising system rolled out for their use this summer. Support will be provided to the advising faculty at the rate of 20% protected time, which is similar to the support offered to advisors at other institutions. Faculty will provide advising to students in both weekly group meetings in student labs and through individual meetings which will be scheduled four times per year for the first and second year students. Advisors will eventually have 64 students, and students will be allowed as much as possible to choose their advisors from a list. Advisors will have access to the grades of their advisees and will help draft letters of recommendation for their students. Opportunities for student feedback about the new advising system will be provided, perhaps through a focus group.

2. Podcasting Update – Eve Juliano
Lectures without PowerPoints - Anshu Verma
Since last meeting, four lectures in Year 2 have been recorded. This pilot project has been most valuable and they have learned a lot. There are been some intellectual and HIPAA, and copyright issues brought forth as a result of these recordings and they are currently working to resolve them. Before moving forward on a larger scale, a list discussion topics is being assembled. Student feedback was positive and a survey is being done to get a better feel of student reaction to the process. Since the pilot, research is continuing into what companies and technologies are available, what integrates well with our current technology and software plataforms. Three main companies have been located; one is currently under evaluation, there is a proposal from a second, and the third company will be installing their technology on March 17. All systems do similar things, with the variables being technical issues, cost of equipment, and ease of use. Currently, the systems will record lectures as a test, but will not be available for students. Once the evaluation of these systems is complete, OIS will discuss with all course committees to determine future steps. The other issues mentioned above need to be resolved as
well as any technical issues. Discussion of these issues will continue as soon as they pull together additional information, hopefully for March and April meetings. One of the primary HIPAA concerns is pictures of patients that are embedded in certain lecture slides. It is a point of clinical enrichment of lectures versus podcasting entire lecture and would require an editing function to take out PHI before the syllabus is posted. Some editors are more complicated than others and the individual instructors are responsible for the content posted online. This requires them to decide not to record or to edit the lecture before posting. There are also residual rights of performers and property issues. Forums are open to outside viewing, but cannot be posted to unless the poster has an SOMID. Some updated powerpoints have been posted to forums, but you shouldn’t unless you are 100% comfortable with whole world having it. This posting of powerpoints on the forum also plays into the problem of powerpoints not being posted for student use because of proprietary issues. Non-posting of powerpoints makes it extremely difficult for students to learn required material, especially where no textbook available; the speed with which some of the material is covered during class makes it impossible for the student to write down. It was therefore suggested that powerpoints be posted the night before lecture, but if that is not possible, at least before the lecture. To clarify what is important on slides and during lectures it was suggested that each lecturer make it clear on the information page on each syllabus what is gradeable and testable. Strong recommendation to tell faculty to post powerpoints for students. Problem with powerpoint being posted in PDF. Students condense info from powerpoint and post on personal websites where accessible to everyone; need to process what expect from students. May be honor code issue. There is a need to educate both students and faculty about areas of responsibility when it comes to copyright issues. If the faculty member is not providing material in another way, then powerpoints should be provided to the students; however, there is a need to define student responsibility in order to protect proprietary information.

3. Review of NSS Block – Robert Bashford
The Neurosciences Block morphed from trying to cover too many topics to a more integrated approach. They paid a lot of attention to the student forum and responded to questions and requests as quickly as possible. There was an attempt to integrate questions from the forum into materials and to do a better job about posting and not changing or re-organizing powerpoints and other material. For next year, they plan to have fewer lecturers and more small groups. For the future a core of 3-4 faculty will give lectures. They do feel a need for an admin person to help coordinate with the presentations with each lecturer two days beforehand for continuity. Next year’s course will need student feedback for each section. Generally, lectures were greeted with more passion and interest than in the past. Things went as smoothly as they, with an emphasis on dealing with problems as they came up. What course directors tell faculty. What works best in Psych is bring patients and let students ask questions. Using actual patients during lectures is what works best for psychiatry and provides incredible enrichment for students.

4. New Medical Education Building – Bob Marriott
The future of Berryhill is being worked on because of the proposed expansion of medical education in NC. We are spending $1 million to try to ensure we have the program and budget to know how to build a new medical education building either by incorporating the current, or by replacing Berryhill. Renovation or a new building would include the same footprint plus delivery dock behind, then turn and cross over Medical Center Drive and extend to the Belltower.
lot. Using the feasibility study for expansion of medical education, it was determined that an auditorium with 265 seats, a 100 seat lecture hall and a sufficient simulation site to meet the needs for CME, GME, Medical Education, certification and recertification was needed. We are attempting to build in flexibility to any version of a new Berryhill. We intend to have a budget by first of next week; then the budget, a program and general shape for the building will be presented to the legislature for them to decide. There will be a request for about $20 million in order to proceed with the design next year with the intention to have the new facility built in time for the Fall 2012 incoming class. It is likely that for at least part of that time Berryhill will be unavailable; a likely timeframe would likely be 30 months, an equivalent of two full school years. Once completed, the new Berryhill will be just for medical school use. The idea for the new building is not to have lots of lecture halls, since medical education is moving more towards small group teaching. Home rooms will be re-established in the new building as the increase in class size make it very important that individual students not get lost in the melee. The importance of simulation and technology is being anticipated with the possibility of a mock OR and ER just some of the things being considered. A detailed assessment of simulation technology will be made just before the space for it is designed, so we can get most current technology available. All rooms will need to be flexible use spaces with movable walls and casements to accommodate any changes in technology. The sketch and shell for the building has been done, but not details are complete and everyone will be asked to contribute.

An initial meeting for Brinkhous-Bullitt construction took place this date. The construction will include replacing the air handling system while the building is occupied. The Beach level will become a new food service area. For the next 18 months the area behind Berryhill will be used as a staging area by contractor. Current cafeteria and kitchen will be converted into offices for translation medicine offices after other construction completed.

5. AIMS Announcement – Stephen Charles
It was announced that Linda Fisher returned last week and through this week, but will be officially retiring Friday. A farewell reception will be held in the Admissions interview room. Steve will fill in for Linda until a permanent replacement can be hired. It was requested that upcoming blocks get test questions submitted to Steve as early as possible.