NO
MEETING THIS MONTH
M1-2 Subcommittee CEC  
Minutes: July 26, 2004

1. **Introductions and Approval of Minutes**  
   a. Dr. Twining opened the meeting as the current subcommittee chair.  
   b. Minutes were approved as submitted  
   c. Member Introductions/Committee Assignments  
      i. Members were introduced along with members who were transitioning to the M3-4 Subcommittee or from M3-4 to M1-2 were introduced.

2. **New Format for Course Reviews**  
   a. Dr. Twining provided a brief overview of the rationale behind the “CEC M1/M2 Course Longitudinal Review Form” including the desire to provide both the CEC and the Course Director with a longitudinal record of their course data and the associated CEC review.  
   b. Process for Form Utilization:  
      i. Each year the Office of Educational Services will update the quantitative data (Likert Scale responses) with the mean data for the year on review. The assigned CEC reviewer will also see:  
         1. The full print out of Likert Scale responses by frequency  
         2. Students’ narrative responses.  
         3. The mid-rotation report.  
      ii. Each year the CEC reviewer will receive the longitudinal review form with the quantitative data and narrative comments from the preceding two years will be provided.  
      iii. The assigned CEC reviewer will then add the current review year.  
      iv. The Office of Educational Services will maintain a full longitudinal record of each course for, at a minimum, the review period for the LCME (e.g., current accreditation is 8 years).  
   c. The committee approved the implementation of the M1-2 Course Longitudinal Review Form for use with the spring 2003 courses.

3. **Pathology Course Review**  
   a. Introductions of Dr. Almagro  
   b. Dr. Lye provided a brief overview of the strengths and concerns, which emerged from the review of the Pathology student evaluations. Dr. Twinning emphasized that the CEC is looking for ways to support Pathology in improving their course.  
   c. Major Problems as Outlined by Dr. Almagro  
      i. Clinical Services vs. Teaching  
         1. Pathology has an ever-increasing service responsibility, making it difficult to find time for teaching. Dynacare and other affiliate hospitals have increasing high volume and turnover.
2. The breadth of faculty involved in the course comes from multiple hospitals/settings (St. Joe’s, Menomonee Falls, CHW, MCW) for a lecture/classroom/lab-based course.
3. Pathology is a “bottle-neck” specialty in which there cannot be a delay in the delivery of clinical service.

ii. Infrastructure
1. Currently there is minimal to no assistant/administrative support for Pathology. A new individual will be hired part-time to full Mr. White’s full time position (from the ME’s department).
2. To Dr. Almagro’s knowledge there is no one whom is being groomed to become the successor.
3. The committee was interested in the faculty status of those individuals who are teaching in the pathology course. For example:
   a. What are the expectations of faculty in their faculty contracts for teaching, research, and service?
   b. What expectation does each hospital for the teaching/academic missions beyond service?
   c. What percentage of time do the small groups/labs run with residents as teachers versus faculty? (Students concerns that they do not see the full-time faculty).

iv. Support for Faculty as Teachers
1. The CEC did raise the issue “time to teach” with the faculty council. The idea of line-item accountability for education within department budgets was “tabled” by the faculty council.
2. Every department gets corporate funds from how to support the teaching mission of the school. The chair then determines how those funds will be allocated, therefore per Dr. Campbell, is a discussion between the chair and the dean.

v. Establish an administrative structure, with appropriate resource allocation, within the department of pathology for course management. Examples include:
1. Identification and prioritization of key issues
   a. Faculty attendance at case based discussions (N=16 faculty)
      i. Potential Solution: Invite faculty from other specialties to participate
2. Education committee which meets monthly to address concerns and appropriate implementation change strategies.
3. Succession strategy for course/unit leadership associate/assistant course director.
4. Administrative staff including a lab specimen specialist/clerical.
   vi. Faculty development opportunities for clinical teaching
      1. Currently there are limited opportunities for individuals, who are new to their teaching roles, to develop their teaching expertise. Faculty development opportunities can be addressed in cooperation with the Office of Educational Services.

   e. Action Plan for CEC
      i. A letter outlining the key concerns, which emerged from the CEC’s pathology review, will be sent to the department chair.

