NO
MEETING THIS MONTH
Curriculum and Evaluation Committee
Minutes
August 4, 2003

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<th>Members:</th>
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1. Minutes
   A. The June minutes were approved and are available online.

2. Chairperson’s Report – Dr. Layde
   A. The new members were welcomed.
      • William Campbell, PhD
      • Patrick Carroll – M4
      • M. Christopher Decker, MD
      • Patricia Lye, MD
      • Andrea Winthrop, MD
      • Karen Hanus
   B. Orientation will be held at 400PM, August 25, 2003 in MEB 3390 for new members.
   C. Members are asked to update the committee roster to make sure the information on it is accurate.

3. Deans’ Reports – Drs. Simons and Simpson
   A. Dr. Simons
      a) The LCME report was very favorable and that MCW received 8 years accreditation. Items which require responses will be looked into by the CEC during the course of the year.
      b) The search for an associate dean for curriculum continues, and it is anticipated that the new dean will be named before the end of August 2003.
4. Subcommittee Reports
   A. M1-2 Subcommittee – Dr. Twining
      a) The committee had not yet met.
   B. M3-4 Subcommittee – Dr. Layde
      a) Dr. Winthrop has agreed to serve as chair, but needs to be elected as the chair of the M3/M4 subcommittee.
      b) The seven integrated selective proposals were distributed and one previously received proposal will be assumed into an existing course. The Women’s Health Primary Care integrated selective will be back in the Women’s Health Initiative elective.
      c) Information is being awaited for full proposals on 1 integrated selective and 2-M3 graded electives on which letters of intent have been received.

5. Student Reports
   A. None

6. Old Business
   A. CEC is reminded that the B-OSCE will count for students this year. Feedback will be given soon to students who took the B-OSCE last year.

7. Future Business
   A. None

Meeting was adjourned at 4:30PM.

Respectfully submitted,

Joseph Layde, MD, JD
MID-COURSE EVALUATION POLICY FOR M1 AND M2 COURSES

The CEC seeks to insure that the M1-2 courses regularly obtain and act on information about the effectiveness of their courses. At the end of each course, students complete an in-depth questionnaire about the course. To complement this summative evaluation, the CEC requires that each M1-2 course implement a process of obtaining information about the effectiveness of the course (e.g., organization, teaching, examinations, degree to which objectives are met, integration/application of basic science concepts to clinical medicine) from students at least once prior to the mid-point of the course. The recommended format for this formative evaluation is through a meeting with a representative group of the students (e.g., a student liaison committee) and faculty (including the course director). The purpose of this meeting will be to solicit student opinion and to determine whether any mid course corrections are/would be necessary or beneficial. A summary of the key findings and actions from this meeting must be forwarded by the course director to the chair of the M1-2 Subcommittee of the CEC within two weeks of the meeting. If a different strategy is used, please contact the M1-2 Subcommittee Chair prior to its implementation.
Curriculum and Evaluation Committee
Minutes
September 15, 2003

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**1. Minutes**

A. The August minutes were approved and are available online.

**2. Chairperson’s Report – Dr. Layde**

A. New Learning Resource Proposals are due October 6, 2003. Information can be found on the web or by contacting Sheri Galewski directly.

B. Dr. Olivier has agreed to serve as Secretary/Vice Chair of the CEC. His appointment was approved by the committee.

**3. Matriculating Competencies – Dr. Lund**

A. Competencies for incoming students that clerkship directors feel would be necessary were drafted by the M3 clerkship directors.

B. This draft reflects the concern that students occasionally appear not competent for M3 and its required clinical work.

C. If students cannot meet the listed competencies, they should not enter the 3rd year.

D. In the ensuing discussion, several points were raised that will have to be addressed.

   a. The M1/M2 subcommittee will work on the listed objectives to determine how they can be integrated into the existing curriculum.

   b. Suggestions included strengthening these competencies in ICE and the Clinical Continuum, and supporting the mentor program with better guidelines for mentors on what the program should achieve.
c. The subcommittee will look into possibilities of linking the mentor program with the ICE course, and how compliance with the stated competencies could be monitored prior to entering M3.
d. In addition, the M3 clerkship directors are encouraged to discuss with Dr. Bedinghaus ways of implementing these competencies, and to discuss possibilities for an introductory component into the M3 clerkships.

Deans’ Reports – Dr. Simons
A. Dr. Simons
a. The new Dean for Curriculum, Dr. Redlich, has been appointed, and will start October 1, 2003. Dr. Redlich is a faculty member in the Department of Surgery.
b. The questionnaire results from the survey of last year’s graduates have been circulated to all course and clerkship directors.

