NO
MEETING THIS
MONTH
Meeting started at 4:04.

1. Chairman’s Report – Dr. Bolender
   A. Approval May minutes—Approved as circulated.
   B. Integrated Grand Rounds – Topics & Dates
      (1) September 28, 2007
         a. Planned Topic: Pre-implantation genetic diagnosis
      (2) November 2, 2007
         a. Planned Topic: Injury
   C. ANGEL Short Seminars: Teaching sessions for use of ANGEL (see handout)
      (1) Teaching sessions have been designed to instruct faculty on the use of ANGEL.
      (2) Sessions will focus on key topics.
      (3) Sessions will last 15 minutes, allowing time for Q&A and then repeated in the second half of the hour to allow the opportunity for late walk-ins to hear the entire presentation.
      (4) These sessions will be repeated at different sites on campus for the convenience of faculty at various sites.
      (5) Additional opportunities are available for training in individual departments. Please contact Kim Poindexter or Dr. Simpson, Office of Educational Services.
   D. Roster updates distributed (see handout)
      (1) Accuracy of this roster is important since the master e-mail distribution list is derived from it.
      (2) Submit any corrections to Sheri Galewski.
   E. Quick Updates
      (1) CEC Citizenship Data
         a. Faculty contact hours to conduct a course or clerkship, stratified by contributing departments and full-time vs. volunteer faculty has been submitted and compiled by the Office of Educational Services following group and individual meetings to ensure as accurate a document as possible.
         b. The document is being reviewed by the CEC to determine the best course of action to address the needs of the course and clerkships to conduct their courses in an optimal fashion, particularly small group sessions that require both clinician and basic science faculty participation such as Biochemistry, CPR, Ethics and others.
      (2) Visiting Medical Education Professors 2007-08
         a. These individuals have been evaluating the status of medical education in the US and have co-authored a recently published article entitled “American Medical Education 100 Years after the Flexner Report”, and are compiling their recommendations in an upcoming publication.
            (i) Dr. Cooke has focused her analysis on the M1/M2 years of medical education.
         c. David Irby, PhD— Presenting at Pediatrics Grand Rounds, Friday, October 5, 2007
            (i) Dr. Irby has focused his analysis on the clinical years.
d. Dr. Simpson will distribute information on their work published to date to the Course Directors.

(3) The Genetics course is being implemented starting this fall and will run for 3 weeks.

(4) AHW-Education RFP
a. Posting of information on this grant opportunity will be forthcoming.

2. Intellectual Property/Copyright – Sarah Cohn, D, General Counsel accompanied by Julie Piper, Law Intern

A. The “MCW Course and Clerkship Director Policy on Student Use, Access and/or Distribution of Educational Materials” has been approved by the CEC Exec Committee and will be placed in the Student Handbook by this fall. This Policy was distributed to all attendees (see handout) and commented on by Counsel (see below).

B. Background
(1) Materials from MCW Educators have been found on the internet, distributed by students without expressed permission of the educator.
(2) Counsel informed the group that copyright protection is now automatic, unless it is specifically disclaimed.
(3) At least three major issues have been raised by the Course Directors and other educators related to various aspects of Copyright issues. Counsel has also met with Drs. Redlich and Chan in preliminary discussions. These major issues are:
a. How do Course Directors (or MCW Educators in general) protect their own copyrighted content?
b. What can Course Directors (or other MCW Educators) use in their own presentations that may be copyrighted by others? What is the consequence of using copyrighted material from others in their PowerPoint presentations that then may be distributed electronically by students without authorizations to sites outside of MCW?
c. What are the limitations imposed by using items for educational purposes to which MCW faculty have legal access to, such as electronic journals to which MCW subscribes, and what are the consequences if such materials are distributed by students or others without permission?

(4) There are specific copyright rules to follow that are very detailed and may pertain to a number of courses, details being available through the Counsel’s Office. However, most of these copyright laws were written prior to the electronic era, and so may not be easily adapted to current needs, making issues complex.

C. Methods that can be used or developed to help MCW faculty appropriately control copyrighted material include the following:
(1) To create and use to make clear student’s obligations.
a. Have students sign a paper copy of the above-mentioned policy, or a revised policy, at Orientation and possibly at appropriate intervals throughout medical school.
b. Have students sign an electronic version of a form containing the above-mentioned/revised policy.
   (i) Such forms can be placed on all course materials prior to their accessibility as a one-time process.
   (ii) Such forms (paper or electronic) represent an effort that MCW can demonstrate to outside organizations should material appear on the Web without authorization.
c. Since the nature of educational materials and desired protection varies from individuals to individuals, there may be a desire for selective categorization of material as copyright protected, partially protected, or non-protected, and marked electronically, so that non-commercial use may be permitted. A non-profit organization (Creative Commons) has developed a system that can be used by educators at no charge.
d. If educational materials are to be distributed with permission, perhaps as a CME process, copyrighted material, such as cartoons, symbols of corporations, etc. must be removed.

(2) Additional discussion items.
a. A concern was raised regarding distribution of handouts to students that contain copyrighted figures or tables from textbooks for which the students pay a fee to cover the cost of the materials and administrative fees. The thought from Counsel was that such distribution may be OK since it is used solely for in-house educational purposes.
b. If material were to be noted on the Web without permission and such material from MCW educators would contain copyrighted material from others, that MCW faculty would be liable.
Counsel stated that MCW Counsel would defend the faculty member because it is part of the MCW employment agreement.

c. Distribution of links to journal articles to students would be preferable than distribution of the articles themselves.
d. For items that are copyrighted that may be used over and over again, such as clips from TV shows or films, Counsel offered assistance in obtaining permission from the copyright holder, but acknowledged that time and costs may be involved in this process.

D. Plan
(1) The Counsel's office will review the recently approved and above-mentioned policy and suggest any wording changes within the next few days.
(2) The Counsel’s office will draft language for course directors to put on their materials that can be posted on their course syllabi for the fall.
   a. Such material can then be placed as an initial electronic page for all courses in ANGEL, for which the students need to “acknowledge and agree” in order to proceed.
(3) A paper form that can be signed by all students at Orientation will be prepared by the Counsel’s office for this fall’s new M1 students, noting that Orientation occurs the second full week in August, starting August 13, 2007.
(4) The Counsel's office is interested in creating a FAQ-type of document that will be applicable to all educators at MCW regarding common copyright-related questions, but needs a group of faculty from representative educational venues within the College for review and comment.
(5) Dr. Simpson, Office of Educational Services, will solicit volunteers to serve on this ad hoc committee for electronic communications with Counsel regarding review and responses to a FAQ document to ensure appropriate content and language. Volunteers will be solicited from Course Directors, Clerkship Directors, Residency Program Directors, CME office, Graduate school and other educational programs at MCW with the goal of developing a document that can be applicable MCW-wide.
   a. Course Directors who volunteered today include:
      (i) Dr. Liard
      (ii) Dr. Lough
      (iii) Dr. Derse
(6) Counsel will inform the Executive Committee of the Faculty Council to obtain their input and to keep them updated on progress.