4. Spring 2004 Course Review Assignments
   a. All reviews are due in August with each committee member assigned two reviews.
   b. Dr. Twinning assigned and distributed the following courses for review:
      i. Integrated Medical Neuroscience – Dr. Lund
      ii. Medical Information Management (MIM) - Dr. Lund
      iii. Foundations of Human Behavior – Dr. Sabina
      iv. Cell and Tissue Biology – Dr. Twining
      v. Physiology – Dr. Dwinell
      vi. Introduction to Clinical Examination – Dr. Twining
      vii. Pharmacology – Dr. Walsh-Kelly
      viii. Health Care Systems – Dr. Campbell

5. Global Objectives – Dr. Redlich
   a. The most recent update of the global objectives was circulated to all committee members last week. The objectives have been drafted based on an array of national models, the retreat findings.
   b. Professionalism is the newest set of objectives to be circulated and Dr. Redlich would like feedback.
   c. Timeline: All objectives will be submitted to the CEC for approval late fall.

6. Liaison Committee System for Mid-Course Review
   a. Overview
      i. The mid-rotation reports received from the M1-2 Course Directors were circulated. Several departments have not submitted their reports but one has agreed to submit their report in the coming year (e.g., Clinical Human Anatomy).
      ii. In general the reports seem to have appropriate scope and timely submission.
   b. Student Perspective:
i. Indicated that the mid-rotation evaluations have seen that there are useful changes that have emerged.

ii. Even if there is no change, it helps if students can understand the reason behind the action.

c. Report: Sometimes it is difficult to have students generate a report so there needs to be some flexibility.

d. Overall: The process seems to be working with the exception of a few courses.
   i. Action Item: If courses are not compliant, a letter should be forwarded to the chair encouraging the chair to support compliance.
   ii. Use positive reinforcement to support and encourage those individuals who have met the requirements.
   iii. Dr. Sabina – will serve as the M1-2 CEC Subcommittee’s liaison to the M1-2 course directors.

7. Chair for M1-2 Subcommittee
   a. Dr. Twining was elected as chair with Dr. Lund as vice-chair.
   b. Dr. Sabina is chair elect for 2005-06.
Minutes CEC M1-2 Subcommittee
August 23, 2004

Attendance:  Drs. Campbell, Dwinell, Lund, Redlich (ex-officio). Sabina, Simpson (ex-officio), Twining (Chair), Mr. Ongwijitwat and Anderson Bauer
Excused:  Dr. Walsh Kelly

1. Minutes July 2004
   a. Minutes were approved as submitted.

2. Old Business
   a. Pathology 2003-04 Course Review
      i. At the July 2004 subcommittee meeting, it was decided that a small group of M1-2 subcommittee members would meet with Dr. Becker after an introductory letter.
      ii. Progress to Date
          1. A 0.50 FTE has been hired (she has experience in the coroner’s office) to work on the pathology laboratory
          iii. At the August 2004 CEC, Dr. Simons indicated that the Dean is planning on taking a more active role with Chairs in discussing the results of the CEC’s evaluation. This is apparently a new level of action from Dr. Dunn and the committee wants to support Dr. Dunn in working with department chairs to improve education.
          iv. Based on this development, Dr. Twining has redrafted the introductory letter to lay out the CEC’s concerns and ask Pathology to report back on their progress to date and longer-term action plans to the CEC M1-2 subcommittee at its October meeting.
             1. Dr. Lund suggested a slight revision to the letter to emphasize Dr. Almagro’s strengths and the need for a broader perspective. For example, “We are confident that Dr. Almagro has taken all actions possible at his level.”
             2. Approved Action: Dr. Campbell suggested a shortened letter to Dr. Becker that indicates that the CEC evaluations have reviewed and have concerns. Dr. Almagro is doing a good job but that there appears to be inadequate infrastructure and we think that this area needs this attention. We would like a report back on the progress to date in addressing the concerns by October 25 meeting either in person or via written communication. Educational Services will contact Dr. Almagro to offer support to work with faculty on improving teaching.
                a. If there are no or inadequate response by October’s meeting then a follow-up action will be taken with cc/involvement of the Dean.

3. M1-2 Course Obligations to the CEC (Dr. Twining)
a. Dr. Twining will circulate a letter to the course directors with a copy to the chairs as a reminder of the obligations of the courses to the CEC (e.g., mid-rotation evaluations, teaching evaluations).

4. M1-2 Objectives (Drs Twining and Redlich)
   a. The first four domains and associated objectives have been circulated in what appears to be near final form. The course directors will finalize these objectives in October and then work to finalize the remaining two domains and associated objectives to bring forward to the CEC for action in December.
   b. CEC Course Evaluation – Baseline Data
      i. The Office of Educational Services, per the approval of the M1-2 Subcommittee, will add questions to the current M1-2 CEC Course Evaluation to provide some baseline information about degree to which each course incorporates. A draft of these items will be presented at the next M1-2 Subcommittee meeting.