4. Subcommittee Reports
A. M1-2 Subcommittee – Dr. Twining
a. At the last subcommittee meeting, members discussed the current exam policies that are being perceived as too restrictive by the course directors. The committee will solicit comments from the M1/M2 course directors on this issue.
b. Current changes to the MIM course will be discussed at the next meeting.
c. Course evaluations for the spring semester will be completed over the next few weeks.
d. Mid course Evaluations
   • A new policy has been circulated to change the mandatory policy on mid-course evaluations.
   • Over the past 4-5 years, the evaluation meetings have been criticized by both students and faculty as not achieving its goal of improving communication.
   • The new proposal (attached) replaces these mandatory meetings with the requirement of establishing liaison committees between course director and students for each course.
   • A report of this committee needs to be forwarded to the M1/M2 subcommittee during the semester. The change was unanimously accepted by the CEC.

B. M3-4 Subcommittee – Dr. Winthrop
a. Review of new course proposals.
   • The committee received 8 proposals.
   • The CEC approved two proposals for new integrated selectives pending clarification of the proposed methods of evaluation.
   • Three proposals need to be clarified before they can be approved.
   • Three proposals will be discussed electronically by the committee.
   • The goal of the subcommittee is to review and approve the proposals by the end of September.
b. Ambulatory Medicine
   • Dr. Simons requested the subcommittee to re-evaluate the approved ambulatory medicine course. Apparently, this course currently uses sites that are not appropriate for ambulatory medicine.
   • Dr. Winthrop will contact the course directors and discuss the issue.
c. Medically-Oriented Sub-Internships
   • Dr. Simpson requested clarification on the Medically-Oriented Sub-Internship requirements and its responsibilities.
   • The CEC clarified that the department sponsoring a given M4 Medically-Oriented Sub-Internship, whether it is Internal Medicine, Pediatrics, or Family Medicine, will be responsible for signing a student’s final evaluation form.
   • Those evaluations coming from Pediatrics and Family Medicine will no longer need to be signed off on by Internal Medicine.

5. Student Reports
   A. The student’s assembly currently is discussing a proposal that would allow M3 students to participate in integrated selectives if positions on these courses are not filled by M4 students. Once the proposal has been discussed, it will be forwarded to the CEC.

6. Old Business
   A. Evaluations
      a. Dr. Simons reported on discussions about unprofessional comments on the course evaluation forms.
      b. Based on discussions in the M1/M2 subcommittee, Educational Services will screen all evaluations for unprofessional comments.
      c. Any suspicious evaluations will be forwarded to the M1/M2 subcommittee and class representatives, and they will decide to delete the record from the summary.
      d. The policy would be stated clearly on the top of the evaluation form, and evaluations containing unprofessional comments would be removed from the statistics completely.
      e. The CEC unanimously accepted the new policy, and recommended that the M3/M4 subcommittee, in collaboration with the clerkship directors, develop a similar policy for M3/M4 courses.

7. New Business
   A. Dr. Simons summarized a presentation to the executive committee of the faculty. In this presentation, Dr. Hendee presented a proposal about reallocating space on the 2nd floor of the Medical Education building to basic science research laboratory space. According to his summary, Dr. Hendee requested the reallocation of 15-20,000 ft² to support ongoing research efforts. Dr. Simons promised further details on the proposal as they become available, and information on the current usage of teaching space in the MEB.

Meeting was adjourned at 5:20 PM.

Respectfully submitted,

Michael Olivier, PhD
MID-COURSE EVALUATION POLICY FOR M1 AND M2 COURSES

The CEC seeks to insure that the M1-2 courses regularly obtain and act on information about the effectiveness of their courses. At the end of each course, students complete an in-depth questionnaire about the course. To complement this summative evaluation, the CEC requires that each M1-2 course implement a process of obtaining information about the effectiveness of the course (e.g., organization, teaching, examinations, degree to which objectives are met, integration/application of basic science concepts to clinical medicine) from students at least once prior to the mid-point of the course. The recommended format for this formative evaluation is through a meeting with a representative group of the students (e.g., a student liaison committee) and faculty (including the course director). The purpose of this meeting will be to solicit student opinion and to determine whether any mid course corrections are/would be necessary or beneficial. A summary of the key findings and actions from this meeting must be forwarded by the course director to the chair of the M1-2 Subcommittee of the CEC within two weeks of the meeting. If a different strategy is used, please contact the M1-2 Subcommittee Chair prior to its implementation.
Curriculum and Evaluation Committee
Minutes
October 20, 2003

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1. Minutes
   A. The September minutes were approved and are available online.

2. Chairperson’s Report – Dr. Layde
   A. Dr. Philip Redlich was welcomed as the new dean for Curriculum.
   B. Mark McDonald was welcomed as the new M1 representative.

3. Research Planning Committee and Teaching Space – Dr. Besharse
   A. Dr. Besharse reported as a member of the Dean’s planning committee on their proposal and report about space requirements for basic research at the Medical College.
   B. The report has not been issued yet, and it will go to Dean Dunn for consideration as one of many proposals.
   C. The committee recommends the conversion of wet lab teaching space in MUTES into research space.
   D. Dr. Besharse stressed that the focus has always been on teaching functionality and that any plans should and would not be in conflict with the teaching needs of the college.
   E. Implementation would be dependent on building a Learning Assessment Center.
   F. The conversion would require alternative space to accommodate the dry-lab use of the wet lab teaching space.
   G. The final decision resides with Dean Dunn and the leadership of the Medical College.