3. M1-2 Audit Implementation Plans – Dr. Bolender
A. Background:
   (1) The Course Directors held a retreat last winter to identify gaps in the M1/M2 Learning Domains as identified by student and Course Director audit.
   (2) Gaps were identified in most of the Domains and documents generated with suggested plans to address such gaps and the courses best suited to do so.
B. Identification of Domain Facilitators
   (1) Two volunteers were asked for each Domain to review items that need to be addressed, contact the identified course directors and develop a plan of implementation.
C. A Proposal by Dr. Sabina was made to permit each of the Course Directors to identify the gaps that affect their course and to document how the gaps will be addressed and by the timeline involved.
   (1) This proposal was accepted.
   (2) Action: Each Course Director will identify implementation strategies for their own course to address the gaps in the learning domains and associated objectives identified at the curriculum audit retreat for those objectives cited where their own courses were identified as the place to address the gaps.
   (3) There are some gaps noted to affect ALL courses and, therefore, need to be addressed by ALL Course Directors, such as within the Professionalism Domain or gaps dealing with Integration issues.
   (4) Each Course Director will develop a written proposal for their course and submit for compilation prior to the next Course Director’s meeting in August.
   (5) The Office of Educational Services will re-send the numbered list of objectives and the audit sheets, with a timeline for completion of the report to be submitted to Sheri Galewski.
D. Tasks and Timeline
   (1) Report back for next month’s meeting.
4. Security Screens in the Academic Computing Center – Dr. Krippendorf (tabled)

5. How to post answers to exams – Dr. Meurer, MD, MPH (tabled)

6. Follow-up to Harvard' report re: Teaching --- M1-2 Course Director Position Description – Drs. Meyers and Simpson (Tabled)

New Business

8. Next Meeting Time, Date  Adjournment

A. Next meeting will be on August 14th, but will be scheduled from 3 pm – 5 pm to allow time to develop a plan for addressing gaps in the M1/M2 objectives.

B. Dates see below.

Meeting adjourned 5:10 pm

Meeting Dates

<table>
<thead>
<tr>
<th>Course Directors Meeting</th>
<th>Course and Clerkship Directors Meeting</th>
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<tr>
<td>2nd Tuesday of the month alternating with Course and Clerkship meetings</td>
<td>1st Monday or Tuesday of the month (alternating)</td>
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1. **Chairman’s Report – Dr. Bolender**

A. Approval July minutes
   (1) Minutes approved as submitted.

B. Roster updates
   (1) If there any changes, please so note on the form and return to Dr. Simpson or contact Sheri Galewski.

C. New Course Director
   (1) Paul Nicholas, MD, MPH - Psychiatry & Behavioral Medicine
      a. Dr. Nicholas provided a brief introduction of his training and background.

D. New Course Coordinator – Pathology
   (1) Heather Manternach – is the new medical education coordinator for the pathology course, with the laboratory, team based learning and serving as a liaison to the students and departments. She will have a space in the medical education building.
   (2) She brings a Masters degree from Duke in pathology.

E. Intellectual Property/Copyright Policy – Update
   (1) The policy generated by the M1-2 course directors, approved by the M3 clerkship directors and approved by the CEC Executive Committee is in the 2007-2008 edition of the MCW Student Handout.
   (2) In late spring, Sarah Cohn, the MCW Attorney and Julie Piper (law clerk) met with the course directors and during the discussion the issue of copyright extended beyond the medical students given that GME, graduate students, CME all have the same issues.
      a. Dr. Simpson contacted GME, CME, clerkship directors and the graduate school asking for a few individuals who would agree to serve on a “virtual” committee to help clarify and evolve a policy.
      b. A draft of the existing policy, with minor revisions by legal counsel, was circulated to this group and a number of issues that remain to be resolved emerged including:
         (i) Mixed reaction to having students sign as apparently when students accept enrollment to the institutional it means they agree to comply with all policies.
         (ii) Approval of the faculty council for a college wide policy.
      c. Dr. Redlich will follow-up with legal counsel and Dr. Simons to move the issue of a broader policy to closure.
         (i) M1 students will be apprised of the policy during the Friday session by Dr. Redlich.
         (ii) M2 students will be apprised of the policy, using Dr. Redlich’s slides, by Dr. Mitchell.
         (iii) All course directors are asked to discuss the issue during their orientation.
         (iv) In course specific ANGEL courses/groups, include the copyright statement.

**Action:**

(v) Include a copy of the Student Handout in the CEC/Course Clerkship Director ANGEL PORTAL.
(vi) If you have specific concerns and information, please convey those to the M1-2 Course Directors’ representatives to the copyright virtual group (Drs. Liard, Lough, and Derse).

(3) The general counsel was going to also create a general policy about what educators can/can not do related to copyright and fair use of materials.

2. M1-2 Audit Implementation Plans – Dr. Bolender

A. Background

(1) The LCME accreditation review indicated that we needed to develop M1-2 specific learning domains and associated objectives which were approved by the CEC.

(2) During the TTC, rising M3’s assessed the degree to which the objectives were achieved.

(3) The course directors then met last year and identified those “gap/under addressed” objectives and potential courses and strategies for achieving those objectives.

(4) The CEC has requested that the M1-2 Course Directors submit a report by September 1, 2007 that identifies priorities among the under addressed objective, an implementation plan, and a timeline with an assigned individual/group responsible for implementation specific to the gap arenas.

B. Reports were received by:

(1) Joan Bedinghaus – Medical Interviewing
(2) Arthur Derse – Bioethics/Palliative Medicine
(3) Beth Krippendorf – Integrated Medical Neurosciences
(4) Peter Layde – Health Policy
(5) Jean-Francois Liard - Physiology
(6) Jennifer Lorek - Pathology
(7) Charles Meyers - Pharmacology
(8) Julie Mitchell - CER
(9) Paul Nicholas – M2 Psychiatry
(10) Richard Sabina and David Bolender – Genetics

C. Pending Reports

(1) Gary Kolesari - Clinical Human Anatomy
(2) Robert Fritz - Microbiology

D. Example review of a Domains

(1) Professionalism
   a. #65: Recognize, describe and cope with personal feelings in difficult circumstances.
      i) Concern about whether students were seeing this as to how they feel about their patient/physician issues (like in clinical human anatomy, ethics, psychiatry, medical interviewing) versus students personal feelings about grades, pressure to perform, etc.
      ii) There are ways that students work out these issues informally with faculty during one-one-one discussions, small groups, etc.

(2) Communication
   a. #20: Use appropriate and effective language in oral and written feedback to course directors, faculty and peers.
      i) Changing the feedback system to have students identify themselves on their evaluations. The course directors agree that this is an issue for discussion at upcoming meeting.
         a) Require students to sign their evaluations.
         b) Have a third party identify those evaluations that are unprofessional and follow-up.
   b. Other Opportunities/Findings form the retreat
      i) Lack of integration between courses within each semester, year and between years.
         a) Recommendation was that each course director make a 10 minute presentation to the course directors meeting on their course, unique features, etc.
         i.) 3 things you don’t know about my course
         b) Granting permission of other course directors to your ANGEL/syllabus.
         c) Access information by topic through CurrMIT – the AAMC’s Curriculum Management Information Tool. The login is at www.aamc.org

Action

C. Each course director should review the domains (which will be re-circulated electronically) and update that word document and return it to Sheri Galewski (sgalews@mcw.edu) by September 1, 2007
3 New Business

A. Alumni Center Construction
   (1) Gil Plotkin advised Dr. Redlich that the construction of the AC is several weeks behind the schedule of mid-September.
   (2) Examinations which occur before the AC has been completed should rotate students between the AC and the MUTC (Genetics and Clinical Human Anatomy). Nancy Coates x 8261 organizes the exams for Anatomy.