5. CEC Course Reviews
   a. New Form
      i. Dr. Lund thought the form functioned reasonably well and will be very effective next year when more longitudinal data.
   b. Integrated Medical Neurosciences (Dr. Lund), MIM (Dr. Lund), Physiology (Dr. Dwinell), Pharmacology (Dr. Walsh Kelly) Presented by Dr. Twining, Cell and Tissue Biology (Dr. Twining), and Foundations of Human Behavior (Dr. Sabina) were reviewed. The MIM course will be carefully monitored by the committee as continues to improve following a major revision of the course.
   c. Health Policy (Dr. Campbell) and ICE (Dr. Twining) reviews were tabled until the September meeting.

Meeting was adjourned at 5:35 pm.
Minutes CEC M1-2 Subcommittee
October 25, 2004

Attendance: Drs. Campbell, Dwindell, Lund, Sabina, Twinning (Chair), Walsh Kelly, Redlich (ex-officio), Simpson (ex-officio) and Mr. Kyle Blake (M-1) and Mr. Anderson Bauer (M-2).

Guest: Dr. Urias Almagro (Pathology Course Director)

I. Minutes August 23, 2004
1. Minutes were approved as submitted.

II. Old Business
1. Pathology 2003-04 Course Review
   a. In the August subcommittee meeting, it was decided to send a letter to the Dr. Becker to review the concerns with the pathology course, to offer assistance, and to ask for a response relative to the major concerns. Drs. Layde and Twining sent a letter to Dr. Becker on August 26, 2004.
   b. Dr. Becker sent a response on October 13, 2004 that was distributed to the committee members. The response highlighted concerns about manpower issues, the syllabus, the accuracy of the student course evaluation system and the minimal corporate support for the department of Pathology
      i. Funding Medical Education: Fundamental and underlying issue which has emerged in the pathology discussion was the allocation of funds to support education – particularly for a major course in the M2 year.
      ii. The committee recommends to the CEC that the CEC encourage Dr. Dunn to:
         • Recruit a new pathology chair that has education as a priority.
         • Investigate the budget needs of pathology for required medical student education.
      iii. The message to faculty is a “double-edged message” when clinical pressure requires faculty to work evenings and weekends to complete their clinical load with the parallel message of “be a good teacher”.
      iv. Updates from Dr. Almagro regarding course status
         • A part-time (.50 FTE) replacement from the medical examiners office is stepping into Mr. White’s role.
         • Dr. Becker will be stepping down as chair when a replacement is found.
         • The idea of a Co-Director is continuing to be explored by Dr. Almagro. However, at present there are no designated funds to support the co-director position.

2. M1-2 Global Domains with Specific Objective (Drs. Redlich and Twining)
   a. Global Domains 1-4 and Objectives
      i. On behalf of the M1-2 Course Directors, Dr. Redlich presented detailed objectives for domains 1-4. The M1-2 course directors have approved the specific objectives for each of the first four global domains.
ii. A motion to approve Domains 1-4 with associated objectives as submitted by the M1-2 course directors was made, seconded and unanimously approved by the M1-2 Subcommittee.

b. Global Domains 5-7 and Draft Objectives
   i. The most recent draft of the specific objectives for domains 5-7 were distributed with changes/revisions to Dr. Redlich by COB Monday, November 1, 2004.

3. Curriculum Audit Specific to the Global Objectives (Dr. Sabina)
   a. The M1-2 course directors recommended that the objectives be rated at the end of the M2 year (rather than by course). If there are concerns, the course directors can address on a course-by-course basis.
      i. A location/date to gather this data needs to be determined. Potential times/locations will be within the ICE course or as part of a required registrar meeting.
   b. The M1-2 subcommittee recommends that, once the global objectives have been approved (all 1-7), the curriculum directors by course record which objectives they teach in preparation for the M2 Data.

