NO
MEETING THIS MONTH
Meeting convened 4:08 pm

1. **Chairman’s Report – Dr. Bolender**
   A. May minutes – approved
   B. Update roster and note meeting times and date.
   C. CEC approved the following:
      (1) Course Name Change from MIM to *Foundations of Evidence-Based Medicine* effective 2008-09.
      (2) Genetics Report & Recommendations – Approved
      (3) Medical Spanish Learning Resources Proposal – Approved
      (4) Concept for Academic Enrichment Program – Approved
         a. M1-2 CEC Reviewed Template on Injury Core Research Curriculum
   D. Population Health – Please provide feedback on the proposed model to Dr. Meurer by July 19.
   E. On ANGEL – Posted
      (1) Course Directors Handouts Procedures/Process
         a. Table: Who provides what to students by course – Updated from Minutes of May 2008 meeting
      (2) Course Directors Audit of Learning Domains the process
         a. Audit Domains
         b. Student Survey Results
         c. Working Report
   F. Funding Update
      (1) VA-Research on Educational interventions for Health Professionals (Concept Paper due July 31, 2008)
      (2) MCW Injury Research Center – Seed Funds- Due October 1, 2008
      (3) NBME-Stemmler Fund - October 3, 2008
      (4) AHW-Education – not being issued this year
         a. New grant applications not being sought this year
         b. Funds will be used to support outcomes of the education innovations retreat
         c. New 5-year plan for AHW is being developed and future allocations will be dependent, in part, on this new 5-year plan.
         d. There is oversight of these funds by a Board, so the expenditure of funds must be aligned with the intended use of AHW funds.

2. **Online Grading Overview – Patty Confer (5 min)–tabled**

3. **Discussion of Curriculum Content for M1 and M2 Orientation – Dr. Bolender and Dr. Redlich**
   (1) M1 orientation last year included Drs. Bolender, Sabina, Bedinghaus, and Kerwin on Geriatrics, Redlich on curriculum and objective domains.
      a. Concern about the use of Geriatric cases in the curriculum which has been used in a limited fashion in the M1 curriculum, but has been continued to be used in the M2 Ethics course. Other items that could be discussed includes: methods to optimize learning during lecture, review of the genetics thread. r. Sabina will resend the genetics “icon” to the course directors to re-enforce the genetics thread.
      b. Dr. Sabina will discuss the concept of the “genetics thread” in his portion of the M1 orientation.
(2) Dr. Bolender will solicit ideas from his colleagues re: optimal methods of learning in the lecture setting and incorporate this information into his presentation at M1 Orientation.

(3) The Population health thread, injury thread, geriatrics thread, nutrition thread could be articulated at the M1 orientation 
   a. Dr. Redlich will invite Dr. Denson, on behalf of the M1 course directors to participate in the M1 orientation to review different mechanisms of incorporating threads in the curriculum from a global perspective.

(4) M2 orientation 
   a. In the past, help has been provided by Dr. Mitchell, citing the need to integrate the course contents and build upon the knowledge gained in the M1 year. 
   b. Dr. Redlich will contact Dr. Mitchell to check on the status of this orientation session.

4. Upcoming Curriculum Innovations Retreat 
   (1) Sept 10 (half day) and 11 (full day). Invitations will be sent out shortly. 
   (2) Not all course/clerkship directors/CEC members will be invited due to space limitations. 
   (3) Held at the GE Medical Facility.

5. CEC NBME Examination Results – Preliminary – Dr. Simpson 
   (1) Meetings have occurred with course directors to review the data obtained from the M1 customized exam. 
   (2) Observations include: 
      a. Domain specific questions were well answered. 
      b. Questions that crossed domains were less well answered.

6. Associate Dean Updates - Drs. Redlich and Simpson 
   A. Scheduling 
      (1) M2 NBME CBSAA 
         a. Options for scheduling this required exam were discussed including keeping the exam time the same as last year (two separate 4 hour time blocks on different days), placing this exam on the last day of the academic year, requiring the Path exam up by one day and giving up one study day, extending the semester by one day. 
         b. Dr. Redlich will discuss options further with Dr. Simons.
   B. Curriculum Map – ANGEL Course Access 
      (1) Discussions have been held within an ad hoc committee of the CEC regarding the concept of a curriculum map that could be applied to genetics. The concept would include the basic fundamentals of genetics linked, like spokes on a wheel, to examples from other disciplines and clerkships. 
      (2) The M1/M2 subcommittee of the CEC will be discussing this proposal at upcoming meetings. 
   C. M3 required Benchmark OSCE (parallels the USMLE Step 2CS) was held in May along with the NBME CBSSA exam. The NBME utilized a number of dates of the computer lab. 
      (1) No interference with the M1/M2 courses and their use of the computer labs were noted.

Meeting Adjourned at 5:15 PM.

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<th>Minutes Authored by:</th>
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<td>Philip Redlich, MD, PhD</td>
<td>Dave Bolender, PhD</td>
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Meeting convened at 4:05 pm

1. Chairman’s Report – Dr. Bolender
   A. July minutes – approved
   B. Welcome new members
      (1) Elaine Drew, PhD—Health Policy
      (2) Marshall Dunning III, PhD—Co-course director for Physiology
      (3) Guest: Julie Brinkerhoff—new medical education coordinator for Pathology
   C. Starting with this meeting (at the suggestion of Dr. Krippendorf), each course director was given a tent card containing their name and course responsibility. These will also be used at the Course and Clerkship meeting. Course directors were asked to return the cards at the end of the meeting.
   D. The ANGEL upgrade has been accomplished.
   E. Medical Education Funding Update
      (1) MCW Injury Research Center – Seed Funds- Due October 1, 2008
      (2) Learning Resources Funds – Due October 13, 2008
      (3) NBME-Stemmler Fund – Due October 3, 2008
      (4) AHW-Education Funds – no RFP
   F. Admissions: 216 students admitted to the first year class.
      (1) Less attrition occurred than last year.
      (2) Comments offered from Dr. Dunning as a member of the Admissions Committee
      (3) Comments from course directors:
         a. History of two prior committees that have reviewed admissions number and have declined any increase.
         b. Need more computers now for this year, particularly with the inclusion of graduate students.
            (i) May have to move to 3 testing sessions or consider a paper system for some or all of the students.
            (ii) Graduate students may not have access to enrollment in some courses.
            (iii) Small group facilitator recruitment is very time consuming.
         c. A letter will be drafted by Drs. Kolesari and Mitchell expressing the course director’s concerns about class size and will be sent to Dr. Bolender and the committee for review.

2. Online Grading Overview – Patty Confer (5 min)
   In attendance: Kay Harbach, Patty Confer, Jan Nelson, Terry Poquette and Lesley Mack
   A. Kay Harbach reviewed the rationale for conversion to the new software program.
      (1) Old system of Test Scoring and Online Grading are based on old software that is no longer supported.
      (2) New System of Online Grading will be now be used for submitting and recording final grades.
      (3) All courses to go to Online Grading by 2009/2010 academic year
         a. Advantages
            (i) Saves time
            (ii) Reduces errors
(iii) Increased accuracy  
(iv) Reduce number of drafts  
(v) Become as paperless as possible  

B. Patty Confer reviewed screen shots of how the system of recording grades is performed and the information provided.  
   (1) Only for final grades, not single exam scores.  
   (2) Dr. Krippendorf stated that she used this system last year and that the system appeared to work well.  
   (3) Some courses use ANGEL for single exam scores.  

C. Kay Harbach plans to work with courses to allow implementation of this system for all of those courses not yet using the system.  