B. New Genetics Course – R. Sabina
   (1) The new genetics course is intended to provide an introduction to genetics. However, “all will be for naught” if the other courses do not make their genetics content visible.
      a. Dr. Sabina is having an “icon” on each page of the notes if genetics is in the content to highlight the connection.
      Action
         b. Dr. Sabina will send the “icon” so that all courses can include as they update their notes.
         c. Dr. Sabina will circulate a copy of the genetics objectives/syllabus.

C. Highlighting Learning Domains in the Curriculum
   (1) Dr. Redlich highlights the domains in M1 Orientation session but does not provide handouts.
   (2) Dr. Mitchell highlights the M1-2 Learning domains in her introduction to M2s.
      a. When Dr. Derse highlighted those domains and objectives in his course, students rated the clarity of his objectives more strongly.
   (3) Tabled Action Consider the creation of a medical student curriculum handout – with objectives – for medical students.

D. Examination Feedback – L. Meurer
   (1) What and how do students see of the exams?
      a. Sample questions are posted on ANGEL for practice.
         i. Pharmacology posts one complete examination.
      b. Old tests are not posted – as it is too difficult to write new examination questions each year.
         i. Post the examination items in the glassed in locked boxes.
         ii. Post the correct answers (not the questions).
         iii. Physiology, MIM and Pharmacology are the courses which currently write all new examinations each year.
   (2) Students are given an extra sheet on which to record their answers during the exam and then they may check their correct answers against the posted examination. The examination is then posted for three consecutive days during business hours.
   E. Review the professionalism process and policy (tabled).

4 Announcements

A. Friday, October 5 – Dr. David Irby – Senior Scholar at the Carnegie Foundation will be presented at the Pediatrics Grand Rounds (open to all) at 8:30 AM and an informal luncheon discussion will occur at noon. Save the date.
B. AHW-Education RFP is posted at www.mcw.edu/sts
C. Learning Resources Proposals are due 10/8/07.

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<td>Charles Myers, PhD</td>
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1. Chairman’s Report – Dr. Bolender
   A. Approval August minutes
      (1) The list of reports received should be updated to include Dr. Bolender for Human Development.
      (2) Minutes were approved as amended.
   B. Updates
      (1) Alumni Construction Update – Dr. Bolender
          a. The room is not fully functional (lighting still being worked on), but it can be occupied.
          b. Dr. Bolender recommended that users contact Gil Plotkin for directions on AC use as there is new AV.
      (2) CEC Citizenship Data – Dr. Simpson
          a. Drs. Decker, Redlich and Simpson met with the several individuals in the CFO’s office to discuss how to incorporate education metrics into the College’s Activity Performance System (CAPS) so as to make education “count”.
          b. The citizenship data, provided by all course/clerkship directors, may be one “metric” that could be used at a departmental level.
          c. Discussions are on-going and progress/activity updates provided at upcoming meetings.
          d. If interested in learning about CAPS – go to MCW Infoscope page, and look for CAPS (under departmental listing) or http://infoscope.mcw.edu/display/router.asp?DocID=11911.
      (3) Genetics Course - update and syllabus(handout) Dr. Bolender
          a. A copy of the syllabus was distributed to all directors.
          b. Overall the course was well received. Formal student evaluation results are still pending as students were given several weeks to respond so as not to conflict with other course examinations/demands.
      (4) AHW-Education RFP
          a. Timelines were reviewed and RFP’s are encouraged.
          b. Proposals are due to the MCW Grants and Contracts on December 2, 2007.
          d. Workshops and update sessions are being offered. Details and sessions have been announced in the MCW World and are available at: http://www.mcw.edu/display/router.asp?docid=25239
      (5) Intellectual Property/Copyright – Dr. Simpson for Dr. Simons
          a. Dr. Simons will provide updates as they occur but currently there is no new information available.
          b. Several of the directors are including a blurb on their PowerPoint slides regarding the copyright. Dr. Lough will circulate that blurb to the other directors.
             (i) Update Post Meeting: Dr. Lough asked that the slide (including some suggestions by Dr. Simpson) be reviewed by MCW’s legal office.
             (ii) Dr. Simpson forwarded the slides to Dr. Simons with a request on behalf of Dr. Lough that legal review.
Integrated Grand Rounds – Dr. Bolender

- The IGR on preimplantation genetic diagnosis was very successful.
- Next Grand Rounds will be on injury and held on Friday, November 2, 2007 from 11:00 AM to 12:30 PM with Dr. Hargarten serving as the clinical expert.
- Spring semester dates are pending as Dr. Bolender needs to negotiate with several of the course directors for dates.

IAMSE Newsletter – Dr. Bolender

- The IAMSE newsletter was previously circulated in e-version. Dr. Bolender mentioned several articles/topics of interest to members including: Medical residents lacking knowledge of biostatistic and the use of obesity as a potential curriculum thread.
- Dr. Bolender also brought to the attention of the course directors the recent publication Advancing Educators and Education co-authored by Dr. Simpson.

Dr. Darrell Kirch, MD President of the AAMC will be at a meeting with representatives of key education stakeholder groups on Wednesday, October 10, 2007 prior to his presentation to the annual GME/MCWAH education retreat.

- Dr. Bolender was invited to attend to represent the M1-2 course directors.

Associate Dean for Curriculum – Drs. Simpson and Redlich

A. CEC approved the Curriculum Office to hold a day for the NBME custom exams for M1 and M2 years at the end of the 2007-2008 academic year (CEC minutes August 20, 2007).
   3. Updated Scheduling Procedures for M1 & M2 Schedules (that includes the ARS wording) – handout was distributed with details process/procedures. If questions, contact Dr. Redlich.

B. CurrMIT access
   1. CurrMIT is the AAMC’s Curriculum Management and Information Tool and is a password-protected online database that offers a full array of support services designed to help medical school manage and report on the curriculum.
   2. **ACTION:** Each course director is expected to update their own course/rotation with assistance/support from the Office of Curriculum available upon request.
   3. Course directors who do not yet have access are asked to obtain their own username and passwords. For more information contact Office of Curriculum and/or http://www.aamc.org/meded/curric/.

M1-2 Audit Implementation Plans – Dr. Bolender

A. Report complete and sent to M1-2 Subcommittee
   1. The M1-2 Subcommittee will review and follow-up with the M1-2 course directors.

B. Action plans based on Audit Report
   1. Highlighting learning domains in course handouts (August M1-2 course director meeting)
      a. **ACTION:** Contact Dr. Bolender with ideas and approaches for illuminating the links between the learning domains and what we are teaching.
      b. **AGENDA:** Discuss strategies and bring examples to the next meeting of how you are linking topics to the learning domains.

Review the professionalism process and policy

A. The current professionalism process and policy was sent via email in response to the issue of students making unprofessional comments during reviews, grading complaints, e-mails, etc.

B. Orange Card system is one option available to students as a mechanism to “flag students” who are exhibiting behaviors which are of concern. Dr. Bolender reviewed the orange card process.
   1. A copy of the card was circulated. The Office of Student Affairs has the cards and will provide an additional stack for the course directors.
   2. Concern was expressed about lack of faculty and student knowledge regarding the orange card process.
      a. **Follow-Up:** Dr. Kolesari will check with Dr. Holloway regarding what students know/how they are oriented to the orange card system.