4. Course Reviews
   a. Health Care Systems (Dr. Campbell)
      i. The course has remained relatively constant in its evaluation since previous year with some continuing problems.
         • Dr. Cooper commented that he is still not “happy” with the course but is difficult to revise due to limited time (5 2 hr sessions) and limited faculty (with expertise) to co-teach the course and student attitudes towards the course.
      ii. Planned changes to the course (which were not previously considered)
         • Handouts will be converted to an outline style.
         • Class structure will be shifted with 1 hour of lecture followed by 1 hour of discussion.
         • Exploring using a set of cases to determine if he can consider using to provide some integration.
         • If these changes do not improve the course than potentially consider ten 1-hour sessions and/or integration within other courses (e.g., ICE where see problems of health care system).
      iii. The changes in the ICE course with it more “front-loaded” in the fall may alleviate some of the “pressure” on students.
      iv. The committee agreed to accept Dr. Campbell’s report and re-evaluate the course in its normal cycle.
   b. ICE Review (Dr. Twinning)
      i. Dr. Mitchell, as the new course director, has implemented a number of curriculum and scheduling changes that should address problems with patients, staffing, and other concerns raised in the 2003-04 review.
      ii. Mr. Bauer raised the question of time to print off handouts housed in ANGEL with Dr. Mitchell.
5. Student Concerns
   a. No report.

Meeting adjourned at 5:25 pm.
Minutes CEC M1-2 Subcommittee
November 22, 2004

Attendance: Drs. Campbell, Sabina, Twinning (Chair), Walsh Kelly, Redlich (ex-officio), Simpson (ex-officio) and Mr. Kyle Blake (M-1) and Mr. Anderson Bauer (M-2).

Unable to Attend: Dr. Walsh-Kelly

Excused: Drs. Lund and Dwinell

1. Minutes October, 2004
   a. Minutes were approved as submitted.

Old Business
2. Proposed Course Director Change for MIM
   a. Dr. Joan Bedinghaus has submitted a formal request to approve Dr. John O’Connor as the MIM course director. Dr. O’Connor has been actively involved in the reformulation of the course following the recommendations set forth in the retreat.
   b. The M1-2 subcommittee unanimously approved the change.

3. Course Directors Meeting Report (Dr. Sabina)
   a. Objectives 5-7 were revised, approved and then submitted to the M1-2 Subcommittee for approval.
   b. Curriculum Audit: Two strategies were identified for beginning to explore the degree to which the objectives are addressed in the M1-2 year.
      1. Each M1-2 course director will review each objective and determine:
         a. If it is taught in their course.
         b. If/how it is assessed in their course.
      2. Late winter-early spring all M2 students will check off if each objective was taught.
      3. Data will then be compiled and forwarded by Educational Services to the M1-2 Course Directors for discussion.

4. Objectives 5-7
   a. Objectives 5-7 were approved as submitted and will be forwarded to the full CEC for approval
      • Critical Thinking and Problem Skills
      • Communication Skills
      • Accessing, Managing and Appraising Medical Information

5. Student Issues: Kyle Blake, Anderson Bauer
   a. Parking: The students were concerned with the travel time to “temporary” parking, potentially making students late to mentor or other off site curriculum requirements.
i. Action: Dr. Redlich will advise the course and clerkship directors at the upcoming December all course/clerkship directors meeting to allocate additional time for off-site curriculum commitments.

b. Update: Dr. Redlich asked the students to keep the committee up to date on the impact of parking on students’ medical education program.

c. STAR Construction:
   i. Students are concerned about the potential unavailability of the study rooms during finals in the north MUTS due to construction.
   ii. The construction schedule is not set, but once it is established the availability of study rooms can be evaluated with Dr. Campbell suggesting that some space may be available in the basic science wings as temporary study space.

d. Professionalism
   i. Several recent incidents including the mock practical in anatomy, talking during lectures, arriving on-time for lectures and student tutors expecting tips have raised the issue of unprofessional behavior among the M1 class.
   ii. Dr. Campbell recommended that a distinction be drawn between the responsibility of students to manage themselves and the role of the Associate Dean for Student Affairs.
      1. There are mechanisms within the student handbook to deal with this issue but other options include:
         a. Working with the Student Assembly to develop a professionalism-working group or some type of structure that can help students sustain a culture of professionalism.
      2. Action: Dr. Sabina will discuss the issue of professionalism, consistent with the newly approved professionalism objectives, at the course and clerkship directors meeting in December.
         a. The discussion will be framed to ask the course/clerkship directors to consider what they can do, as educational leaders, to insure that their course cultures reinforce the high standards of professionalism.
         b. The committee agreed that a copy of a recent Academic Medicine article by Maxine Papadakis et al.\(^1\) be forwarded to the course/clerkship directors prior to the meeting.
   iii. The committee strongly supports the need to hold all students, faculty and staff to high standards of professionalism.