   A. Invitations Extended including representation from M1-2 Course Directors  
      (1) Course directors who will be attending identified themselves.  
      (2) Course directors who are not attending were asked to provide comments and ideas to their colleagues who are attending.  
   B. Builds on CEC November 2007 re: Tracks/Pathways  
      (1) Sept 10 afternoon, day-long Sept 11 to be held at GE Medical Facility.  
      (2) Composed of large group and small group sessions.  
      (3) Students welcomed with potential of student caucus.  
      (4) Dr. LuAnn Wilkerson, from UCLA, will be the guest facilitator.  
      (5) More details will be forthcoming when agenda will be finalized later this month.  

4. Teaching Recognition Pin – Drs. Krippendorf and Simpson  
   A. Course directors will recommend faculty who exhibit excellence in teaching.  
   B. Dr. Krippendorf is working with Public Affairs to decide on the design for the pin.  
   C. Timeline for providing the pins is depending on finalization of the design and hiring a company to produce them.  

5. Associate Dean Updates - Drs. Redlich and Simpson  
   A. Scheduling  
      (1) Meeting of M1 Course Directors for the spring semester Wed Aug 13.  
         a. Bring concerns re: scheduling given the increased class size.  
      (2) Maintain slots for NBME exam, IGR.  
   B. Curriculum Map – ANGEL Course Access  
      (1) ANGEL Librarians testing a system for batch enrolling course/clerkship directors in all required courses.  
      (2) A system is being investigated to exclude/limit e-mails, chat room access, etc.  
      (3) Presentation by the ANGEL support librarians is planned for the Sept Course and Clerkship Directors meeting.  
         a. Tues, Sept 2, 4:00 pm, Board Room.  
   C. Genetics  
      (1) Working Group was convened consisting of course directors and CEC members to develop recommendations for the longitudinal genetics curriculum.  
         a. Inclusion of specific examples of how selected Genetics Objectives are being covered in a course will be added to the CEC in depth course review process.  
         b. Development of a “Genetics Hub” in ANGEL as a resource for courses and clerkships, and building around core genetics concepts covered in the Genetics Course is being considered.  
            (i) Resources to develop this ANGEL site are being explored.  
      (2) LCME Medical Genetics Course - Follow-up Due 9.1.08 (as new course).  
         a. There is an LCME standard that requires notification of the LCME for any major curriculum change.  
         b. The LCME was notified last year regarding the implementation of the new Genetics Course.  
         c. The LCME has requested an update on the outcome of the Genetics course to include grading outcomes and student evaluations.  
            d. A response is being drafted for the Dean.  
   D. NBME CEC Examination Report: M1-3
A report summarizing the outcomes of the required NBME exams from the 2007/08 year has been drafted and will be presented to the CEC.

E. CAPS – Biochemistry and Microbiology “Mock Up” Basic Science Departments
(1) Metrics for performance of clinical and research lines exist and are reported in the CAPS system.
(2) Limited metrics exist for education, and no metrics exist for medical student education.
(3) CEC has developed a draft of possible education metrics that could be used to try to quantify the amount of effort provided for student education as well as the quality of that education.
(4) Based on this draft, the Biochem and Micro course outcomes will be used to generate a sample CAPS report.
   a. The mock-up reports will drive optimization of these metrics.
(5) Future meetings are being planned to present these metrics to the office that oversees the CAPS process (Financial Officers) for consideration of inclusion of education metrics to current metrics in the annual evaluation of Departments.

Meeting Adjourned at 5:08 PM.

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1. **Chairman’s Report – Dr. Bolender**
   A. The August minutes were approved as distributed

2. **Student Request from School/Exam for Religious holiday – Dr. Simons**
   Dr. Simons reviewed the historical perspective regarding excused student absences for religious holidays. Currently there is an unofficial policy that exams and other required sessions not be scheduled on the High Jewish Holidays and Good Friday. However, a formal policy is being drafted that will interface with the semester scheduling process. Several course directors expressed concern about how this policy could easily get out of control.

3. **Medical Student Education Innovations Retreat – 9-10-11, 2008**
   A. Those attending the retreat commented on their impressions. Discussion followed that included questions form those who were not at the retreat.

4. **CEC related Items**
   A. The students through their M2 CEC representative have requested that course directors provide lists of required texts prior to the start of the semester.
   B. A discussion about the library acquiring e-texts was tabled until November.
   C. A potential multiple choice item writing workshop may occur in the spring. It will be sponsored by the CEC and possibly co-sponsored by STS. The CEC may request funds for this event from the Learning Resources Fund.
   D. Course directors were encouraged to turn in their lists of recommended faculty to receive the CEC Teacher Recognition Pin.

5. **Pass/Fail Grading – Madison Exploring – Dr. Lough et al**
   The positive and negative aspects of instituting a pass-fail grading system at MCW were discussed.

The Meeting Adjourned at 5 PM.
MCW M1-2 Course Directors’ Meeting
Tuesday, November11, 2008 @ 4:00 pm
MEB 3390

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

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<tr>
<td>Joan Bedinghaus, MD</td>
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<td>David Bolender, PhD</td>
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<td>Arthur Derse, MD, JD</td>
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<td>Elaine Drew, PhD</td>
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<td>Robert Fritz, PhD</td>
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<td>Gary Kolesari, MD, PhD</td>
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<td>Invited: Mike Istwan,</td>
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<td>Director of Admissions</td>
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<td>Beth Krippendorf, PhD</td>
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<td>J-F Liard, MD PhD</td>
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<td>Jennifer Lorek, MD</td>
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<td>John Lough, PhD</td>
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<td>Michael McBride, MD</td>
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<td>Linda Meurer, MD, MPH</td>
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<td>Julie Mitchell, MD</td>
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<td>Pamela Schultz, PhD</td>
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<td>Julie Brinkerhoff Med Ed</td>
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<td>Coordinator - Pathology</td>
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<td>Charles Myers, PhD</td>
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<td>Paul Nicholas, MD, MPH</td>
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<td>Kayleen Papin, MD</td>
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<td>Deb Simpson, PhD</td>
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1. Chairman’s Report — Dr. Bolender
   A. Approval of Minutes
      (1) The minutes were approved as distributed.
   B. Update on religious holiday scheduling policy
      (1) Background: This topic surfaced from a course director with two students who were
      requesting to opt out of a required course activity which had been scheduled on a religious
      holiday (not currently observed by MCW). Dr. Redlich stated he had Ms. Denzin collect
      various religious holiday policies form different institutions. Dr. Redlich stated he was
      informed by the UW Madison provost that there is a WI State law which pertains to this topic.
      (2) Dr. Redlich has e-mailed Ms. Sarah Cohn, general counsel, inquiring about the WI State law,
      as MCW will need to comply the laws of the state.
      (3) There was considerable discussion about which holidays will be observed and who will make
      the determination as to how this policy will be executed. One director emphasized that we
      want to be sure and give this matter appropriate consideration and attention so a
      determination will not be rushed and a deadline to implement this has not been issued.
      (4) Dr. Redlich stated interested parties could gather more information/understanding about the
      various ways in which medical schools handle this issue (e.g., visit the UW-Madison website
      http://www.eecfic.wisc.edu/governance/ReligiousObservancesMemo.htm to see their policy). Dr. Redlich would
      follow-up with the group after he and Ms. Cohn speak. The final decision about this policy is
      not in Dr. Redlich’s domain.
   C. IAMSE October Public Affairs Report (emailed by Dr. Simpson 10/31/08) Dr. Bolender mentioned
      two items that might interest the group.
      (1) “My first medical school exam”, article explained the trauma experienced by students who
      take their first exam in medical school.
      (2) George Washington was placed on probation by the LCME, details regarding their probation
      are listed in the linked article found in the report.