C. Creating a culture of professionalism
   1. CEC Course evaluations allow students comments to be anonymous. The course directors expressed concern that this approach allows students to make comments for which they are not held accountable, and is inconsistent with their development of professionalism.
(2) Key Comments/Question(s)
   a. If there are unprofessional comments, should the author be tracked and this behavior be handled as an example of unprofessional behavior?
   b. Course directors had mixed reactions to the requirement that students sign their evaluations with course director access.

(3) Role modeling professional – we are teaching students to be physicians and faculty serve as role models for the behavior we expect.
   a. If there is an issue with a student, the 1st step – as we would do with our own colleagues – is to talk to the individual directly.

(4) Training students to give professional feedback in a proactive, educational approach.
   a. It is important that students learn to provide feedback in a professional fashion.
   b. Illuminate the relationship between learning domains and students behavior (e.g., explicit link to professionalism).
   c. **Actions:**
      (i) Dr. Bedinghaus with assistance from Drs. Meurer and Kolesari will draft ideas regarding preparation/training for students regarding how to give feedback and other aspects of professionalism.
      (ii) Each course director is encouraged to provide Dr. Bedinghaus with examples of how professionalism could be incorporated into the course.
   d. **Motion:** Course evaluations by students be confidential with identifiers accessible as needed to address issues of professionalism. (Tabled)

5. CEC Curriculum Retreat Nov 28-29, 2007
   A. Reaction to STS Sponsored Session on Flexner 100 Years later by Dr. David Irby
      (1) Reactions included “thought provoking”, “interesting”, etc.
      (2) The presentation is available on the CHW website via a PC (not MAC)
   B. Preliminary Agenda will be circulated in early November.

6. **Follow-up to Harvard’ report re: Teaching --- M1-2 Course Director Position Description – Drs. Myers and Simpson**
   A. M3 Clerkship Director Position Description (sent via email)
      (1) Each basic science director has different expectations both for their research productivity and expectations for course director.
   B. **Question:** What is the protected time and/or recognition and/or incentives for education for basic science course directors? And, how is that money budgeted?
      **Actions:**
      (1) Dr. Simpson will ask CEC to provide answers to these questions.

7. **New Business from last meeting - Tabled**

**Reminders**
   A. Learning Resource Fund Proposals due 10/8/07
   B. Visiting Medical Education Professors 2007-08 [www.mcw.edu/sts](http://www.mcw.edu/sts)
      (1) Dr. Richard Reznick – January 30, 2008
      (2) Molly Cooke, MD – March 7, 2008

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1. Chairman’s Report – Dr. Bolender
   A. Approval October minutes
      (1) Correction – Rather than excused, Dr. Myers was in attendance.
          a. There were questions as to whether Item #6 was written as occurred at the meeting. After discussion, the item was determined to have been accurately written.
      (2) The minutes were approved as submitted with no changes to any other items.
   B. Quick Updates
      (1) CEC Citizenship Data – College Activity Performance System (CAPS) Metrics – Dr. Simpson
         http://infoscope.mcw.edu/display/router.asp?DocID=11911
      (2) AHW-Education RFP look www.mcw.edu/sts
         a. Proposals due 12/2/07
      (3) Integrated Grand Rounds Spring semester dates– Dr. Bolender
         Dr. Bolender thanked Dr. Lorek for her assistance in moving Pathology lectures to accommodate IGR sessions. Two topics are likely: liver disease and stroke. Dates and times are as below.
         a. Friday, February 29, 2008 11am -1pm
         b. Tuesday, March 25, 2008 11am-1pm
      (4) Awards Recognized – Dr. Bolender
         a. Dr. Sebastian was recognized for his AOA and Dr. Derse reported on the award as he was present at the ceremony, including Dr. Sebastian’s use of a poem.
         b. Dr. Derse has now signed Dr. Sebastian up to teach in the humanities elective.
         c. Dr. Simpson was recognized for receipt on the AAMC-GEA Merrill Flair award.
      (5) I-AMSE report was electronically circulated and Dr. Bolender mentioned some items he thought might interest the group.

2. Intellectual Property/Copyright
   A. Slide re: “copyright” – Dr. Lough
      (1) Dr. Simpson explained the communication between Drs. Lough, Simpson, Simons and Sarah Cohn, JD (legal). The first slide was what Dr. Lough is currently using at the front on his e-posted slides. Dr. Simpson drafted the second slide. Attorney Cohn preferred the 2nd slide.
      (2) Course directors are encouraged to use the slide they feel most comfortable with.
   B. Copyright service – library is checking on costs/utility of site – Dr. Simpson
      (1) Several services are being reviewed by the library but there prices are low due to the limited number of agreements/publishers that are within their coverage. Currently, the library still recommends use of the Copyright Clearance House.

3. Associate Dean for Curriculum – Dr. Redlich
   A. The M1-2 subcommittee of the CEC has appointed a working group to review the audit results.
      (1) The M1-2 Subcommittee thanked the course directors and accepted the report.
      (2) The subcommittee has appointed an ad hoc group composed of members of the subcommittee to review and will follow-up as needed.
4. **Review the Professionalism Process and Policy- Drs. Bedinghaus, Kolesari and Meurer**

A. Orientation to the “orange card system” via Dr. Holloway – Dr. Kolesari
   (1) Dr. Kolesari followed up with Dr. Holloway re: the “orange card” system.
      a. M1 Students are informed about the cards during orientation as a “line item” process and are shown the orange card.
   (2) Faculty however may not be informed about the orange card system. Therefore the gap may be in educating faculty about the orange card system. Also staff can complete the orange card.
      a. Dr. Holloway will be invited to the December 3, 2007 course/clerkship director meeting to briefly overview the process and bring a set of cards for all directors. Course and clerkship directors will be encouraged to educate their teaching faculty.
         (i) The course directors would also like to have some follow-up from Dr. Holloway that the orange card had an impact.
         (ii) Dr. Kolesari will follow-up with Dr. Holloway to orient him to the questions and interests of the course directors.

B. Anonymous Nature of M1-2 Evaluations - Dr. Kolesari
   (1) The students are required to complete the non-narrative portion of the required CEC evaluation. There is no linking, per Dr. Kolesari’s conversation with Arlene Helfrich in Educational Services, and thus no way to track who rated/wrote what.

C. Preparation and training for students re: how to give feedback (Tabled until January)


A. Agenda Circulated to those who RSVP’d for Retreat
   (1) A copy of the preliminary agenda was circulated to all individuals who have registered for the retreat. A hard copy was provided to all course directors.

B. Review Goals for Retreat and Preliminary Agenda
   (1) Dr. Redlich reviewed the agenda which was drafted by the CEC including the retreat goal, the guiding principles, and task to “vision” the curriculum.
   (2) Dr. Kolesari asked for additional background regarding the evolution of the retreat.
      a. In spring, M1’s and M2 completed a NBME customized examination.
      b. The working group (which included course directors and a basic science chair) then looked at customized score report data and then expanded their review, given the students’ performance on the integrated examination.
         (i) The report was submitted to and then accepted by the CEC.
         (ii) The report was then circulated to all course and clerkship directors and chairs.
      c. When the CEC reviewed this report, it was noted that there was a request for a retreat to examine the issue of integration. When the CEC began to consider the report and additional information including national directions in curriculum, new LCME guidelines, student perceptions data including course evaluations and AAMC Sr. GQ report, the CEC determined that it was time to step back and review our curriculum from a larger perspective.
      d. As the CEC thinking evolved and broadening perspectives about medical curriculum as preparation for residency and practice of medicine, the external forces that are and going to continue to impact out students (e.g., 80/30 work hours, limited time to teach due to pressure on faculty for revenue production, LCME standards, USMLE Step 1) they expanded the return beyond the M1-2 as was originally envisioned.
      e. Now the retreat goal is to “outline a vision for our medical student M1-4 curriculum…” and to allow the participants to think about what would truly be an “ideal M1-4 curriculum.