4. BioMed Central – Karen Hanus
   A. The library is considering the purchase of licenses to BioMed Central. Since the license can include different packages, feedback will be needed from faculty and students about the usefulness of individual components of the package.
B. The package includes Imaged, an image resource for teachers. The pictures are downloadable as PowerPoint presentations.

C. The library will make a purchase decision in November, based on responses to their survey. Feedback is needed from members of the CEC and faculty in general about the usefulness of Imaged for teaching.

4. Deans’ Reports
A. Dr. Simons:
   a. The CEC will get a full copy of the report of the Research and Planning Committee once it has been forwarded to him.
   b. Dr. Simons stressed the need for 10,000 sq. ft. of space needed for a Patient Assessment Center.
   c. According to his assessment, only 12% of all space outside the Basic Science building is designated for teaching and education.

5. Subcommittee Reports
A. M1-2 Subcommittee – Dr. Twining
   a. At the last subcommittee meeting, Dr. John O’Connor presented current changes to the MIM course:
      • The emphasis of the course is on bioethics and biostatistics, and will be taught primarily by clinical faculty.
      • Students will be required to complete a literature search project that will introduce them to the concept of evidence-based medicine.
      • The course will incorporate four clinical cases that will be used to identify important components of disease, following the Patient Intervention Comparison Outcome (PISA) design.
   b. The committee has begun to review the spring course evaluations.
   c. The committee will meet with Dr. Bedinghaus to discuss the proposed competencies from the clerkship directors, and potential adjustments to the MIM course to incorporate aspects of these. The clerkship directors will also be included in these discussions.
   d. Future topics will include:
      • Class time for current students: As part of the re-evaluation of the curriculum, the committee will discuss the current (excessive) class time for M1 and M2.
      • Change of questions on course evaluation forms.
      • Copyright issues for class notes.
      • At the request of Dr. Simons, the committee will evaluate the M1/M2 objectives. Course directors have been asked to send their individual course objectives.

B. M3-4 Subcommittee – Dr. Winthrop
   a. Review of new course proposals.
      • A total of four courses were evaluated and recommended to the CEC for approval:
        i. Dr. Zebrack: Nutrition and Metabolism
        ii. Dr. Jaquiss: Pediatric Cardiac Surgery
        iii. Dr. Panepinto: Pediatric Hematology
        iv. Dr. Olivier: Pathophysiology of Diabetes
      • The CEC approved the four courses.
      • Four additional courses have not been approved since the course directors either did not respond to request for clarification (2) or did not address the questions appropriately (2).
b. The yearly reviews have been assigned to committee members. Special emphasis will be
given to a Neurology/Psychiatry proposal to split the existing 6-week course into two
separate courses.
c. Priority list for coming months:
   • Administrative issues on clinical sub-internships will be discussed with Dr. Sebastian
to form an ad-hoc subcommittee similar to the surgical sub-internship committee.
   • Address questions regarding the ambulatory medicine rotations.

5. Student Reports
   A. Betsy Manor reported on discussions in the student assembly on M3 curriculum scheduling.
   B. Mark McDonald reported on comments in M1 on teaching, class hours, and scheduling of
courses. He will provide details to the M1/M2 subcommittee meeting.

7. New Business
   A. Dr. Simons announced that Dr. Lye has been named chair of the new educational IRB. This
   committee will focus on evaluations of educational proposals, and will be separate from the
   “normal” IRB. Dr. Lye already offered a first introductory session into what constitutes
   research in education.

Meeting was adjourned at 5:05 PM.

Respectfully submitted,

Michael Olivier, PhD
Curriculum and Evaluation Committee
Minutes
November 17, 2003

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Students:

Patrick Carroll – M4  
Betsy Manor – M3  
Mark McDonald – M1  
George Sanchez – M2  
Kelly Soules – Grad. Student  

1. Minutes
   A. The October minutes were approved with two corrections:
      a. Dr. Schwab was in attendance at the October meeting.
      b. Dr. Lye, not Dr. Layde is chair of the new IRB committee.

2. Chairperson’s Report – Dr. Layde
   A. Dr. Layde welcomed Kelly Soules, the new Graduate student representative to the CEC.

3. Deans’ Reports
   A. Dr. Redlich:
      a. The report of the Research and Planning Committee is still under discussion.
      b. The M3 intersession on professionalism will be held in January, this time as one single session for all students. Topics will include professionalism and evidence-based medicine. Faculty will be recruited to participate.
      c. The OSCE sessions will be held on May 5, 6 7, 10 and 11 from (4-9). Each clerkship will provide two individuals for these sessions.