6. Reports on Liaison Committee Reports – Tabled – Dr. Twining

7. HEAL – Tabled - Dr. Simpson

Meeting Adjourned at 5:05 pm

\(^1\) Papadakis MA, Hodgson CS, Teherani A, Kohatsu ND, Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. *Acad Med* 2004; 79(3):244-249.
Minutes CEC M1-2 Subcommittee  
January 24, 2005

Attendance: Drs. Sabina, Lund, Twinning (Chair), Walsh Kelly, Redlich (ex-officio), Simpson (ex-officio), Mr. Kyle Blake (M1) and Mr. Anderson Bauer (M2).

Unable to Attend: Drs. Campbell, Dwinell

Guest: Eric Moore M1

1. Minutes November 2004
   a. Minutes were approved as submitted.

2. Proposal for Medical Spanish Class (Eric Moore, M1)
   a. A written proposal for a medical Spanish class was presented by Mr. Moore.
   b. Recommendations include:
      i. Seeking to utilize a Spanish course offered by another institution (e.g., Alverno).
         1. The grade would be provided as a transcript from another institution (or not depending upon the student’s interest).
         2. If sufficient numbers of students, MCW may contract with another institution to offer at MCW.
         3. Assess the need for the course and expectations for students related to documentation (on transcript vs. cited in the dean’s letter).
      ii. A Diversity Committee from Student Assembly will work with administration/faculty advocates to create an infrastructure of both teachers and finances to support the course.
   c. Once the above issues have been resolved, the M1-2 CEC encourages Mr. Moore to discuss options and strategies for:
      i. Incorporating new courses/topics into the M1-2 years (e.g. M1-2 Electives)
      ii. Process for documentation of extra-curricular activities on transcript or other academic record/file.
      iii. Costs/Funding if students enroll at another institution if exceeds MCW’s Student Assembly Funds.

3. A Strategic Planning Retreat for Identifying and Addressing the Hidden Professionalism Curriculum (Drs. Simpson and Twining)
   a. The Executive Committee of the CEC approved a preliminary proposal to support a four-year wide look at MCW’s professionalism issues.

4. HEAL: Dr. Simpson
   a. The Health Education Assets Library (HEAL) is a repository for peer-reviewed digital assets (e.g. histology slides, scans, images) that can be downloaded at no charge for use in education.
   b. The AAMC was partnering with HEAL to create a meta-clearinghouse for peer reviewed educational materials including syllabi, cases, OSCE stations, virtual patients and other durable products for use in medical education across the
continuum (from UGME to CME). HEAL has withdrawn from the AAMC’s partnership, but the AAMC will be going forward with their repository.

c. Both sites will have peer review and will provide faculty with an opportunity to submit their own materials and access endurable products from other faculty. Educational Services is happy to work with faculty to submit their endurable products to the appropriate repository.

5. ICE Course and Clinical Continuum (Dr. Twining)
   a. Dr. Mitchell is considering proposing that ICE become an independent course, outside of the Clinical Continuum.
      i. Contributing factors for Dr. Mitchell’s potential proposal include grades, relative weight/importance of course in student perceptions/effort, etc. and will be on the agenda for next M1-2 Subcommittee.
      ii. Currently ICE is 50% of the Clinical Continuum grade. On the transcript, the ICE grade is presented as an indent under the Clinical Continuum.
   b. Implications of ICE’s potential withdrawal from the CC has broader implications for other courses within the continuum which the M1-2 Subcommittee will need to consider.

6. Medical School Curriculum and Evaluation Process
   a. At the CEC Executive Committee, Dr. Derse updated the committee on the Annual Program Planning Summary process. The strengths of the process is that Dr. Dunn is actively working with department chairs to improve the quality of the educational program and that this inter-digitates with the CEC’s course review process.
   b. A flow chart was created outlining the current process and some options for MCW’s medical student course/clerkship evaluation process. The flow chart was approved as drafted with the following changes:
      i. The arrow from the chair to the dean updated re: action plan should be two-way arrow.
      ii. A two-way arrow added to the course/clerkship director to discuss with course/clerkship director and chair.
      iii. The CEC’s report must include a clear action plan that has been discussed with the course/clerkship director and the chair. A check-off box for the course/clerkship director to verify that this has been discussed with the chair, per the CEC’s requirement, will be added to the CEC’s existing summary report format.

Meeting Adjourned at 6:45 pm.

Respectfully submitted,

Sally Twining, PhD
M1/M2 Subcommittee Meeting – 4:00 P.M. Monday February 28, 2005

In Attendance: Drs. Twining, Sabina, Dwinell, Redlich (ex-officio), Mr. Kyle Blake (M1), Mr. Anderson Bauer (M2).
Unable to Attend: Drs. Campbell, Lund, Walsh-Kelly, Simpson (ex-officio)
Guests: Drs. Bedinghaus, Mitchell

NOTE: Dr. Sabina chaired this meeting upon request by Dr. Twining, who was recovering from a bout with the flu.