(3) Points to Consider
   a. New Dean
   b. Curriculum attracts the type of student for which it is designed.
   c. What are benchmarks of success?
   d. There is money for medical student education if tuition dollars were aligned with education.

C. Background – What are other medical schools doing?
   (1) The AAMC provided a CD to all in attendance at the AAMC of the curriculum at U.S. and Canadian Medical Schools.
      a. Dr. Redlich will review each of the schools and create a chart that summarizes the curriculum.
   (2) ANGEL Site for the CEC and Course Directors has links to the selected curriculum at other schools.
      a. We will also post the entire PDF provided by the AAMC at the recent meeting.
6. **New Business**
   A. **Exams in the computer lab – Dr. Lorek**
      (1) Do all course directors allow students in wave 1 to leave when they are done?
          a. Course directors allow students to leave and have not found any difference in student
             performance.
      (2) Students must be reminded that they are not to communicate about the exam and this is in
          preparation for their roles as professionals. Any violation of the integrity of the exam is a violation in
          an honor code.

**Reminders**
A. Visiting Medical Education Professors 2007-08 [www.mcw.edu/sts](http://www.mcw.edu/sts)
   (1) Dr. Richard Reznick – January 30, 2008
   (2) Molly Cooke, MD – March 7, 2008

**Meeting Adjourned at 5:14 PM**

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1. Chairman’s Report – Dr. Bolender

A. Approval November minutes
   (1) Dr. McBride was present at the last meeting. Minutes were approved with that correction.
   (2) Dr. McBride is excused from today’s meeting as he is on the way to Kuwait for a tour of duty with the military. The course directors wish Dr. McBride a safe return and in the interim, Dr. Nicholas will fill Dr. McBride’s role.

B. New Course Director – Kayleen Papin, MD M1 Clinical Continuum Interviewing Course
   (1) Dr. Bedinghaus is now serving as the Associate Director of the Medical Interviewing Course and continues in her role as Director of the Clinical Continuum.

C. Quick Updates
   (1) Integrated Grand Rounds Spring semester dates – Dr. Bolender
      a. Friday, February 29 11am -1pm
      b. Tuesday, March 25 11am-1pm
      c. Topics: liver disease and stroke

D. One45 Orientation – Kay Harbach
   (1) A brief update was provided about One45 orientations and Ms. Harbach encouraged the course directors to invite their course administrative support staff to attend an upcoming orientation session. As presented at the course/clerkship directors meeting, the Office of Academic Affairs is evaluating this package and would like course/clerkship director and coordinator input regarding its value, utility, practicability, etc. Sessions are scheduled for:
      a. Wednesday, January 16, 2008: 3pm-4pm, MEB 2050.
      b. Thursday, January 17, 2008: 4pm-5pm, MACC 3075
      c. Coordinators will be reviewing on January 9 at 10:30 AM (MEB 3390)

E. IAMSE Report and Other Updates – Dr. Bolender
   (1) IAMSE report was briefly reviewed including:
      a. The “overrated professions” – per a recent Newsweek article. Physicians and medical scientists due to workload and prestige are declining slightly;
      b. UC-Irvine is building a new medical education facility that has strong technology infrastructure
      c. Dr. McBride also asked that the issue of students’ lack of knowledge about the Geneva Convention per the IAMSE report and that it be identified as of concern.
      d. Dr. Bolender encouraged the course directors to go to the link in the report http://advan.physiology.org/cgi/content/full/31/4/312 and read the paper “Becoming a truly helpful teacher: considerably more challenging, and potentially more fun, than merely doing business as usual” by Hilliard Jason. It’s an interesting challenge by a highly regarded physician/educator to think more innovatively.

2. Associate Dean for Curriculum – Dr. Redlich
A. The CEC has requested that Dr. Redlich secure exam dates for the M1 students and the M2 students pending a final decision regarding implementation of NBME examinations.

(1) Monday, May 5 PM for M1’s – for a customized examination.
   a. The M1 exam would be constructed by members of the CEC and course directors. The examination construction process begins with the selection of the total number of the items, then the domains, number and type of images, type of question, etc.
      (i) The NBME sends double the items which are then selection.
   b. Drs. Kolesari & Bolender indicated they are willing to serve on the test construction committee.
   c. Dr. Holloway indicated that his office is available to work with students either in preparation for the examination or post.

(2) M2 Administration Dates – Friday, March 28 in AM and Tuesday, April 22 in PM M2’s.
   a. Two slots for Basic Science Comprehensive Examination are needed as the examination is 4 hours.

(3) The CEC is considering implementation of these exams for multiple purposes including:
   a. Providing students with a profile to aid in preparation for their Step 1 examination.
   b. Providing the CEC (and course directors, other stakeholders) with information specific to the degree which each year of the curriculum prepared students for their licensure examination – including integrated questions.
   c. The CEC is seeking data sets, beyond student satisfaction with their courses, to evaluate the effectiveness of the overall curriculum.
      (i) Several course directors indicated that the data from the USMLE Step 1 report is sufficient as feedback on the curriculum.

(4) The course directors raised a number of concerns regarding the use of the customized examination process:
   a. If students are required to study for this examination and their exam profile is included in their academic record – how will the students have sufficient time to prepare?
      (i) Students who prepare for the NBME exam may be at risk of lowering their performance within their required course(s).
      (ii) Students will be required to restudy their fall courses during their spring courses.
   b. Student may need a designated study period, particularly for the M1 year.
      (i) According to the survey reported by the M3 CEC Representative on preparation for the USMLE: Step 1, students already are studying for Step 1 in fall of M2 year and purchase preparation books to concurrently study their course material and prepare for USMLE.

(5) **Motion Approved:** The Course Directors request the opportunity to meet with the CEC as soon as possible to discuss the issue of NBME customized examinations.
   a. As the MLK celebration limits the duration of the January meeting, the course directors would be happy to meet with a subset of the CEC prior to their established February meeting.

3. **Review the Professionalism Process and Policy-** Drs. Bedinghaus, Kolesari, Meurer (Tabled)
   A. Preparation and training for students re: how to give feedback

4. **M1-2 Audit of Curriculum – Follow-up from CEC –** Dr. Redlich
   A. The M1-2 Subcommittee of the CEC convened a subcommittee to review the audit data submitted by Dr. Bolender on behalf of the M1-2 Course Directors.
      (1) One area of concern was that the answers were presented in a course specific manner; the CEC will ask that the “dots be connected” across courses.
      (2) A detailed follow-up request will be forwarded by the M1-2 Subcommittee to Dr. Bolender.

5. **New Business**
   A. **Open/Closed Examinations –** Dr. Sabina
      (1) In biochemistry, the examinations are “closed” but concern has emerged that items are “getting out” to the next class. Dr. Sabina reported on a preliminary analysis of items that were “changed” versus items that were re-used with changed items maintaining difficulty and constant items proving “easy”.
         a. Questions and answers are posted in the hallway for selected courses including Biochemistry.
         b. Biochemistry has a limited number of items, rather than a pool.
      (2) Other course directors’ perspectives
a. Dr. Kolesari indicated that for Clinical Human Anatomy as well as Human Development, exams with answers are posted for 3 days. Posting begins at 9am and exams are taken down at 5:00 PM and reposted the following morning.
   (i) Item difficulty has not changed over time.
   (ii) Dr. Kolesari and Dr. Bolender draw items from a relatively large “bank” of questions.
b. Other directors post the exam and answers for 3 days but leave the items up overnight.
c. Several course directors report that there is no difference between scores on the same examination administered via computer on the same day (1st administration; 2nd administration).