4. Subcommittee Reports
   A. M1/M2 Subcommittee – Dr. Twining
      a. Dr. Taylor provided an update on the improvements to the current Microbiology course. Overall, the course has been reviewed favorably by this year’s students. This has been evident from the comments at the discussions of the liaison committee. In particular, the immunology section of the course has been significantly improved.
b. Mark O’Connor presented concerns of M1 students on the teaching and scheduling of the M1 curriculum. He was encouraged to discuss the concerns with the individual course directors. In addition, the concerns should be raised as part of the course evaluations at the end of the semester.

c. The committee will discuss the curriculum objectives and concerns regarding contact hours for M1/M2 students at a retreat planned for January 2004.

B. M3/M4 Subcommittee – Dr. Winthrop
a. The following course proposals have been discussed:
   - Promoting Health in Urban Underserved Communities: Pending approval from the M3/M4 subcommittee after review of additional information. The proposal will go to the CEC for approval electronically.
   - Metabolic Diseases of the Eye: Approved by the M3/M4 subcommittee pending clarification of integration. Dr. Winthrop will speak with Drs. Gonnering, Raff, and Findling.
   - Physician Leadership Course for Students: Approved for (May 05) and a possibility for (May 04).
   - M3 graded elective in Emergency Medicine: Approved with minor revisions to the template.
   - All recommendations of this subcommittee were approved by the CEC.

b. A concern was raised with regards to the difficulty of timely feedback from the CEC to course directors after the first time a course has been given. This is due to the requirement to post upcoming courses by December 01 for publication in the course catalogue for the coming year, prior to a review of course evaluations by the M3/M4 subcommittee. It was suggested that Lesley Mack be invited to the next CEC meeting in December to discuss a possible OASIS system for posting of offered courses as a potential way of delaying the deadline for posting upcoming courses.

c. The subcommittee discussed curriculum concerns regarding the M3/M4 years. Questions were raised regarding the current track system, graded electives, and prerequisites for individual courses. The committee will look into the current track system and chart the current curriculum in detail to explore options for more fluidity between the M3 and M4 years. In addition, the committee will explore the possibility of orientation sessions for students about their track choices BEFORE they enter M3.

d. Given the recent concerns regarding the sites for rotations in ambulatory medicine, the subcommittee will meet with Dr. Anderson to request a more specific definition of acceptable rotations and sites for ambulatory medicine. This will include a revision of tracks A and B for ambulatory medicine, and discussion of future plans for implementation of tracks C and D.

e. The subcommittee reiterated that medically oriented sub-internships will now sign off separately. However, a common organizational structure between the different departments needs to be developed to facilitate the sub-internship.

5. Student Reports
   A. Betsy Manor clarified questions from Mark McDonald and others regarding the lecturer evaluations that have been implemented last year. Mark McDonald had noted that so far only Psychiatry did lecturer evaluations. Betsy Manor explained that all other courses (Biochemistry, Development, and Anatomy) have agreed to do the evaluations at the end of the course. As part of the initial implementation of this evaluation, it was discussed with the course directors that they would implement the evaluations in individual ways for each
course at this point. The M1/M2 subcommittee will discuss and monitor the implementation and use of lecturer evaluations.

7. **New Business**
   No new business

Meeting was adjourned at 5:05 PM.

Respectfully submitted,

Michael Olivier, PhD
Curriculum and Evaluation Committee
Minutes
December 15, 2003

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1. Minutes
   A. The November minutes were approved.

2. Chairperson’s Report – Dr. Layde
   A. The Benchmark OSCE’s will be held on May 5, 6, 7, 10, and 11 from (4-9).
   B. The January meeting will be a short because of the Martin Luther King Program.

3. Deans’ Reports
   A. Dr. Simons
      a. The need for Standardized Patient Rooms has been recognized by Dean Dunn.
         Several locations are being discussed and plans are being drawn for these rooms.
   B. Dr. Redlich
      a. The Intercession for M3 students consisting of two half-day sessions on Professionalism and Evidence Based Medicine will be held on January 5, 2004. The Professionalism sessions will be held in the Alumni Center and the Evidence Based Medicine sessions in the Computer Labs.

4. Additional Reports
   A. Mr. Steve Krogull
      a. Angel E-Learning Platform funding has been approved by Dean Dunn. This product will have a 10,000 user license and much more flexibility than the current platforms.
b. An Academic and Research Computing IS Committee has been established with Dr. Andy Greene as the Chair to deal with problems of research and educational IS issues.