2. Increase in size of the current M1 class — Mr. Mike Istwan, Director of Admission
   A. Mr. Istwan was welcomed by the group. Reference was made to the summary of course director
      concerns regarding the unanticipated increase in-coming students for 2008.
   B. Mr. Ishwan reviewed and sought to answer the key points outlined in the “M1-M2 Course
      Directors Concerns and Questions for the Director of Admissions, November 2008” document
      distributed at the meeting. The document was authored by Dr. Mitchell on behalf of the course
      directors.
Mr. Istwan stated there were 212 first time new students in 2008, an “anomaly” for MCW. Historically MCW experiences a 50-54% loss after accepted students have placed their deposit. This year however there was only a 49% loss which accounted for the extra enrollment.

The Admissions Committee has been examining this issue in depth to identify the source of the increase and steps have been taken to decrease the probability that this event will not reoccur including:

a. Fewer offers will be made this year.

Mr. Istwan emphasized that the target enrollment remains at 204 for first time students each year, no more, no less.

C. The Course Directors re-emphasized the impacts associated with a larger class size, including:

1. How do repeaters affect class size?
   a. Mr. Istwan stated that information regarding number of repeaters does not become available until after the Admissions Committee has completed its work.

2. How do MSTP students impact class size?
   a. Mr. Istwan said the class size is 204, regardless of the number (4-6) of MSTP students.

3. Access to computers in the instructional lab.
   a. Currently there are 110 computer stations with 4 more to be installed for a total of 114 – assuming all are working at once. Must take into account 2-3 machines may be down at any given time.

D. Course Directors recommended that there be on-going communication between the Admissions Committee and this group. Mr. Istwan concurred and further outlined readily available communication channels.

1. Faculty council seeks 5-7 new members to the Admissions Committee every year. The course directors have a natural "pipeline" to the Admissions Committee as historically there are members of the Course Director's group on the Admissions Committee.
   a. The current representative’s are: Drs. Marshall Dunning, Ill, J-F Liard, and J Bedinghaus.

2. Recommendation: Mr. Istwan suggested that the Course Directors have a standing agenda item for a report from members common to both groups so that information can be regularly communicated between the Admissions Committee and the Course Directors.

E. Dr. Bolender thanked Mr. Istwan on behalf of the group

3. CEC related Items – Dr. Bolender, Dr. Redlich, Dr. Simpson

A. M1-2 CEC Subcommittee Response to Course Director Proposal for Item Writing

1. The M1-2 course directors had recommended to the CEC that an external consultant be invited to MCW to train faculty on the design and writing of USMLE type exam questions (integrated with clinically relevant material).

2. In follow-up the M1 M2 Subcommittee requested a formal proposal which included answers to the following questions. Dr. Bolender outlined a proposed response for each question for which there was general concurrence amongst the course directors:
   a. Who would be invited and what are his/her qualifications?
      (i) Dr. Murice Kogat’s (pediatrics and endocrinology) who has chaired multiple NBME item writing committees and is concurrently chairing a committee that writes basic science related items.
   b. What is the format?
      (i) Two workshops, offered in the pm and then repeated the following am.
   c. Who would attend the training?
      (i) The Course Director group should invite the attendees including basic science and clinical faculty. Clinical members of the MCW Society of Teaching Scholars was suggested as a pool of clinical faculty who could work with basic science faculty to write clinical vignettes.
   d. What would be the expected outcomes?
      (i) Help students become more familiar with USMLE-style exam items.
      (ii) Encourage collaboration across clinical and basic science faculty to enhance integration.
The course directors are invited to attend the upcoming M1-2 subcommittee meeting to clarify any additional questions - Monday, November 24 at 4pm in the Academic Affairs Conference room.

Note the NBME Item Writing Book available is available at http://www.nbme.org/publications/item-writing-manual.html

Approval: Dr. Krippendorf moved to accept the workshop and Dr. Kolesari seconded it, no objections.

B. Library acquisition of e-texts
   (1) Dr. Simpson reported on the follow-up with Ms. Mary Blackwelder regarding e-texts. The library is supportive and seeks to work with course directors to purchase licenses for needed books. However there are some challenges due to variability as license fees/rate, book format, etc are inconsistent across publishers and can change annually.
   (2) Generally the library will not purchase a license that allows less then 3 simultaneous users (some vendors allow only 1 user at a time).
   (3) Links from ANGEL to the licensed text can be created.
   (4) Dr. Krippendorf stated some books allow you to go on-line and use the book for three months. She will encourage those students who do not wish to purchase the text to do that.
   (5) Dr. Simpson emphasized that the library is willing to work with any course directors to explore e-book license. Course directors should e-mail Ms. Blackwelder blackwel@mcw.edu the book name, its status (required or recommended), publisher and edition and she will explore its license costs.

C. Teacher recognition pins
   (1) Nominations were received from all but two Course/Clerkship Directors and have been approved by the CEC.
   (2) Pins and individualized recognition letters will be provided to Course Director by the CEC to distribute to the pin recipient(s) in their respective departments. If the nominator was outside the recipient’s department, then the pin and letter will be sent to the vice chair for education or most senior educator position within the recipient’s department for awarding.
      a. Pins should be shipped the end of this week (11/14/08) – with primary design by Dr. Beth Krippendorf.
      b. Dr. Papin asked if there were individuals nominated more than once. Dr. Simpson said yes, however they will only receive one pin but that the letter would indicate if they were nominated multiple times.
   (3) Recognition Process:
      a. The Course Director/nominator should select a public venue, such as a faculty meeting, to distribute pins.
      b. The master list of recipients will also be recognized in MCW College News + other “Announcements”
   (4) This is a first time through for this process and we would like to continue to improve the nomination, selection, and award process based on feedback.
      a. Dr. Kolesari stated he was challenged by only picking “7” individuals, wanted to pick more.
      b. Dr. Derse wanted to recognize in front of students – wants to see if he could get pins by Tuesday, November 18 (dependent on arrival from vendor).

4. i-Tunes University – Dr. Simpson
   A. An i-Tunes University contract has been executed with approval for a public and private site.
      (1) Dr. Simpson noted that the i-Touches are being explored as replacements for the M3 PDA’s as PDA technology is no longer being updated.
   B. The private site is only accessible to those with a MCW log in. We anticipate that ANGEL will be the pass-thru log-in process.
   C. Educational Services and the Library are currently forming a policy group to guide the MCW i-Tunes process. Dr. Simpson asked for a representative from this group for the i-Tunes Policy Group.
      (1) Dr. Meurer agreed to serve, when she is available, as the course director representative as she has i-Tunes experience and no other directors expressed interest.
5. **AAMC meeting highlights – Dr. Redlich, Dr. Simpson**

   A. **Pathways – Areas of Concentration (Dr. Redlich)**
      (1) Dr. Redlich attended a collaborative group on scholarly concentrations, a buzz word for "pathways." The session was standing room only as there are many medical schools currently using or in planning stages.
      (2) Learning communities also a hot area, AKA "houses."