Reminders
A. Visiting Medical Education Professors 2007-08 [www.mcw.edu/sts](http://www.mcw.edu/sts)
   (1) Dr. Richard Reznick – January 30, 2008
      a. 8:00 AM Presentation at Surgery Grand Rounds
         (i) open to all (Helfaer Aud – Froedtert West)
      b. 12:00 noon – 1:30 Invited Luncheon Discussion with MCW course/clerkship directors, CEC and Docere Fellows (location TBA)
   (2) Molly Cooke, MD – March 7, 2008

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1. Chairman’s Report – Dr. Bolender
   A. Approval January minutes
      (1) Minutes were approved as submitted.
   B. Meet with the CEC on Monday, February 18, 2008 from 400-430 in MEB 3390.
      Several course directors will meet with CEC for a discussion related to the NBME Year 1 and 2
      examinations.
      (1) Course directors who have replied yes to the requested meeting with the CEC (per email responses):
          Lorek, Myers, Bolender, Derse, & Liard (tentative). Drs. Kolesari and Krippendorf are also planning to
          attend.
      (2) Dates (pending) of the NBME exams
          b. M2: Friday, March 28 AM and Tuesday April 22 PM CBSSA.
   C. Molly Cooke, MD will be the Society of Teaching Scholars Visiting Professor on March 6-7, 2008.
      (1) Her talk will be Friday, March 7 at 8:00 FMLH Auditorium - Department of Medicine Grand Rounds.
      (2) Several course directors expressed interest in meeting with Dr. Cooke. Dr. Simpson will identify some
          potential times and circulate via e-mail.
   D. Integrated Grand Rounds Spring semester dates
      (1) Friday, February 29, 11am -1pm  Chronic Liver Disease
      (2) Tuesday, March 25, 11am-1pm Stroke
   E. IAMSE
      (1) The IAMSE meeting will include a session on Flexner 100 years and the NBME potential changes to the
          licensure examination.
      (2) The abstract submission deadline is March 21, 2008

2. Review the Professionalism Process and Policy- Drs. Bedinghaus, Kolesari, Meurer - Tabled

3. Core Curriculum Guidelines for Medical Genetics – Dr. Sabina
   A. CEC Genetics Initiative: Next Steps
      (1) Course/Clerkship Director Check-off re: current and anticipated genetics objectives x course/clerkship.
         a. The CEC is continuing to follow up on the Genetics Retreat plans and is asking the course and
            clerkship director to provide information.
      (2) Drs. Sabina and Bolender provided copies of what they had submitted as the audit sheet for the
          Genetics course to assist other course directors.

4. CEC Curriculum Retreat – Report Approved at the January 21, 2008 CEC Meeting
   A. Report as been shared with Dr. Ravdin at his request.
      (1) CEC Executive Committee is anticipating an opportunity to discuss the report with Dr. Ravdin.
   B. The approved curriculum retreat report will be sent with a cover memo to:
      (1) Dr. Dunn along with a request to meet with CEC Executive Committee to discuss and identify potential
          obstacles and potential strategies. Dr. Dunn has agreed to meet with the Executive Committee at the
          end of February.
      (2) All basic science and clinical chairs, all course and clerkship directors, all retreat participants with a
          cover letter suggesting that the retreat report be shared with interested faculty.
5. **M1-2 Audit of Curriculum – Follow-up from CEC – Dr. Bolender**  
   B. Dr. Bolender will be drafting a response per the CEC request. He may be contacting course directors to clarify any questions about their initial response to the audit.

6. **Associate Dean for Curriculum – Dr. Redlich**  
   A. Fall schedules are now available on the M1 Prep Calendar and M2 Prep Calendar in ANGEL

7. **Course Director Discussion Board**  
   A. **Topic:** How to proceed with allegations of professional misconduct, e.g. perceived student cheating on an exam.  
      (1) Dr. Holloway was available to clarify this process and indicated that the Student Handbook outlines a policy on professional behavior and the process for follow-up on concerns.  
      (2) Dr. Holloway encouraged all directors with any questions/concerns to call him as a starting point.

8. **New Business**  
   A. **Update on USMLE’s Comprehensive Review**  
      (1) The NBME is considering the redesign of the licensing examination and that there was an update recently posted on the USMLE website and distributed to course directors.  
      (2) Last week representatives of FACEB member societies met with staff from the NBME who advised the society representatives that they would seek input from basic scientists in relation to the new licensing system, if/when changes are made.  
      (3) NBME representatives will be presenting at some of the FACEB society meetings at EB 2008.  
   B. **I-Tunes University - Dr. Simpson**  
      (1) MCW is currently exploring the use of I-Tunes University because some faculty have been seeking to use this vehicle for dissemination of educational materials. As MCW will need to sign a contract which has an indemnity clause, there will need to be a review of all posted materials (i.e., allow with an “MCW” compliant logo/statement).  
      (2) Discussion included why faculty would use this venue, what permissions would need to be obtained, how the site differs from ANGEL, etc.  
         a. While Individual faculty would need to determine their interest and make their own decision about utilization of this venue, many undergraduate institutions are using I-Tunes as an instructional delivery platform (e.g., over time medical students may encourage faculty utilization of I-Tunes).  
      (3) The proposal is to have established faculty groups (e.g., CEC, GMEC, Graduate Studies Council, CME) serve as the review/vetting process for approval of material before it would be posted due to the indemnity questions.  
         a. In general, the process seemed reasonable.

**Meeting Adjourned – 5:00 pm**

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MCW M1-2 Course Directors’ Meeting Minutes

Tuesday, May 13, 2008 @ 4:00 pm
MEB 3390

In Attendance = ✓; Excused = E; Absent = A

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<td>Joan Bedinghaus, MD</td>
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<td>Paul Nicholas, MD, MPH</td>
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<td>Jennifer Lorek, MD</td>
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<td>Kayleen Papin, MD</td>
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<td>John Lough, PhD</td>
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<td>Linda Meurer, MD, MPH</td>
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<td>Ken Simons, MD</td>
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<td>Charles Myers, PhD</td>
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<td>Guest: Staci Young, PhD</td>
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1. Chairman’s Report – Dr. Sabina for Dr. Bolender
   A. Minutes approved as submitted.