5. Subcommittee Reports
   A. M1/M2 Subcommittee - Dr. Twining
      a. The M1/M2 Retreat to discuss curriculum objectives and scheduling will be held on March 9, 2003. The format has not yet been set.
      b. The committee has continued its review of courses for Spring Semester.
      c. A short discussion of the Health Care Systems Course led to the recommendation of addressing the issue of timing for this course at the M1/M2 retreat.
   B. M3/M4 Subcommittee - Dr. Winthrop
      a. The committee is reviewing the Ward and Ambulatory portions of the Internal Medicine Rotation.
         i. Concerns expressed by students include inadequate time for study, inadequate explanations of procedure and whether attendings will be present.
         ii. Dr. Andy Anderson was present to address issues
             ▪ The number of community preceptors has increased for the ambulatory experience.
             ▪ A proposal will be presented by Dr. Anderson in March or April to address the concern that students are doing away rotations to satisfy their Internal Medicine Rotation requirement.
             ▪ Information is still needed on Tracks C and D.
         iii. Family Medicine Rotations were evaluated with kudos to Dr. Bower for already addressing student concerns and the incorporation of problem based learning into the curriculum.
         iv. The Integrated Selectives: Human Anatomy, Orthopedics and Pediatric Problem Solving were highly rated.
         v. The Psychiatry-Neurology Rotation will be addressed in January with the Clerkship Director.
         vi. Lesley Mack, the registrar, will attend the January meeting to discuss the M3/M4 Student Proposal addressing Scheduling Issues.

5. Student Reports
   A. M4 Representative-Patrick Carroll
      a. Asked for clarification on the timing of the third year OSCE relative to the new Clinical Skills section of the National Boards. Because Step II of the National Boards must be passed before the Clinical Skills Exam, students are not expected to take the new exam until the later part the M4 year.

7. New Business
   A. Dr. Simmons
      a. MCW will send representatives to observe the Clinical Skills Exam dry run.

Meeting was adjourned at 5:10 PM.

Respectfully submitted,
Sally Twining, PhD.
Curriculum and Evaluation Committee
Minutes
January 19, 2004

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<th>Members:</th>
<th>Ex-Officio:</th>
<th>Students:</th>
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<td>M. Christopher Decker, MD</td>
<td>P. Redlich, MD</td>
<td>Betsy Manor – M3</td>
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<td>Michael Lund, MD</td>
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<td>Patricia Lye, MD</td>
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<td>William Campbell, PhD</td>
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<td>Elizabeth Russell, MD</td>
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<td>Sally Twining, PhD</td>
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<td>George Sanchez – M2</td>
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<td>Andrea Winthrop, MD</td>
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<td>Kelly Soules – Grad. Student</td>
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1. Minutes
   A. The December minutes were approved.

2. Chairperson’s Report – Dr. Layde
   A. The Benchmark OSCE’s will be held on May 5, 6, 10, 11 from 4-7 and on May 7 at a time to be announced.

3. Deans’ Reports
   A. Dr. Simpson
      a. Several people in the Educational Services office have taken jobs elsewhere.
   B. Dr. Redlich
      a. The Intersession for M3 students consisting of two half-day sessions on Professionalism and Evidence Based Medicine was held on January 5, 2004. The students and participating faculty were enthusiastic about the sessions.
      b. Planning for the retreat for developing objectives is progressing. By the end of the week specific invitations will be sent.

5. Subcommittee Reports
   A. M1/M2 Subcommittee - Dr. Twining
      a. The M1/M2 Retreat to determine curriculum objectives and scheduling format was discussed.
      b. The committee finished its review of courses for Spring Semester.
c. The fall mid course evaluations were discussed.

d. The average class hours for the M1 and M2 were discussed. In the M1 year the average
   is 21 hrs per week and 19 hrs per week for the M2 year.

B. M3/M4 Subcommittee - Dr. Winthrop
   a. Lesley Mack, the registrar, will attend a future meeting to discuss the M3/M4 Student
      Proposal addressing Scheduling Issues.
   b. The pediatric course evaluation was discussed with additional input from the M3 student
      member, Betsy Manor
   c. The Surgery Clerkship evaluation was reviewed. Problems were noted with canceling
      and rescheduling lectures.
   d. Revisions to the Public Health and Preventive Medicine course for 2005 were discussed.
   e. Psychiatry and Neurology are discussing the future of their integrated course.

5. Student Reports
   A. None

7. New Business
   A. None

Meeting was adjourned at 4:30 PM.

Respectfully submitted,
Sally Twining, Ph.D.
1. Minutes
   A. The January minutes were approved without corrections.

2. Chairperson’s Report – Dr. Layde
   A. The Executive Committee approved 3 new Learning Resource proposals from the winter cycle. Dr. Layde reported that $11,856 had been distributed. This still leaves additional funds for applications in the last cycle.

3. Deans’ Reports
   A. Dr. Simpson:
      1. Ms. Erin Dalcourt is the new Standardized Patient Coordinator. She previously was the Sr. Administrative Assistant for the project, and has accepted her new position after the previous coordinator was “hired away”.
      2. Angel, the new e-learning platform will be completely up and running by July 01. All current sessions in Blackboard will be transferred. In addition, the OASIS evaluation model will be used for all CEC course evaluations. The platform is currently used for M4 elective evaluations, and evaluations for M3-sub-internships have been piloted. Once the system is completely operational, training sessions will be offered for interested users. The use of the system will be generally free of charge, only CME sessions will incur a nominal fee.
   B. Dr. Simons:
      1. Dr. Simons discussed proposed changes to the current graduation requirements for students at MCW. Currently, students are required to pass step 1 of the Clinical Skills and Knowledge exam before entering their senior year, but there is no
requirement about the second step. The two parts of the second exam can be taken in any order, and both need to be passed before taking the 3rd exam. Dr. Simons will propose to the Academic Standing committee that it will be a graduation requirement for MCW students to pass the 2nd step of the exams.