1. Approval of the January minutes.

The minutes of the January 2005 meeting were approved without modification.

2. ICE Course: (Drs. Bedinghaus and Mitchell)

Dr. Bedinghaus began the discussion by commending Dr. Mitchell for bringing many positive changes to the ICE course in the short time that she has been Course Director. Dr. Mitchell continued the discussion by providing a background that identified remaining barriers and also provided constructive criticism from M2 student comments. This served as a preface for additional discussion of the following topics:

a. ICE course name change: Based on student comments that the ICE course can be very challenging, the "Introductory" moniker does not seem perceptually appropriate. Dr. Mitchell offered several alternate titles based, in part, on similar courses at other medical schools. Among these, "Clinical Examination & Reasoning" was identified as a more appropriate title. This suggestion was approved by the M1/M2 subcommittee, with the proviso that Dr. Sabina would forward it as a recommendation to Dr. Layde requesting that he put it up for an email vote by the members of the entire CEC. This was necessitated by the need to make the name change in a timely fashion so that it could be included in next year's course catalog. NOTE: After the meeting was adjourned, Dr. Mitchell emailed Dr. Sabina stating "on reflection, I believe I spoke too soon when offering up a specific new name for the ICE course. I would like to first get the input from my Department Chair. Please allow me to do this, and then I will confirm a new name to be submitted to the CEC members."

b. ICE course grade on the transcript and role in the Clinical Continuum course: This issue stems from the transcript placement of the ICE (and other CC courses) grade as an indentation under the Clinical Continuum grade, which is a weight-averaged evaluation of student performance across all courses. Mr. Bauer stated that students generally believe that this placement gives the perception that the ICE course (which constitutes 40% of the CC grade) is not as important as the M2 basic science courses. Dr. Bedinghaus stated that she thought this matter was exhaustively covered some years ago and provided historical perspective on why the CC course grades are placed as they are on the transcript, citing a mandate from previous administrators. That said, she was also willing to re-open the issue. There was further discussion on whether
there could be a change that would list all courses in the same way on the transcript. It was recognized that this would make Dr. Bedinghaus' job easier in that she would not have to generate a weighted CC grade for each student. However, Dr. Redlich offered the opinion that this change may not have much support from the current administration. It was decided to table the discussion for now, allowing time to discern any positive effect on student perceptions of the name change alone.

c. **Possible ways to secure quality clinical teachers:** Dr. Mitchell stated that the Clinical Continuum, and the ICE course in particular, cannot function without clinical teachers. This has become a more acute problem given that one of the changes she has made in response to student criticism is expanding the number of small groups to reduce the number of students per group. In recruiting clinical teachers, these courses have traditionally relied on the goodwill of MCW faculty. Several obstacles that prevent clinicians from volunteering were presented, as were severe adverse consequences of a volunteer faculty system. Dr. Mitchell is asking the CEC to support learning of clinical topics in the first two years by issuing a statement of their support of a system that requires clinical faculty to participate in these teaching efforts. It was recognized that such a statement should be directed at the Departmental Chairs because they ultimately determine the teaching requirements for their faculty. It was also recognized that other courses in the M1/M2 curriculum, e.g., Pathology and Biochemistry, have similar needs for clinical faculty to participate in small group sessions. It was agreed that a recommendation should be brought forth to the entire CEC asking them to issue a statement that recognizes that support of clinical faculty is needed to help meet the teaching needs of the M1/M2 years. Furthermore, it was recommended that the CEC also mandate that the efforts of clinical faculty who participate in M1/M2 teaching should be acknowledged and rewarded at the departmental level. The M1/M2 subcommittee will work with Drs. Mitchell and Bedinghaus to assemble a document that outlines these matters. When completed, this document will be brought to the full CEC.

3. **Course Hour Review: (Dr. Redlich)**

Dr. Redlich provided an updated version of the table listing curriculum hours for each M1/M2 course from 1995-2004. He stated that this version had been seen and edited by the Course Directors subcommittee. This will now be forwarded to the full CEC.

4. **Assignment of Fall Semester Course Reviews: (Dr. Twining)**

Dr. Twining assigned reviewers for fall courses for which she currently had the reviews (the rest will be assigned once the course reviews are made available to her). Course review discussion by the M1/M2 subcommittee will commence next month with the goal that they all be completed within two months.