   B. **NBME has a series of updates (Dr. Simpson)**
      (1) No decision has been made regarding the Step 1 exam; It will come next spring at the earliest.
      (2) The recommendation of the CEUP report to the Governance Committee (who actually makes the decision) includes 3 main points:
         a. There will be two "decision points" in the licensure process:
            (i) The first will be during medical school and will certify trainees to practice medicine under supervision,
            (ii) The second will occur after one year of residency and will license trainees for unsupervised practice.
         b. In addressing the issue of how many exams and when they would be taken, more than one USMLE representative stated that there will (probably) be two decision points, but that doesn't mean only two exams.
            (i) Instead of the two exam structure they were suggesting last year, now they're talking about breaking Step 1 and Step 2CK into 1/2 day sessions which, along with Step 2CS, would make 5 testing units.
            (ii) These 5 units would be aggregated into the first decision point (there was no mention of how this aggregation might occur).
      (3) The Step exams will focus on competencies, likely associated with the ACGME competencies.
      (4) USMLE will re-think the approach as to how to include fundamental sciences (e.g., Basic sciences, Behavioral sciences, Epidemiology and biostatistics, Evidence based medicine) and not segregate sciences into one exam (i.e. Step 1).
         a. Fundamental science items on the exams will de-emphasize normal structure and function topics and will increase emphasis on science for good patient care. This emphasis on "good patient care" will increase emphasis on inclusion of Pathology, Pathophysiology and Pharmacology.
      (5) There will be increased emphasis on use of information (e.g., Reading literature and evidence based medicine).
      (6) Most of these alterations will occur as 'drift' in content and structure and not as a quantum change.

6. **Meeting Adjourned at 5:09 p.m.**

   **Minutes authored by:**
   Pamela L. Schultz, PhD & Deborah Simpson, PhD
   Office of Educational Services

   **Minutes Reviewed by:**
   David Bolender, PhD
   Chair M1-2 Course Directors

   **Course Directors Meeting**
   2nd Tuesday of the month alternating with Course/Clerkship meetings
   Room MEB 3390 (Academic Affairs) 4:00PM

   **Course and Clerkship Directors Meeting**
   Quarterly 1st Monday or Tuesday (alternating)
   Boardroom 4:00PM

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MCW M1-2 Course Directors’ Meeting Agenda  
Tuesday, January 13, 2009 @ 4:00 pm  
MEB 3390

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<td>Joan Bedinghaus, MD</td>
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<td>Charles Myers, PhD</td>
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<td>David Bolender, PhD</td>
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<td>Beth Krippendorf, PhD</td>
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<td>Kayleen Papin, MD</td>
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<td>J-F Liard, MD PhD</td>
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<td>Jennifer Lorek, MD</td>
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<td>Richard Sabina, PhD</td>
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<td>Elaine Drew, PhD</td>
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<td>Ken Simons, MD</td>
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1. **Chairman’s Report – Dr. Bolender**
   A. Approval of November minutes
   B. Teacher recognition pins update/reactions?
      (1) Dr. Kolesari stated he heard praise for the program and also recipients were very appreciative of having the honor bestowed on them, others echoed this sentiment.
      (2) Dr. Liard and Dr. Schultz reported that some course/clerkship directors had not yet distributed the recognition pins.
         a. Suggestions were made that moving forward we may want to identify logistics as to how to handle pin distribution so everyone receives or distributes their pins at the same time. However, the variation between departments in terms of holding faculty meetings, grand rounds and other forums where faculty convene makes such a process difficult.
         b. Additional ideas should be forwarded to Sheri Galewski sgalewsk@mcw.edu

2. **Functionality of Online Grading and Electronic Signatures – Ms. Kay Harbach and Ms. Jan Nelson on behalf of Patty Confer**
   A. The Registrar’s on-line grading/electronic signature project is moving into Phase II with Ms. Harbach and Ms Nelson providing an update and input from the course directors. Listed below are the key topics, questions from the IT side, and questions/comments from course directors.
   B. Currently, course directors are the only ones who can sign grade reports. Do course directors want to assign another individual, coordinator or other designee, the right to sign the grade reports as well?
      (1) Dr. Kolesari stated he would like the ability to assign this function to an appointed individual. Other committee members agreed and Ms. Harbach stated they will build this functionality in moving forward.
   C. Ability to change grade.
      (1) Dr. Fritz reported that currently he is unable to change an incomplete to a grade. How should/will this situation be handled?
         a. Ms. Nelson stated this is currently a manual process and it involves working with the Registrar. Moving forward, should this issue arise again there is an e-mail alias on the bottom of the form individuals may contact for assistance.
      (2) Dr. Sabina stated his department had another issue regarding this situation and has not signed off on grades as of today because of this situation.
         a. Ms. Nelson offered her assistance with the issue. Dr. Sabina accepted.

A. Dr. Bolender presented the plan developed by the course directors at the December 2008 meeting of the M1-2 subcommittee of the CEC. The M1-2 Subcommittee identified a number of key areas that should be included in a revised proposal, due by Monday, January 19, 2009, which are listed below.

(1) Specify outcomes associated with the retreat: For example a certain percent of the items on basic science course examinations must be clinically oriented and written in USMLE format that cross disciplines.”

(2) Establish the course directors “buy-in” to writing items in an USMLE-style.

a. Concerns were raised by several course directors about the proposed plan including:
   (i) Pharmacology uses an exam format that does not incorporate multiple choice questions because the students feel it is a more beneficial format.
   (ii) Are we putting “the cart before the horse” by writing clinically oriented, integrated questions if we compose questions prior to the courses themselves being integrated?

b. It was emphasized that the goal of the initial proposal was to integrate USMLE-style questions into the M1 and M2 curriculum, so students experience this style of question and become more able to apply key basic science concepts in a clinical context thus better preparing them for both their Step 1 examination and perhaps for clinical Clerkships.

(3) Delineate a plan to sustain momentum for the inclusion of USMLE-like items

a. Post the workshop/event?

b. The committee determined they would present the proposal in a Phased approach which would also serve as a template for securing Learning Resources funding.

c. Phase I:
   (i) Invite an experienced visiting professor who has worked with the NBME to present a workshop to teach faculty how to author clinically oriented USMLE style questions.
   (ii) All basic science faculty teaching in M1-2 courses will be invited to attend.
   (iii) Expected outcomes: a 10% increase year over year of integrated exam questions with a cap of 70% of exam questions.

d. Phase II would feature writing of USMLE-style integrated questions related to material presented in 2 or more courses within the same semester.

e. Phase III proposals and beyond will be composed if necessary.

f. ACTION ITEM: Dr.’s Bolender, Dunning, Krippendorf and Lorek will work on finalizing the proposal with input from Drs. Redlich and Simpson.
   (i) The proposal is due by Monday, January 19th, 2009
   (ii) The proposal should include any reimbursement needed for food, costs for materials; example would be any texts needed such as; “First Aid”, NBME booklet, and other resources as needed.

4. Update on Physiology Pilot: Cardiovascular Clinical Integration (Drs. Liard & Dunning).

A. Enrollment: 14 students have volunteered for the pilot which will start Thursday, January 15, 2009 and will run until the end of February.

1) All students are WI residents as background checks are required due to student’s presence in a clinical setting. Out of state background checks are slower to complete.

B. Regular course lectures and the pilot sessions are scheduled at the same time so that pilot participants are unable to attend the lectures. Pilot participants will participate in team based learning including basic science covered by Dr. Green and clinical work covered by Dr. Cinquegrani.

1) Students will receive pre-class reading assignments in preparation for a readiness assessment test (RAT) that is used to open up discussion.

2) Students will go to the EKG lab at Froedtert and experience limited CV service exposure.
   a. Pilot participants will not attend lab associated with the CV block.