C. Dr. Redlich:
1. Dr. Redlich reminded the CEC of the upcoming retreat to develop global learning objectives for the M1/M2 years. In preparation, the course directors and members of the CEC have developed and defined seven learning domains for which the retreat will design objectives.
   i. The learning domains could be used to evaluate courses (although not all domains are appropriate for each course).
   ii. The resulting global objectives will apply to the M1/M2 curriculum only, not the entire medical curriculum.
   iii. Courses could define their individual objectives based on the global learning objectives.
   iv. The CEC approved the domains unanimously.

4. Subcommittee Reports
A. M1-2 Subcommittee – Dr. Twining
1. At the last subcommittee meeting, Dr. Julie Mitchell presented a proposal for the ICE course. The reason for the proposal and the included changes is the fact that student evaluations of the course were bad, and especially small groups exhibited significant deficiencies.
   i. The course should be scheduled for regular class hours.
   ii. Fewer students should be scheduled for each small group. Dr. Mitchell proposes to include 4th year students as facilitators, and to schedule sessions within one month rather than across the entire year to facilitate recruitment of faculty for the course.
   iii. The course will include a male physical exam.
   iv. Every student will be observed by a preceptor for their evaluation, and individual skills will be documented better.
   v. The changes are planned for 2004/05, starting in August.
2. The proposal was discussed and approved by the M1/M2 subcommittee. The CEC was asked to approve the revision of ICE according to Dr. Mitchell’s proposal. After discussion, the proposal was approved by the CEC.
3. Dr. Bedinghaus asked the CEC for permission to eliminate the mentor course in M2. After discussion in the subcommittee, she was asked to coordinate her request with Dr. Mitchell’s proposal for changes in the ICE course, and submit a revised detailed proposal for the suggested changes.

B. M3-4 Subcommittee – Dr. Winthrop
1. The subcommittee discussed concerns of students about the current tracking and lottery system with the registrar. The concerns and suggested changes in the scheduling process for M3/M4, (as suggested by the student survey in February) could be implemented in the current track system by 2005.
2. In March, the subcommittee will discuss necessary changes in the advisor system to match the proposed changes in the track system.
3. The subcommittee initially discussed the improved professionalism in the course evaluations for the OB-GYN clerkship. While there are still issues with nurses at one of the sites, it was obvious that the issue has been addressed appropriately.
will talk to the VP of Patient Care to see how the remaining issues can be addressed satisfactorily.

5. Student Reports
   B. Ms. Manor raised concerns about the scheduling for M3 and reported on questions about the requirement of students to stay for an entire day after overnight duty. According to the discussion in the CEC, there is no general policy, and every clerkship can decide on its own rules. Surgery has a policy that students can be requested to stay for educational activities but not for clinical or patient duties, and they are not expected to stay significantly longer than 12:00pm on the day after their overnight duty. Ms. Manor was encouraged to ensure that the clerkship director will be informed of this if it happens on a regular basis. Dr. Winthrop will address the issue as well, and if it cannot be resolved, it will be brought to the attention of the Department Chair.

Meeting was adjourned at 5:05 PM.

Respectfully submitted,

Michael Olivier, PhD
Curriculum and Evaluation Committee
Minutes
March 15, 2004

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1. Minutes
   A. The February minutes were approved without corrections.

2. Chairperson’s Report – Dr. Layde
   A. Dr. Layde will report to the Faculty Council on behalf of the CEC on April 21.

3. Deans’ Reports
   A. Dr. Simpson:
      1. ANGEL, the new e-learning platform will be completely up and running by July 01 and training will begin in April. There will be no charge for most users, only CME sessions will incur a nominal fee. All women’s health modules in Blackboard will be transferred. In addition, the system has a test scoring system that is suitable to score multiple choice exams. This new system will be adapted and the current free-standing system will be phased out.
      2. OASIS, the online registrar management system, has implemented new evaluation modules. So far, the students’ response has been positive. The evaluation model will be used for all CEC course evaluations and should accelerate turn-around time. The question was raised whether the new system could require students to fill out complete course evaluations since currently only 40% of students answer professionalism questions, and this skews the resulting statistics.
   B. Dr. Redlich:
      1. Dr. Redlich reported on the CEC retreat. The turnout was good, and the results are currently being transcribed. These results will be modified into reasonable objectives and forwarded to the CEC for discussion and modifications. Overall, the retreat was judged successful, and participants commented positively.
C. Ms. Mack:
1. Ms. Mack reported that only 4 MCW students did not match in the first round of assignments for residencies. In addition, one student was matched for the 1st year but not the 2nd, and two students were matched for the 2nd year, but had no match for the 1st year.