2. What kind of handouts do you provide to students – Dr. Beth Krippendorf
   A. Dr. Krippendorf is seeking to have some understanding of how handouts are used across courses.
      (1) Each course director described what handouts were given, whether they were given at no cost or a charge, if they were posted in ANGEL and if so in what format and when. (See next page).
   B. Students have reported that they prefer to have slides posted before the lecture.
   C. Actions:
      (1) Each director will review the chart and send changes/updates as needed as the directors found it useful to learn what each other was doing. Those course directors who were unable to attend the meeting were asked to add their information to the chart and return. Updates by end of the May.
      (2) The updated chart will be circulated and posted in CEC’s ANGEL portal for M1-2 course directors.
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<th>Course</th>
<th>Handouts</th>
<th>Sell or Free</th>
<th>ANGEL Posted</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bioethics/Palliative Medicine</td>
<td>PowerPoint handouts given (no charge) but a little money is made from charge of packet. Packet of readings, case studies, discussion questions (Charge)</td>
<td>Mixed</td>
<td>Yes (if copyright director deletes)</td>
<td>PowerPoint (post last years if lecturer is a require a week before; slides may change; final slides set posted day of)</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Notes that include PowerPoint slides. (Sold) Clinician lectures are provided just ahead of time if provided when they arrive</td>
<td>Sold via department</td>
<td>Yes PowerPoint post</td>
<td>PowerPoint posted day of and week of available.</td>
</tr>
<tr>
<td>Clinical Human Anatomy</td>
<td>A syllabus and array of materials that may be PowerPoint; outline; (Sold 1st day of class)</td>
<td>Sell via department</td>
<td>75% of faculty post (up to each faculty if post)</td>
<td>PowerPoint (posted when get them sometimes day of).</td>
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<tr>
<td>Genetics</td>
<td></td>
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<tr>
<td>Histology</td>
<td>Hard copies/course notes; printed at cost.</td>
<td>Sold via department</td>
<td>Yes if lecturer ok (about 75%)</td>
<td>PowerPoints are posted within 24 hrs presentation.</td>
</tr>
<tr>
<td>Human Development</td>
<td></td>
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<tr>
<td>Medical Interviewing</td>
<td>Bound syllabus for small group (as no lectures) + reference material</td>
<td>Free</td>
<td>Reference material posted</td>
<td>Reference material at beginning of course.</td>
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<tr>
<td>Mentor Program</td>
<td></td>
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<tr>
<td>Physiology</td>
<td>PowerPointâ€™s are handed out at beginning of year (Charge and sell through bookstore)</td>
<td>Bookstore sells</td>
<td>Yes</td>
<td>PowerPoint (beginning of semester)</td>
</tr>
<tr>
<td>M1 Psychiatry</td>
<td></td>
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<tr>
<td>CER</td>
<td>Syllabus (grade, rules) + resource/reference materials (how to write up Hx) + PowerPoint (1 set fall and then spring). Buy from printer and Sell to bookstore who has a 5% markup.</td>
<td>Bookstore</td>
<td>Yes</td>
<td>Everything posted at beginning of semester.</td>
</tr>
<tr>
<td>MIM</td>
<td>Copies of PowerPointâ€™s printed out 2 days before and given at close (no charge)</td>
<td>Free</td>
<td>Yes</td>
<td>PowerPoint keep up from previous and update as needed.</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Syllabus, the rules are all together in pack with Block 1 in pack. Just prior to each block get the PowerPointâ€™s. (Sold)</td>
<td>Sell Department</td>
<td>Yes (all posted)</td>
<td>PowerPoint posted typically by block</td>
</tr>
<tr>
<td>Pathology: 2008-09:</td>
<td>Require students to purchase board review book (outline) that follows the required text 2007-08: Path has printed at no cost in past (PowerPoint)</td>
<td>Free</td>
<td>Yes</td>
<td>PowerPoint (in advance depends on when they arrived but by start of block; repost as changes arrive)</td>
</tr>
<tr>
<td>Pharmacology</td>
<td></td>
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<tr>
<td>M2 Psychiatry</td>
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</table>
3. Biochemistry Course Directors Meeting Report – Dr. Sabina
A. Dr. Sabina went to a meeting of other directors. Key concepts include ‘integration’ but it is a matter of definition of what are integrations. There are at least 3 forms of integration:

1. **Alignment**: topics between courses
2. **Interpolation**: incorporating topics within courses such as Genetics within Biochemistry
3. **Integration**: Complete integration drawing on all courses that typically occur in M1-3 years (organ based, symptom based courses).

B. Time: Integration, per course directors, requires ‘much bigger time commitment’ of director.

1. For example, the fall semester course directors meet weekly from January to April to adjust and update for changes.
2. The course director may be a clinician or basic scientist.

C. Several medical schools have appointed a full-time person whose primary role is to serve as a clinical coordinator linking basic scientists and clinicians together. Typically this is an MD who can connect basic scientists and clinicians (e.g., a clinician to talk on diabetes; 5 clinicians to work in small groups to discuss). It also works to recruit basic scientists for clinical courses.

1. University of Louisiana SOM (New Orleans) and SIU SOM were two schools who have this model.
2. Family Medicine (@MCW) has a staff person who recruits preceptors, but to recruit new clinicians, their experience is that it must be a physician.

D. Faculty Development is offered on topics: small group facilitators, how to write good exam questions, etc.

1. The Office of Educational Services does provide faculty development upon request (e.g., ANGEL to-go sessions, small group facilitation training sessions).
2. In addition the M3 Clerkship Directors has had Educational Services provide faculty development for several hours (e.g., on Wednesday, May 14 the clerkship directors will meet with 6 hours focused on faculty development).
3. If the course directors are interested in a session, please contact Dr. Simpson. In addition, several course directors have been trained by the NBME to write questions (e.g., Drs. Bolender and Kolesari).

4. Population Health Update – Drs. Meurer and Young
A. Dr. Meurer provided an overview of the Population Health thread that was supported by the CEC as an example of a longitudinal curriculum effort.

1. PowerPoint slides were used to orient course directors to the goals and process (handout). Will send via email.
2. Drs. Meurer and Young have been developing with input from an Advisory Committee:
   a. A set of objectives drawing on objectives from multiple sources including MCW’s learning domains;
   b. Created a condensed set of objectives (handout); and
   c. A model (handout) to assist students and faculty to locate their curriculum so that students and faculty can see the whole picture. (see end of document)
3. Currently Drs. Meurer and Young are reviewing the syllabus/handout materials available from each course/clerkship to determine, in detail, what is taught where relative to the objectives and building on the recent LCME survey questionnaire results.

B. **Actions Agreed To**: Each course director review and provide feedback by Friday, June 13, 2008 to Dr. Meurer.

1. Objectives
   a. If objectives are reasonable, logical, appropriate.
   b. If teach topics linked to the objectives, let Dr. Meurer know.
2. Model if it makes sense and/or if it can be used to locate their teaching within the model.
   a. Quick feedback from Dr. Derse indicated that the model was strong and each course could locate itself within the model (with guidance).

C. The ‘theme director’ model was effective for geriatrics, as highlighted by Dr. Kolesari, but as funding/support to assist course directors momentum is essential. Funded assistance/support is available right now in the following areas:

1. Population Health: Drs. Meurer and Young
2. Geriatrics: Drs. Katie and Steven Denson
3. Injury and Geriatrics: Drs. Duthie and Simpson
4. Medical Humanities: Dr. Derse
5. **CEC Curriculum Retreat Update**
   A. Dr. Dunn met with the CEC Executive Committee at the end of April to discuss and identify potential obstacles and potential strategies for implementation of retreat recommendations.
   B. The Executive Committee will be meeting with Dr. Ravdin next week.
   C. CEC is looking into Extra Curricular Tracks as a potential way to capitalize on student's existing interests, consistent with the curriculum retreat.

   (1) For example, Dr. Derse is leading the Healer’s Art Curriculum 5 times x 3 hours which began in January 2008 (N=38). Family Medicine has a track that runs M1-2 years.