3) Pilot students will take the same exam as those attending the lectures and participating in the “traditional” program.
C. Dr. Dunning has received daily e-mails from students who want to participate but he has advised these students that enrollment is closed.

D. Overall the pilot has reduced total hours of lecture and lab by 35%.
   (1) Dr. Dunning has shared with the students they will need to be self-motivated.
   (2) Students will need to read all assigned chapters in the textbook to take the readiness assessment test.
   (3) Dr. Cinquegrani has made a commitment to attend all sessions, which are 1.5 hours each - Dr. Liard estimated it to be a total of 12 hours.

E. The conversation about the physiology pilot led to a more detailed discussion about team based learning and what other departments are conducting team based activities. Dr. Papin shared the process Family Medicine performs.
   (1) Dr. Simpson offered the suggestion to hold a mini TBL during this meeting. The committee liked the idea and requested Dr. Simpson act on this.
   (2) **ACTION ITEMS:** (1) Schedule a TBL to be held during this meeting and (2) Compose a schedule of TBL’s running with a contact name so others can make arrangements to attend the TBL session’s – family medicine, etc.

5. Teaching facilities – Dr. Mitchell
   A. Teaching facilities has been unable to fulfill the requests provided by Medicine. Dr. Mitchell brought it to the committee to see if others are having the same concerns?
   B. All directors present, with the exception of Dr. Liard, stated they have experienced similar issues with teaching facilities. However, some of these issues pre-dated Chad’s departure with others reporting increased problems of late.
   C. **ACTION ITEMS:** Committee members experiencing issues with Teaching Facilities should document their specific concerns, including dates and times, and send them via e-mail to Dr. Julie Mitchell. Dr. Mitchell will compile a concise document. Dr. Schultz will send an e-mail to the committee to remind them to submit their issues to Dr. Mitchell.

6. Final exam scheduling for Fall Semester/Inclement weather – Dr. Redlich
   A. Last scheduled class day for December
      (1) Friday of final exam week will be utilized as a make-up exam day in case of inclement weather.
      (2) Students will be told they are expected to be here through the day Friday – for those who may view this as an opportunity to begin their leave on Thursday.
   B. Last scheduled class day for May
      (1) Friday of final exam week will be utilized as a make-up exam day.
      (2) Students will be told they are expected to here through the day Friday – for those who may view this as an opportunity to begin their leave on Thursday.

7. Scheduling & Teaching Facilities Support for Fall Semester – Dr. Redlich
   A. Current scheduling compared to staggered start for courses was discussed.
   B. Teaching Facilities has suggested that class start times be staggered to ensure Teaching Facilities staff is able to meet their set-up requests.
   C. This item was also discussed under item number 5.

8. DEIAC & Pathways Update/Questions (Drs. Redlich and Simpson)
   A. Brief updates provided with brief details available via Medical Student Education Innovation Portal on ANGEL

9. Adjournment – 5:18 p.m.
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MCW M1-2 Course Directors’ Meeting Minutes  

Tuesday, February 10, 2009 @ 4:00 pm  

MEB 3390

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Meeting convened at 4:00 p.m.

1. Chairman’s Report – Dr. Bolender
   A. Approval of January minutes
   B. Elsa Cohen, MD Endowed Visiting Professor in Medical Education
      (1) Louise Arnold, PhD – Office of Medical Education & Research, University of Missouri - Kansas City, Kansas City, MO
      (2) Professionalism & 6 year BS/MD
      (3) Friday, May 8 – Pediatric Grand Rounds 8:30 a.m. (additional details pending)
   C. Drs. Bower, Young and Meurer will be holding a 3-hour Poverty Simulation program for the med students in collaboration with the FMSA student organization in the alumni center from 4:30 to 8:00 p.m. on March 24.
   D. February 27, 2009, 11:00 a.m. – 12:30 p.m. Integrated Grand Rounds, “Osteoarthritis” A Review of Relevant Basic Science A Review of the Relevant Clinical Problems Presentation of a Patient Presenters: Mary E. Cronin, MD Department of Internal Medicine, Division of Rheumatology. Ann K. Rosenthal, MD Department Internal Medicine, Division of Rheumatology. Ogugua Anene-Maidoh Student in the Medical Scientist Training Program.

2. Integrated, USMLE Item Writing Initiative Proposal to M1-2 CEC
   A. Proposal approved by the M1-2 CEC
   B. Proposal approved for funding through a Learning Resources Award approved by CEC Executive Committee
   C. Next steps & timeline

3. Teaching facilities – Dr. Mitchell
   A. Report compiled and forwarded to Dr. Simons
   B. Copies of the final report were circulated to meeting attendees – see attached for copy

4. TBL Presentation – Drs. Bedinghaus, Lorek, Papin
   A. Demonstration
   B. Available TBL observation opportunities were distributed to the committee

5. DEIAC & Pathways Update/Questions (Dr. Simpson)
Meeting adjourned at 5:00 p.m.  
Minutes Authored by:  
Deborah Simpson, PhD  
Pamela Schultz, PhD, MAPS

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Course Director Survey on the Performance of Teaching Facilities: Concerns and Recommendations

M1-M2 Course Directors, January 2009

Purpose of this document
At the January meeting of the M1-M2 course directors, all present agreed that the operations of the Office of Teaching Facilities were integral to our mission of educating medical students. Yet, most had concerns with this operation. This document summarizes our concerns and recommendations. Specific examples are linked to specific M1-M2 courses.

Significance of the problem to students and teachers
Teaching Facilities is charged with three main tasks that serve M1-M2 course directors: 1-starting lecture presentations (e.g., placing the microphone on the presenter and meeting his or her audio-visual needs), 2-setting up small group rooms (e.g., for discussions, physical examination, or laboratory exercises), and 3-being available as a resource for audio-visual difficulties and teaching supplies. When these tasks are not done, done late, or done poorly, it compromises student education. For example, many sessions have strict start and end times (depending on teacher availability and competing items on student schedules). When sessions are cut short because rooms are unprepared or because of technical difficulties, learning is lost. Students notice problems with room set-up and comment on this in their evaluations at the end of a course. Their frustration is echoed in overall course evaluations and their evaluation of physician instructors.

Many lecturers speak to M1-M2 students only once or twice per year and are not familiar with the controls. Some courses have guest instructors coming from other locations. It is critical to have someone assist these experts as they start their lectures.

Organization of the Office of Teaching Facilities
As recently as 2005, there were 3 staff members in the Office of Teaching Facilities. With 2 staff members, Mr. Plotkin and Mr. Wheeler, the course directors have noticed problems we describe below. We are particularly concerned now that the staff is reduced to 1 (Mr. Wheeler has left).

The Office of Teaching Facilities is part of the Department of Facilities in the structure of the College. This reporting scheme places staff from Teaching Facilities alongside staff from other Facilities like the Loading Dock, Mailroom and Maintenance. Thus, temporarily, some of Mr. Wheeler’s tasks have been done by a part-time Facilities worker who has no training or appreciation for the importance of this job in meeting the educational needs of the students.
Concerns

Lecture audio-visual equipment use and set-up. A Teaching Facilities staff member generally greets the lecturer, transfers his or her electronic presentation onto the Kerrigan or HRC Auditorium computer, and sets up the lights and microphone. There are occasional additional FSO (Facility Service Order) requests, such as those for video capability, an Internet connection, and the audience response system (I-clicker). Teaching Facilities also records the lectures and posts these recordings for students to review. This set-up cannot be done well by a single Teaching Facilities staff member.