4. Subcommittee Reports
A. M1-2 Subcommittee – Dr. Twining
   a. The last subcommittee meeting was short due to the preparations for the retreat. The subcommittee will focus on the course evaluations at the next meeting so that they can be completed this month.

B. M3-4 Subcommittee – Dr. Winthrop
   a. The subcommittee met with Dr. Holloway to discuss potential changes to the advisor system in advising students more efficiently about their course choices. The OASIS system will hopefully correct any “wrong” student choices in the future.
   b. Drs. Larson and Peltier attended the meeting to update the CEC on the proposed changes to the Psych/Neuro Clerkship. In July, four potential areas for improvement were identified: The problems with the location at the V.A., the necessity of site- and lecture-specific evaluations, change of venue for ½-day blocks, and to compare the emphasis of the course in light of the NBME subject exam content. There is no data yet about the currently used subject exam. However, since the exam has a guaranteed validity for board exams, the scores are expected to go up. Nonetheless, examination of the questions by faculty revealed that there are not enough neurology questions and areas covered. While the course directors had requested an administrative separation of the neurology and psychology components, the CEC decided for 2004 that only some of the evaluations will be separated, but the students will receive one grade. For 2005, options discussed were an integration of neurology competencies into the psychology rotation, and 2 week ambulatory block rather than individual sessions. However, decisions on 2005 were deferred, and additional discussions will be required on the new proposed course format.
   c. The subcommittee has received the remainder of course evaluations, and the reviews will be handled and approved electronically.

5. Student Reports
1. Ms. Manor asked about progress on the surgery requirements for overnight duties. Dr. Winthrop reported that no response has been received. Dr. Redlich mentioned that the LCME web site has a new guideline that students’ hours are not to exceed 80 hrs. He indicated that eventually students’ hours will be regulated by LCME rules.
2. Mr. Carroll asked whether a research month would fulfill the requirement of an integrated selective. Currently, only two selections can be research oriented. He suggested that new tracks may be advisable to allow additional time for research activities. He will discuss potential examples with the subcommittee.

Meeting was adjourned at 4:40 PM.

Respectfully submitted,

Michael Olivier, PhD
Minutes
May 17, 2004

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<td>Deborah Simpson, PhD</td>
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1. Minutes
   a. The April minutes will be approved in June.

2. Chairperson’s Report-Dr. Layde
   a. Dr. Layde will give the annual report for the CEC committee to the Faculty Assembly on Wednesday May 19, 2004

3. Election of Chair of the CEC for 2004-2005
   a. The nomination committee of the CEC recommended Joe Layde, M.D.
   b. The committee put no additional candidates forth.
   c. Dr. Winthrop made the point that it is good to have the same person as chair several years in a row and that Dr. Layde is a good chair.
   d. Dr. Layde was re-elected unanimously.

4. Dean’s Report
   a. Dr. Simons
      i. The response to the LCME review of the Medical School was sent.
      ii. The Standardized Patient Center will be located in the North MUTS. Construction will begin in the summer of 2004 with completion in March 2005 for use for the Bench Mark OSCE in 2005.
   b. Dr. Redlich
      i. Dr. Redlich is working with the Course Directors on revision and approval of the Global Course Objectives for the M1/M2 years. Three groups of
revised Objectives are being considered. The goal is to have the Objectives in place for the 2005-2006 academic year.

ii. The Clerkship Directors have drafted a proposal defining the role and time commitment for educational activities based on a report from the Alliance for Clinical Education. Among the recommendations are 25% dedicated time for course administration of the clerkship by the director with additional time up to a total of 50% if the director is participating in teaching and educational research. This proposal will be circulated to the CEC committee for comment.

c. Dr. Simpson

i. At the executive committee meeting in April, four learning resource grants were approved. In addition, money was approved to adapt one of the residency database software packages such as e-Residency or New Innovation for medical student evaluation by their supervisors.

5. Subcommittee Reports

a. M1.M2 Subcommittee-Dr. Twining

i. Dr. Bedinghaus presented her proposal to combine some of the off campus monitoring experience of the M2 year with the new ICE course because of overlap between course objectives and clinical experiences. The committee approved freezing the allocation of hours devoted to the mentoring course until a plan for how those hours would be incorporated into the ICE course is presented to the M1/M2 committee.

ii. The committee agreed that changes in scheduling and allocation of class hours should be subject to CEC. It asked Dr. Redlich for historical data of the class hours for the M1/M2 years. Dr. Redlich gave an analysis of the M1/M2 class hours since the 1996 LCME visit. Most courses have decreased contact hours with no courses increasing their hours. The class hours are below the national mean. Betsy Manor (M3 rep) considers the number of hours in class not a problem and there are enough hours in the day to study. Patrick Carroll (M4 rep) considers the first semester of the M1 year the tightest semester for time, but it is important for students to learn time management skills very early in medical school.

iii. The committee will consider a request by Dr. Dave Bolender for one additional hour for orientation and integration of human development.

b. M3/M4 Subcommittee-Dr. Winthrop

i. The meeting was cancelled due to unavailability of most of the members of the committee.