   (2) **Action:** Place on course/clerkship directors agenda to have updates on tracks that are currently running. Brief updates should be provided by:
      a. Healer’s Art Curriculum
      b. Family Medicine Track (Doug Bower, MD, Nancy Havas, MD, Kayleen Papin, MD)
      c. Underserved includes Sat AM free clinic with training (Jim Sanders, MD)
      d. Honors in Research Track (Dr. TBA)
      e. Research Track (Dr. TBA)
      f. Injury Research Track (Dr. Hargarten, Ann Christiansen, MPH)
      g. Extra Curricular Interest Groups (Chart from Dr. Simpson audit of student organizations)

6. **FYI – MI-2 Audit of the Curriculum**
   A. Revised report authored by Dr. Bolender was presented to M1-2 CEC Subcommittee and the working group which reviewed the report and strongly recommended approval.
   B. The M1-2 working group recommendation will be presented at the upcoming M1-2 Subcommittee for final approval.

7. **Associate Dean for Curriculum – Dr. Simpson**
   A. NBME Exams Year 1 and 2
      (1) NBME customized examination for M1’s were administered on Monday, May 12 with 205 students completing the examination.
      a. Profile scores in 10-11 domains are anticipated from the NBME in several weeks.
      (2) M2 exams CBSSA have been administered.
      (3) The most recent USMLE Step 1 scores have been posted on ANGEL.
   B. NBME CCSSA for M3’s will begin being administered this Thursday (parallels the USMLE Step 2CK).
   C. M3 required Benchmark OSCE (parallels the USMLE Step 2CS) will be held next week.

8. **New Business**
   A. ARS System Dr. Sabina
      (1) Who has used iclicker (almost all course directors).
      (2) The responsibility for iclickers is a challenge for checking in and out and appears a challenge to some courses but not others. Other institutions require students to buy them.
      a. Anticipate in the long run that students will purchase.
      (3) Orientation to how to set up the system can be provided by Educational Services (contact Sheri Galewski or Deb Simpson).

**Meeting Adjourned at 5:27 PM.**

**Minutes Authored by:** Deborah Simpson, PhD

**Minutes Reviewed by:** Richard Sabina, PhD
# Integrated Curriculum in Population Health and Policy

## Domain I: Quantitative Skills and Evidence Based Practice

**OBJECTIVE**

- Answer focused clinical and basic science questions by accessing appropriate information from reliable sources, using an Ask, Acquire, Appraise, Apply and Assess model.
- Define and interpret measures that describe the burden of injury and disease in a population (e.g., incidence, prevalence, age-adjusted rates, case fatality rates, life expectancy, quality-adjusted life years).
- Critically evaluate and translate to clinical practice medical and scientific research reports, including the following concepts:
  
  a. Appropriateness and correctness of study design (e.g. Cross-sectional; Case-control; Cohort; Randomized clinical trial);
  
  b. Measures of design quality: validity, reliability, sources of bias and confounding;
  
  c. Correct interpretation of results (e.g. relative and attributable risk, odds ratio, NNT, principles of cause and effect);
  
  d. Basic concepts and tools of statistical application (e.g. types of data, statistical significance/confidence intervals, adjustment for confounding, sampling and power).

- Demonstrate knowledge of epidemiology of major diseases and injuries, including incidence, prevalence, and risk factors.
- Demonstrate knowledge of the burden of disease attributable to major preventable health risks including tobacco use, substance abuse, obesity, motor vehicles, guns, alcohol, physical inactivity, and other bio-social problems identified as national priorities.
- Apply knowledge of epidemiology (e.g., sensitivity, specificity, positive predictive value, validity, and reliability) to diagnostic reasoning, including targeted physical exam, ordering and interpretation of tests and risk counseling.

## Domain II: Clinical Prevention

**OBJECTIVE**

- Routinely address recommended clinical preventive services (e.g. screening, counseling, immunization, chemoprevention) based on patient's age, sex, and risk factor status, including genetic, behavioral, environmental/occupational health risks, using appropriate guidelines.
- Describe criteria for determining when a screening test is appropriate.
- Recognize when and how physicians routinely use or contribute to public health resources in their clinical practice (e.g. immunization registries, death certification, reportable diseases and injuries).
- Recognize how the new models of care and new technology can affect populations of individuals (e.g. electronic health information, group visits, chronic disease management, access to quality web-based resources such as MCWcharts).

## Domain III: Health Systems and Policy

**OBJECTIVE**

- Describe the common methods of health care financing for preventive, curative, and rehabilitative services and the implications these payment systems have for health, clinical decision-making, health care access, cost, quality and scope of services offered.
Identify the social, economic, and political forces that influence health status and the provision of health care services in the United States.

Describe the impact of medical errors and injuries, identify their risk factors, and recognize methods to ensure patient safety.

Name the methods used to assess the quality of health care (e.g. patient satisfaction surveys, peer review organizations, utilization review, continuous quality improvement).

Describe how health professionals and practice are regulated and governed (e.g., principles of tort liability, informed consent, confidentiality, licensure, clinical privileges, ethical standards in research).

Understand the influence of legislative and political arenas on the practice of medicine.

Describe the components of the health policy process (e.g. role of government in health policy making, methods for participation in the policy process, and the impact of policies on health promotion, health care and health outcomes including impacts on vulnerable populations).

Describe the public health impact of disasters, including mass trauma and biologic, chemical and natural disasters.

Understand the role of advocacy and activism on behalf of patients and their communities as an essential part of professionalism.

Assist patients in dealing with system complexities.

**Domain IV: Population/ Community Health**

**OBJECTIVE**

Demonstrate a basic understanding of the social and economic impact of chronic disease and disability on patients and the population.

Describe the components of a community-responsive population-based health intervention.

Describe the cultural dimensions of practice, including: cultural influences on individuals and communities, cultural influences on clinicians’ delivery of health services, and culturally competent health care.

Recognize the influence of biologic and non-biologic health determinants (e.g. gender, race, culture, socioeconomic status, health literacy) on health and health disparities.

Describe strategies to reduce/ eliminate health care disparities and discuss ways to improve access and care to underserved populations.

Recognize and respond to health risks associated with occupational and environmental exposures.

Describe important aspects of global health (e.g., regional epidemiology, population control, risk of spread of contagious disease, environmental hazards, maldistribution of health and medical services, the adverse effects of global conflict).

**Domain V: Professionalism**

**OBJECTIVE**

**Integrity and Honor:** Maintain patient confidentiality, especially in face of EMR and increasing availability of genetic information, and know when patient confidentiality must yield to consideration of public interest (e.g. when patients endanger others) (ABIM/ACP).

**Excellence:** Commit to and assume responsibility for life-long learning.

**Accountability:** Assume responsibility for self and others as appropriate, including disclosing errors.

**Altruism:** Maintain patients’ and society’s best interests over self-interest.
<table>
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<th>OBJECTIVE</th>
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<tr>
<td>a. Demonstrate a commitment to fair distribution of health care resources and elimination of discrimination in health care</td>
</tr>
<tr>
<td>b. Advocate for best quality of care.</td>
</tr>
<tr>
<td>c. Advocate appropriate use of limited resources while maintaining the highest standards of patient care.</td>
</tr>
</tbody>
</table>

**Respect:** Demonstrate sensitivity to and respect for diversity based on age, gender, culture, socio-economic status, religion and disability.

**Duty:** Recognize the obligation to provide care for patients at all stages of health and disease, and to participate in activities contributing to the improvement of the community and the betterment of public health.
MCW Patient-Centered Health Model  Medical College of Wisconsin 2008