Specific comments from course directors (course title in italics):

- **Human Development**: “Chad Wheeler covered Kerrigan with great efficiency. Everything was ready on time. He was keenly aware of the schedule and would call if he had questions or something changed. It was also very obvious when Chad had a day off. Often nothing was ready to go. To Gil Plotkin’s defense, on those days he was doing double duty. Chad’s reliability will be keenly missed.” ~Dr. Bolender

- **Pharmacology**: “Dr. Bolender notes that, when Chad Wheeler was gone, Kerrigan was not properly prepared because Gil Plotkin was doing double duty. We noted just the opposite. When Mr. Plotkin was gone, there would be days that Chad wouldn’t come at all or come late to HRC (after I called for help). I think this difference reflects that they each handled their usual priority (Gil for HRC, Chad for Kerrigan) first, and the other(s) took second billing. Both reflect the disruption by not having adequate staff.” ~Dr. Myers

- **Evidence-Based Medicine**: “We have been using the i-Clickers for the EBM course since last year, and they have made otherwise dry material more interactive and engaging. Chad Wheeler was always available to help get set up and distribute the i-Clickers – this help is needed to get started efficiently. The course relies on some guest instructors who have now added questions for the i-clicker, but for the past 2 lectures, the i-clickers were not available for the lecture. We did contact Gil Plotkin after the first incident, but they were still not ready for the next lecture by Seth Foldy (guest expert lecturer). I understand Mr. Plotkin is also working with the M-2s at the same time – he can’t be in 2 places at once. This impedes learning and makes the course seem disorganized and unprepared. If we are going to use the i-clickers (which I hope we do), we need someone to have them in the room, ready to distribute, and to help infrequent lecturers get set up to use them.” ~Dr. Meurer

- **Pharmacology**: “This year, with only Gil Plotkin, he had to cover both the HRC and Kerrigan Auditoriums simultaneously, which placed extra pressure on him. The audio recordings of the lectures now have dead time on them, as he starts them early and the recording of dead-time continues through the break. I don’t know if this is creating problems for the students or not.” ~Dr. Myers

- **Cell & Tissue Biology**: “The Kerrigan lecture hall has been consistently ‘ready’ for all lecture requirements. Mr. Plotkin and his staff have been available, providing extremely user-friendly assistance.” ~Dr. Lough

Preparation of rooms for small groups. FSOs (Facility Service Orders) are generally completed by course directors or course coordinators to detail the room set-up for
Teaching Facilities. The MUTS (Multiple Use Teaching Space) rooms are particularly designed with movable dividers to change the room size or number of rooms; these changes are indicated on FSOs. Other room set-up needs include audio-visual equipment, table and chair formation, and items such as foam pads and wedges to simulate a clinical exam room for physical examination practice. This preparation has not been reliable, even with a Teaching Facilities staff of 2 persons.

Specific comments from course directors (course title in italics):

- **Neurosciences**-- Comment based on a Teaching Facilities staff of 2: “There needs to be an improvement in the reliability of Teaching Facilities staff in setting up rooms in the SMUTS for Medical Neuroscience laboratory sessions. When I go to the SMUTS to prepare for a lab scheduled to begin within the hour, I often find that the furniture in the SMUTS is in disarray and the room dividers are closed. It is not unusual for me to have to scramble to find Teaching Facilities staff who can help me open the room dividers and arrange the tables and chairs. When I cannot locate Teaching Facilities staff, I am forced to open dividers and move furniture on my own – a job that is too strenuous for me. Moreover, this interferes with my ability to prepare for the lab session!” ~Dr. Krippendorf

- **Clinical Examination and Reasoning (CER)**-- Comment based on a Teaching Facilities staff of 2: “Our small group sessions in the MUTS are rarely appropriately prepared, despite submitting FSOs clearly indicating our room requirements, which are critical for the task at hand: students examining each other in practice of the physical exam. Frequently, the course coordinator visits the rooms within the half-hour of the session start time and finds nothing ready. The coordinator then has to locate the foam pads and wedges (often not stored properly or in a location that is not accessible to the coordinator), move tables, and set up the pads instead of making sure the students and teachers are in the right spot.” ~Dr. Mitchell

- **Pharmacology**-- Comment based on a Teaching Facilities staff of 2: “Small group sessions in the MUTS have not always been properly prepared. Our needs are simple (4 tables and 16 chairs per room), are the same every year, and they are given advance notice. It seems that some rooms are set up and others not. Either the rooms were not set properly, or they were ahead of time and then someone else used them or moved furniture out.” "While the rooms for exams have been properly prepared most years, last year the Alumni Center did not have tables or chairs when we checked about 45 min before the exam, so a last-minute frantic call had to be placed. We need the audio activated and a workable microphone in each room for the exams. Sometimes this has been done, sometimes not.” ~Dr. Myers

- **Microbiology**: “We have experienced the same difficulties with the MUTS as Dr. Myers detailed: rooms in disarray, too many tables, not enough tables, too many chairs, tables all jammed together, etc.” ~Dr. Fritz

- **Neurosciences**: “It is reasonable for students to expect that when they attend a lab, there will be a seat for them. However, there are not enough chairs in the SMUTS to accommodate all of the M1 students (N=216) plus graduate students (N=10). Additional chairs are also needed for students when the entire class is scheduled for the Computer Instruction Laboratory (CIL). I have filed an FSO requesting additional chairs for the CIL for several dates in the spring semester. Apparently,
the source of these chairs is the SMUTS. Either these extra chairs need to be transferred on a regular basis or additional chairs must be purchased. Otherwise, students will continue to pull chairs from any available area (study rooms) in order to participate in the labs. This is quite disruptive to the start of the laboratory session.” ~Dr. Krippendorf

- *Cell and Tissue Biology:* “The computer lab preparation has been satisfactory, with the exception of the course’s first ‘laboratory’ in 2009 when we found the facility partitioned (it must be wide open for the teaching we perform) and we could not immediately locate anyone to un-do the partitions, causing an approximate 20-30 minute delay.” ~Dr. Lough

**Availability and approachability of Teaching Facilities staff.** If Teaching Facilities is to be a resource for MCW educators, the staff members need to be available and approachable. Staff members have work starting and ending times that do not necessarily correspond to the students’ calendar. And, it seems, one of the casualties of time pressures and overworked schedules is the employment of niceties. Specific comments from course directors (course title in italics):

- **Clinical Examination and Reasoning (CER):** “Our course has atypical requests for Teaching Facilities because of the nature of the subject we are teaching: the physical examination. Thus, we need to set up the MUTS rooms like exam rooms: making the hard tables an exam table with foam mats and wedges, keeping rooms small and well-divided to limit background noise as students use their stethoscopes, and making sure we have soap with which to wash our hands. These room set-ups are time-consuming and burdensome to Teaching Facilities staff. In fact, the course coordinator has been informed of Mr. Plotkin’s dislike of the course. I think this is the reason that the first job he decided to cut when he lost Mr. Wheeler was setting up rooms for CER. Mr. Plotkin explained to the CER course coordinator that she could receive no support from him throughout the spring semester due to the staffing problem.” ~Dr. Mitchell

- **Clinical Examination and Reasoning (CER):** “CER has some small group sessions that start at 8am, some that start at 1pm and some that end at 5pm. We use the whole day because we divide the class of over 200 students into small groups for physical exam teaching. Our schedule has been a problem for Teaching Facilities, as Mr. Plotkin generally leaves at 4pm and the 1pm sessions interfere with his lunch hour. On a few occasions, when our sessions went past 4pm and we were using the Teaching Facilities laptops or projectors, we had no instructions as to what do with the equipment. We simply found ourselves alone to secure it. It is disheartening to see Teaching Facilities staff stay late only for Dean’s office functions. Medical student teaching deserves equal help from Teaching Facilities.” ~Dr. Mitchell

- **Neurosciences:** Dr. Krippendorf indicates difficulty reaching Teaching Facilities staff in her comments on small group preparation above.