5. **New Business: (Dr. Twining)**

Dr. Twining presented a modified version of the Summary of Procedures for Course Evaluations citing changes based on recommendations that had been made at the last
meeting. She made a correction to the document indicating that a statement had been inadvertently omitted regarding the inclusion of a check off on the course evaluation form to indicate that the Course Director had spoken with the Departmental Chair. With this addition, the M1/M2 subcommittee approved the Summary of procedures for Course Evaluations. This will be amended and brought forth to the full CEC.

Given that there was no old business, the meeting was adjourned at 5:30 P.M.

Respectfully submitted

Richard L. Sabina, Ph.D.
Minutes - M1-2 Subcommittee of the CEC
March 28, 2005

Present: Drs. Dwinell, Sabina, Simpson, Twining, Redlich

Excused: Drs. Campbell, Lund, Walsh-Kelly

1. Minutes February 2005
   a. Minutes of the meeting were approved as submitted.

2. M1-2 Subcommittee Chair 2005-06
   a. Dr. Sabina has withdrawn his name from the M1-2 Chair because of other commitments.
   b. Dr. Michael Dwinell was elected to serve as the M1-2 Chair for 2005-06.

3. Clinical Continuum – Faculty Hours
   a. Dr. Twining calculated the total number of hours for Clinical Continuum. Based on times in small groups, case-based discussed, etc. The hours for the CC (which has a total of 82 curriculum hours allocated by the CEC; Dr. Mitchell utilized 69 hours in 2003-04) and M2 Psychiatry 8,417. This does not include lecture time.
      i. ICE 1,856 hours small group hours
      ii. MIM 525 hours
      iii. Psych 2,736 hours (includes M1 and M2 Psych which includes human sexuality)
      iv. Medical Ethics/Palliative 3,300 hours
   b. Several issues/opportunities emerged from this discussion
      i. Are students sufficiently competent in basic H&P skills upon entry into the M3 year?
      ii. Can this data collection be extended to the rest of the M1-2 courses? Dr. Sabina will ask the M1-2 course directors for the number of contact hours (lecture, small group, with course director) and not preparation time for their courses broken down.

4. Global Objective Audit Data
   a. Dr. Twining updated the committee on the status of the M1-2 Course Directors audit of their courses specific to the new M1-2 Global Objectives. The data has not yet been forwarded to the M1-2 Course Directors as there are still several course directors who have not completed the audit form.

5. M1-2 CEC Course Evaluation Form and Global Objectives
   a. For 2004-05, all M2’s during the Transition to Clerkship will complete an evaluation of their first two years relative to the M1-2 courses.
   b. For 2005-06 it was agreed that the M1-2 evaluation form would be updated to include a set of items to assess the degree to which each course included the
global objectives. The data from these items will then be reviewed by the CEC and M1-2 courses in aggregate to determine:
   i. Gaps in the objectives by year
   ii. Gaps in the course director audit and student perception

6. Medical School Curriculum and Evaluation Process
   a. The Executive Committee of the CEC approved the evaluation process flow diagram, which outlines the progression of CEC course evaluation and involvement of the course/clerkship directors, department chairs and the dean, on March 28, 2004. The process outlined was a hybrid of the current process of the two CEC subcommittees.
      i. The action plan should be included by the CEC reviewer into the final report which is forwarded to the Dean. The goal would be to develop a mutually agreed upon action plan when the reviewer and the course director meet to discuss the evaluations.
      ii. The chair of the M1-2 subcommittee will assign in August of each year the courses they are to review to expedite the distribution of the review process.

7. CEC M1-2 Reviews
   a. The Offices of Educational Services has been asked to provide additional data with the distribution of each course evaluation. The data includes:
      i. Updated LCME course/clerkship description from the LCME database
      ii. Liaison Committee reports (if available)
      iii. AAMC Sr. Graduation Questionnaire data (note that data can be given annual in aggregate to the CEC and used as a referent as needed by the reviewer for the assigned course).
      iv. Additional data upon request (e.g., sections of the syllabus).
      v. A single table (like the M3 breakdown) of item by each course with the overall average.
   b. Biochemistry Review (Dr. Dwinell)
      i. Overall the course raises no serious concerns. Student evaluation strengths and concerns about the course were presented.
      ii. The ANGEL elements of the course were strongly commended by the students (e.g., the weekly review and example questions posted on ANGEL).
      iii. Biochemistry will be moving to a closed examination system so that they can create an item bank from which strong items can be selected for the examinations.
         1. Microbiology creates some a small practice exam on ANGEL for students to gain experience.
      iv. Biochemistry report was accepted as submitted.