6. Student Reports

a. M3 Representative Betsy Manor and Dr. Winthrop

i. The M4 students were surveyed for their opinions on the offering of courses including the M3 track system. Due to a poor response, Betsy is circulating a revised survey.

ii. The results of the first survey indicated the students want more flexibility with the away electives. In 2003-2004, 2/3 of the students did 1-2 away rotations with some doing additional away rotations.
iii. A number of suggestions were made by the students to improve scheduling including changing the Track system and increasing in the number of M3 and M4 graded electives and Sub – I’s.

7. New Business
   i. Patrick Carroll was commended on his service as a committee member.

8. The meeting was adjourned at 5:10 P.M.

Respectively Submitted

Sally Twining, Ph.D.
1. In the absence of Dr. Layde, Dr. Winthrop chaired the meeting.

2. The May minutes were approved without change.

3. The July meetings of the full CEC and the M3/M4 Subcommittees are canceled for July. The M3/M4 Subcommittee will meet on the 5th Monday rather than the 3rd in August. The next meeting of the full CEC will be August 16th.

4. The proposal circulated by the course directors based upon recommendations of the Alliance for Clinical Education on the Expectations for the Clerkship Director was discussed. The CEC supports the concept of the proposal in which clerkship directors should have a job description that describes the required qualifications and responsibilities within the courses offered by a given department and required third year curriculum/assessment activities. Several of the recommendations for revision of the proposal include the following: There should be a template for the expectations that is consistent across the courses. Guidelines should be set for usual amounts of time required for the activities of the clerkship directors, but the amount of protected time/incentives should be negotiated with the chairs. An appropriate amount of administrative support is expected of all departments in order to meet the Educational Mission of the school.
5. Deans Reports
   a. Dr. Simons: MCW has out-sourced the Network aspects of the Information Services.
   b. Dr. Redlich: The schedule for the M1/M2 fall 2004 semester is being completed. The North MUTS Assessment and Simulation Center construction will not start until after the laboratory portion of the Medical Microbiology course is over at the end of October. A committee is being formed to look at the Central and South MUTS areas for educational purposes and how this space can be modified to fit the needs of the various courses.

6. Subcommittee Reports
   a. M1/M2 Dr. Twining:
      i. Dr. David Bolender presented his case for an additional contact hour for the Human Development course to be able to show a presentation developed by the Endowment for Human Development with appropriate comments from the course director. The committee voted in favor of the proposal with the proviso that the chair of the Department of Cell Biology, Neurobiology and Anatomy submitted a letter of support.
      ii. This proposal was brought forward to the full CEC and it was passed after a lengthy discussion.
      iii. Dr. Redlich presented an analysis of the number of contact hours at MCW since 1995 that showed the total number of contact hours has gone down with some courses going down significantly in hours. The current number of contact hours is below the national average.
      iv. The new form to standardize course evaluation year to year and reviewer to reviewer was discussed. The form was designed to track courses over multiple years.
      v. A review schedule for the course evaluations was established.
      vi. Dr. Redlich discussed the revisions of the Global Objectives.
   b. M3/M4 Dr Winthrop:
      i. Drs Sebastian and Anderson will be invited to discuss the feedback on the Internal Medicine Rotations
      ii. The committee has received six letters of intent for new courses for 2005. The full proposals are due July 19, 2004.
      iii. The forms for course evaluations will be modified for consistency.
      iv. M3 courses will be reviewed in August and M4 courses in September

7. Student Reports
   a. Betsy Manor
      i. Student Survey
         1. 157 M4 students responded
         2. Students would like more flexibility to broaden their educational experience
3. They would like to spread the Medicine, Surgery and Pediatric rotations throughout the M3 year rather than having the three rotations in one semester.
4. Many students (45%) do not do any away rotations.
5. The major reason for doing away rotations is to learn more about other residency programs that the students are interested in.
6. The students (61%) felt the Integrated Selectives should not be required.
   a. A discussion of how these courses might be improved followed.
7. There were a number of elective courses that the students would have liked to take but could not because they were not offered.
   a. Some of these are actually offered but there may be a problem with the number of slots.
8. Most students felt they had adequate exposure in the third year to fields that they were interested in so that they could make an informed decision regarding which courses to schedule the fourth year.
9. The students considered there were ample courses in their chosen specialty during their M4 year.
10. Decisions for specialties are made by the students throughout medical school with 45% of the students changing their choice of specialty following M3 and M4 electives.

Respectively Submitted,

Sally Twining, PhD