- **Pharmacology:** “The biggest concern is that there is now no one there if there is a problem with the equipment (computer lock-up, microphone issues, etc.). If there is a problem, the lecturer is left to their own devices. Fortunately, we haven’t had an
issue yet this year, but I am concerned that no one will be available to quickly help.” ~Dr. Myers

• *Pharmacology:* “Mr. Plotkin knows how it all works. We would be in real disarray if we did not have his continuity and ability to train new staff.” ~Dr Myers

• *Anatomy:* “My experience with teaching facilities spans many years. More recently, I have found Chad Wheeler and Gil Plotkin to be first class to work with. They have always gone the extra mile in a timely fashion to get a quality product delivered to our students. My formal involvement with them for this year ended with the final anatomy exam (Dec. 19 -- Chad’s last day). To the best of my recollection, there has always been at least 2 full time people working in their office. In my opinion, 2 full time people are needed.” ~Dr. Kolesari

• *Ethics and Palliative Care:* “I don’t have any lapses to report. I’ve generally been very satisfied with Teaching Facilities for my M-2 course, including this past year. But I strongly support the proposition that a reduction in personnel will have adverse effects on instruction.” ~Dr. Derse

**Summary**

1. Course directors depend on Teaching Facilities for lecture and room set-up. Even with a staff of 2 persons, too frequently, lectures start late and small group rooms are not prepared for the teaching activity at hand. Most of the problems the course directors cite could be solved with adequate staffing.

2. Student education is compromised when Teaching Facilities tasks are not done well: teaching time is lost and students notice. Problems during examinations are particularly frustrating.

3. The tasks assigned to Teaching Facilities must be done. When Teaching Facilities is understaffed to do its jobs, faculty members and course coordinators substitute in a time pinch, sometimes without resources and appropriate skills. This is a poor use of their time.

**Recommendations**

1. The staffing and resources of the Office of Teaching Facilities should be considered a core priority: teaching is a primary mission of the school and proper set-up of rooms and lectures is essential to teaching. Even in the setting of a tight budget, core priorities must be funded. This means at least two staff members in Teaching Facilities and adequate equipment (e.g., chairs).

2. Promotion and recognition of staff from the Office of Teaching Facilities should be primarily based on performance in this core priority: i.e., lecture and room set-up for medical student teaching. The Office of Teaching Facilities must have the staff to be able to take responsibility for a job well done. Similarly, course directors must have a mechanism whereby they can report when the job is inadequate.

Compiled by Julie Mitchell, MD, MS, Associate Professor of Medicine (General Internal Medicine), and Course Director, Clinical Examination and Reasoning
MCW M1-2 Course Director’s Meeting Minutes

Tuesday, April 14, 2009 @ 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>Gary Kolesari, MD, PhD</td>
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<td>David Bolender, PhD</td>
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<td>Beth Krippendorf, PhD</td>
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<td>Julie Brinkerhoff, Med Ed</td>
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<td>J-F Liard, MD PhD</td>
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<td>Coordinator - Pathology</td>
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<td>Philip Redlich, MD, PhD</td>
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<td>Arthur Derse, MD, JD</td>
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<td>Jennifer Lorek, MD</td>
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<td>Elaine Drew, PhD</td>
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<td>John Lough, PhD</td>
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<td>Marshall Dunning III, PhD</td>
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<td>Michael McBride, MD</td>
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<td>Robert Fritz, PhD</td>
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<td>Linda Meurer, MD, MPH</td>
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<td>Julie Mitchell, MD</td>
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<td>Carol Tsao, MD</td>
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1. Chairman’s Report – Dr. Bolender
   A. Approval of February 2009 minutes
      (1) Minutes were approved as submitted.
   B. Dr. Carol Tsao will be assuming the role of Director of Medical Student Education for the Department of Psychiatry and the M2 Course Director effective June 1, 2009.
   C. Friday, May 8, Elsa Cohen, MD Endowed Visiting Professor in Medical Education
      (1) Louise Arnold, PhD
      (2) 8:30-9:30 - Pediatric Grand Rounds on Professionalism in CHW Auditorium
      (3) 1:15 ish – Informal discussion on Baccalaurate to MD Programs (Location TBD)
   D. Update on next Integrated Grand Rounds
      (1) All rounds for 2008-09 have been completed.
      (2) The concept of integrated grand rounds is recommended for re-inclusion within 20% time.
   E. Teaching Award Nominations all deadlines 9:00 a.m. Friday May 8, 2009
      (1) View information and criteria at [http://www.mcw.edu/display/docid1074.htm](http://www.mcw.edu/display/docid1074.htm)
         a. Edward J. Lennon, MD Endowed Clinical Teaching Award
         b. Nomination for Society of Teaching Scholars
         c. Marvin Wagner, MD Preceptor Award
      (2) Questions can be directed to:
         a. Dr. Sebastian jsebasti@mcw.edu
         b. Dr. Simpson dsimpson@mcw.edu

2. CEC
   A. Discussion on 20% time reduction
      (1) The CEC has convened a meeting with key stakeholder representatives (e.g., M1-2 course directors, M3 clerkship directors, CEC Executive Committee, selected DEIAC members) to review the proposals from the M1-4 required directors.
         a. Course directors emphasize the need to establish the schedule so that they can move forward with planning.
      (2) Contact time and content is anticipated to be a 1-year transition time. At the CEC’s Q&A session with the course/clerkship directors the course directors left with a charge that they needed to:
         a. Agree to reduce 20% time.
         b. Recommended structure/format for reduction (e.g., Thursday afternoons, 2 weeks each semester).
B. Dr. Bolender provided a summary document that outlined the various years recommendations for "white spaces".

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M4 = Sub I’s – Blocks of time within a rotation or one day/week or 2 half days/week or 4-5 days.

(1) Report of meeting(s) to coordinate time for pathways, curricular innovations

C. Updates

3. Assumptions, Consideration, & Recommendations for Dr. Bolender to communicate to CEC

A. Assumptions:
   (1) The curriculum, at least for 2009-2010, is going to be clumsy and not smooth.
   (2) The 20% reduction may be used for core curriculum (e.g., professionalism, nutrition), pathway time or in class hours reduction.

B. Considerations
   (1) Consistent schedule within each semester and year while the current curriculum is in operation.
   (2) Any courses that are taught by clinicians must have consistent days/times due to their limited flexibility associated with clinical responsibilities.
      a. The availability of multiple ½ days per week allows directors to draw on more physicians IF that schedule is consistent.
   (3) Exam week only contains exams, study time and optional review sessions.

C. Recommendations for use in the 20% reduction time
   (1) Integrated TBL’s (Pathology’s reduction was achieved by eliminating their TBLs)
   (2) Integrated Grand Rounds
   (3) Glucose Lab (was eliminated from Biochemistry due to the M1 plan to “free up” Friday am).
   (4) Integrated small group discussions involving biochemistry and perhaps other basic sciences.
   (5) Consider adapting mentor program to the core curriculum/clinical pathways during this 1st transition year.