Meeting Adjourned at 5:20 pm
Minutes CEC M1-2 Subcommittee
April 25, 2005

Attendance: Drs. Campbell, Dwinell, Sabina, Lund, Twining (Chair), Walsh
Kelly, Redlich (ex-officio), and Mr. Kyle Blake (M-1) and Mr.
Anderson Bauer (M-2).

Unable to Attend: Dr. Simpson (ex-officio)

1. Minutes March 2005
   a. Minutes were approved as submitted.

2. USMLE Step 1 Report: Dr. Redlich
   a. Students for the 2004 exam performed in all areas at or near the mean with the
   performance in Pharmacology being the highest.
   b. To prepare for exam:
      i. Tutors review each in four hour sessions the areas of anatomy,
         embryology, physiology and pathology
      ii. General session on testing skills
      iii. Some students take the Kaplan course
      iv. Students buy and use course review books

3. Faculty Incentivization: Dr. Redlich
   a. Ideas generated by the ad hoc committee were discussed.

4. Course Reviews
   a. Clinical Anatomy: Dr. Walsh-Kelly
      i. No major concerns
      ii. Highly rated course
      iii. Improvements made were appreciated
      iv. Unprofessional attitude and actions of some of their peers in this and
         other courses: Referred to the fall retreat on Professionalism
      v. Report accepted and approved.
   b. Human Development: Mike Dwinell
      i. Student ratings within the normal variation for this course
      ii. No great concerns
      iii. Class attendance up this year
      iv. Overview the beginning of the course helpful
      v. Report accepted and approved.
   c. Foundations of Clinical Psychiatry: Dr. Lund
      i. No major concerns
      ii. Overall ratings down slightly
      iii. Mixed opinions of comments in lectures and panels
      iv. Well administered
      v. Report accepted and approved.
   d. Medical Ethics and Palliative Care: Dr. Lund
      i. No significant differences in rankings from last year
ii. Small group effectiveness varied widely
iii. Need more balance of both sides of issues
iv. Some lectures need to add objectives
v. Report accepted and approved

e. Microbiology: Dr. Twining
   i. Rankings within variation of the course
   ii. Good organization
   iii. Faculty considered a major strength
   iv. No concerns
   v. Report accepted and approved.

5. ICE Clinical Laboratory Education in the Basic Science Years: Mr. Bauer
   a. Students concerned about knowing the basics of clinical laboratory tests.
   b. Clinical members consider this information that is part of the M3 curriculum.

Meeting Adjourned at 5:10 pm.
Minutes - M1-2 Subcommittee of the CEC
May 23, 2005

In Attendance: Drs. Dwinell, Lund, Twining, Simpson

1. Minutes February 2005
   a. Minutes of the April meeting were approved as submitted.

2. M1-2 Course Directors Assessment of Hours Taught by FT Clinical Faculty
   a. The M1-2 subcommittee was interested in having an accurate record of the hours of instruction taught by clinical faculty in the first two years of the curriculum as part of informing the clinical chairs regarding commitment needed for education.
   b. M1-2 Course Directors provided the number of hours by course which are taught/co-taught by clinical faculty. Drs. Twining and Dwinell will selectively verify the accuracy of the hours and then forward to the CEC AdHoc Committee examining faculty workload.

3. Professionalism Retreat – Fall 2005
   a. In fall 2005, the Professionalism Retreat will be examining the culture of professionalism at MCW. A mid-November date will be tentatively proposed.

4. M1-2 Subcommittee Chair 2005-06
   a. The elected individual was not able to serve with regrets. Tabled pending the dean’s appointment.

5. Course Hours for M1-2 Changes
   a. The course hours stated and actually used are not identical as course directors are reluctant to give up hours for fear of having other things encroach on review sessions, study time, etc.
   b. Action: Contact the course directors and discuss what would be the principles/agreement that would make them feel secure about recording accurate contact hours. A strong rationale for accurate recording of hours must be presented that understands the fears (e.g., we are teaching less hours = loss of corporate support). For example, ask course directors to record hours:
      i. Untouchable
      ii. Flexible
      iii. Buffer

6. Global Objective Audit Data
   a. Dr. Twinning updated the committee on the status of the M1-2 Course Directors audit of their courses specific to the new M1-2 Global Objectives. The data has been forwarded to the M1-2 Course Directors who are reviewing the data.

Meeting Adjourned at 4:50 pm