D. Necessity
   (1) The schedule must be established so that planning can go forward.

4. DEIAC & Pathways Update/Questions - Dr.’s Simons, Redlich and Simpson

5. Comments on Teaching Facilities Draft Response to Course Directors Report – Dr Redlich

A. Clarifications for submission times re: audio visual and routine room need set ups versus unique requests.
   (1) Reasonable time request is one week in advance.
   (2) Do FSOs need to be submitted for routine set up?
   (3) When do FSO’s need to be submitted?

B. What is standard room set up (e.g, laptop, overhead, projection, internet) for the different venues?
   (1) HRC & Kerrigan – develop a check box form (with definition) for a standard set up for:
      a. Laptop, projector, overhead, pointer, microphone, audio recording, DVD player, internet access with a cable, video.
   (2) Alumni Center – develop a check box form (with definition) for standard set up.

1 2 half days/week
b. Also include check boxes for: classroom set up, chevron, round tables

(3) MOUTS – Course Directors will forward recommendations of standard (Path, Neuro, Biochem, Physio, CER, EBM)
   a. Submit a “standard” set up for each course (table layout, chairs, hand soap).
   b. If deviations how far ahead must it be submitted and in what format.
   c. A post-standard set up (moving wedges out of the room; phones) that occurs immediately AFTER the course so that the room is ready for next set up).

6. Comments on Religious Accommodation Draft Policy – Dr. Redlich
   A. Recommendation – delete named holidays on the policy.
   B. Interfaith calendar website for religious holidays: http://www.interfaithcalendar.org/

7. Update on Integrated, USMLE Item Writing Initiative Proposal to M1-M2 CEC – Dr. Bolender
   A. Drs. David Swanson and Kathy Holtzman from the NBME are in conversation with Dr. Bolender about structure and dates. The price point if under 25 (3,000) or over 25 ($6,000) with dates in late June or July.
   B. When the potential dates are provided Dr. Bolender will assess how many from MCW are interested in attending.

8. Update on Community Action Poverty Simulation (CAPS) – Dr. Meurer
   A. The poverty simulation was highly evaluated and should be an integral part of the new curriculum.

9. Adjournment
   A. Meeting adjourned 5:14 pm.

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<tr>
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<tr>
<td>2nd Tuesday of the month alternating with Course/Clerkship meetings</td>
<td>Quarterly 1st Monday or Tuesday (alternating)</td>
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<tr>
<td>Room MEB 3390 (Academic Affairs) 4:00PM</td>
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<tr>
<td>April 14, 2009</td>
<td>June 1, 2009 (M)</td>
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April 14, 2009
May 12, 2009
Meeting convened at 4:06 p.m.

1. **Chairman’s Report – Dr. Bolender**
   - A. Approval of April 2009 minutes – APPROVED as distributed
   - B. New Course Director – Carol Tsao, MD, JD

2. **CEC - Dr. Redlich**
   - A. Update on CEC action on our requests (listed below) related to the 20% reduction
     **Assumptions:**
     1. The curriculum, at least for 2009-2010, is going to be challenging with lots of opportunities.
     2. The 20% reduction may be used for core curriculum (e.g., professionalism, nutrition), pathway time or in class hours reduction.
     **Considerations**
     3. Consistent schedule within each semester and year while the current curriculum is in operation.
     4. Any courses that are taught by clinicians must have consistent days/times due to their limited flexibility associated with clinical responsibilities.
        a. The availability of multiple ½ days per week allows directors to draw on more physicians IF that schedule is consistent.
     5. Exam week only contains exams, study time and optional review sessions.
     **Recommendations for use in the 20% reduction time**
     6. Integrated TBL’s (Pathology’s reduction was achieved by eliminating their TBLs)
     7. Integrated Grand Rounds
     8. Glucose Lab (was eliminated from Biochemistry due to the M1 plan to “free up” Friday am).
        a. Glucose lab was retained but moved to Thursday
     9. Integrated small group discussions involving biochemistry and perhaps other basic sciences.
     10. Consider adapting mentor program to the core curriculum/clinical pathways during this 1st transition year.
     **Necessity**
     a. The schedule must be established so that planning can go forward. Dr. Franco’s e-mail was forwarded stating the CEC’s role is to oversee the decisions not design the curriculum – Integration Directors would be more appropriate. Course Directors are the content experts and the CEC will look to them for the expertise.
     b. **Course Directors have until July 15th to tell Dr. Redlich course content and what space they will need for facility planning**
Proxy Question from Dr. Mitchell – she feels students will know items are missing based on last year’s experience. Answer – Belief is Course Directors will teach everything the students need to know in class, based on the fact that faculty will determine what has to be taught.

Dr. Mitchell also asked how integration was going to take place, who is responsible for new curriculum? As a group or independently will the Course Directors will participate in the integration or will it come down from above – the way it will be done as well? At this time the desire is to have a collaborative structure, final details are nebulous however.

B. Balance integrated items with what is being cut, how are items reported

C. Reporting relationship with the DEIAC
   (1) The Course Directors are enthusiastically supportive of the DEIAC.

3. DEIAC & Pathways Update/Questions - Dr.’s Simons, Redlich and Simpson

A. Dr. Dunning is working on a sub group which is one of four, see below. Come early summer 1-2 models of how the curriculum could be laid out will be selected and agreed upon by the DEIAC. Dr. Dunning stated there is a lot of work/effort being put forth however; at this time details and a comprehensive product are nebulous.

B. Four sub groups/models:
   (1) Organ-system based
   (2) Disease based
   (3) Break the bricks (be creative)
   (4) Clinical care/team model

C. CEC is responsible for oversight
   (1) Course directors can do what they want but in the end they are still accountable to the CEC

D. DEIAC reports to the Dean

E. Weekly updates for the committee

F. ACTION ITEM: Student wants to learn how to learn – Dr. Simpson’s M4 elective student wants articles year by year on how to learn

4. Update on Integrated, USMLE Item Writing Initiative Proposal to M1-M2 CEC – Dr. Bolender

A. Sessions scheduled for:
   (1) Wednesday, June 3 from 12-4:30 p.m. and lunch is provided, seven currently attending
   (2) Thursday, June 4 from 8-12:30 p.m. and a light breakfast will be provided, 35 signed up to attend

B. Invitations have been distributed please RSVP deadline extended until Friday, May 15

5. NBME Exam Results (NBME given vs. CCSE)

A. The 2006 curriculum committee asked for support to do a customized exam – CEC required and constructed as a RFP so the exam was administered at no cost. The next year M1stook the exam, M2s did CCSE sampling across all domains, this year used established subject exam. Results can be found on ANGEL.

   (1) Single comprehensive subject examination – paper and pencil exam given April 20, 2009
   (2) We know nearly half of US medical schools have significantly integrated curriculum
   (3) The results also show us that when questions are clinically presented/integrated format the students do not know how to separate out relevance
   (4) Asked students to evaluate how well MCW prepares them for this type of exam, content analysis forthcoming on this item
   (5) MCW Students were hovering around the mean, only one above the mean is pharmacology

B. Students will get their scores back – at this point not sure the format, i.e. by subject, etc.
C. Will compare last year to this year as soon as data is pulled and analyzed
D. Definitions are on the USMLE Blue Site – ACTION ITEM
   https://apps.nbme.org/nsasweb/servlet/mesa_main

6. iTouches were distributed to rising M3’s

7. Office space for Pathway Directors and Integration Masters will be located in the library
   A. What do Integration masters do – task to integrate clinical work early on in M1
   B. Integrate Dr. Kolesari’s course with the Physical Exam course is an example of how Dr. Krippendorf feels her position may function

8. Adjournment at 5:08 p.m.

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