NO
MEETING THIS MONTH
MINUTES
M3M4 SUBCOMMITTEE MEETING
AUGUST 30, 2004

Present: Andrea Winthrop, Elizabeth Russell, Alan David, Pat Lye, Philip Redlich, Michael Olivier

Excused: George Sanchez, Chris Decker

Absent: Betsy Manor,

1. Welcome to New Members: Dr. Winthrop welcomed Dr. David, Dr. Lye and Dr. Olivier to the committee.

2. Approval of the June 21, 2004 minutes: These were approved without revisions.

3. New course proposals: The committee members had previously received 13 new course proposals. Dr. Winthrop requested review of the proposals with (1) approval as submitted, (2) request for more information or revisions (3) approval after submission of missing documentation.

The following proposals were reviewed:
(1) Neurorehabilitation and Spasticity Management M3 graded elective: full proposal pending, elaborate on the learning activities e.g. in the clinics, use of the MCW M3 evaluation form, Number of months/students per month
(2) Pediatric Rehabilitation M3 graded elective: full proposal pending, what proportion of the evaluation with the student project be?, use of the MCW M3 evaluation form, Number of months/students per month
(3) Pediatric Rehabilitation M4 integrated selective: full proposal pending, clarify the integration and disciplines the student will be exposed to, use of the M4 evaluation form, clarify what proportion of the evaluation the student project will be?, number of months/students per month
(4) Spasticity Management and Rehabilitation M4 elective: full proposal pending, what proportion of the evaluation will the student project be?, use of the MCW M4 evaluation form, number of months/number of students per month
(5) High Risk Obstetrics and Ultrasonography M4 elective: Is Dr. Graupe an MCW faculty?, what % of the evaluation will the student presentation be?
(6) Geriatric Cardiology M4 integrated selective: need more clarification of other departments involvement and commitment e.g. path, pharm, psych etc to assure interdisciplinary collaboration, what are the students doing for the “other 80%” of the time, clarify the “scholarly project”, use of the MCW M4 evaluation form, what % of the evaluation is the project and other components of the student activities
(7) Female urology/ Urodynamics M4 sub I: full proposal pending, elaborate on the goals of the clerkship, elaborate on the “clinical project”, what % of the evaluation will each component be i.e. project, exam, presentation etc, use of the M4 sub I evaluation form
(8) Pediatric Urology M4 sub I: full proposal pending, clarify restriction days, elaborate on the student activities, use of the M4 sub I evaluation form, elaborate on the “clinical project”, what % of the evaluation will each component be i.e. project, exam, presentation etc
(9) Neurology M4 Integrated Selective: integration needs to be better developed e.g. pharmacy, neuropathology, neuroradiology, neuroanatomy could be incorporated for integration; use of the MCW M4 evaluation form, clarify what % of the evaluation would be allocated to each student component
(10) Elective in Ambulatory Orthopedics M3 graded elective: clarify the M3 student’s participation in student conferences, elaborate on the evaluation methods, use of the MCW M3 evaluation form

(11) Elective in Ambulatory Orthopedics M4 surgical sub I: This does not comply with the goals/guidelines for a surgical sub I, better suited as an M4 elective, use of the MCW M4 evaluation form, elaborate on what proportion each component of the evaluation will represent

(12 and 13) Dr. Larson submitted a letter of intent and course template for M3 and M4 elective in plastic surgery and pediatric plastic surgery, with the intent to offer these to visiting students. The committee reviewed the current course offerings for M3 and M4 students from the department of Plastic Surgery. They suggested that Dr. Larson resubmit this as a new Pediatric Plastic Surgery M3 graded elective or M4 elective, to assign an MCW course number, and offer for both MCW and visiting students. This would be to ensure minimal impact on MCW students and maintain the MCW students as priority for new and already existing electives in Plastic Surgery.

4. **2003-2004 course evaluations:** The format for course evaluation reports was discussed. Dr. Winthrop suggested using the M3M4 in Depth Course Evaluation Review document as a template or guideline. Only M3 course evaluation data was available. This was assigned as follows:

<table>
<thead>
<tr>
<th>Course</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>Dr. David</td>
</tr>
<tr>
<td>CPR</td>
<td>Dr. Winthrop</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Dr. Lye</td>
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<tr>
<td>Medicine</td>
<td>Dr. Winthrop</td>
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<tr>
<td>Pediatrics</td>
<td>Dr. Decker</td>
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<tr>
<td>ObGyn</td>
<td>Dr. Olivier</td>
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<tr>
<td>PsychNeuro</td>
<td>Dr. Russell</td>
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</tbody>
</table>

The reports will be due for presentation to the committee at the October 18th, 2004 meeting. Dr. Winthrop also suggested that a second meeting in October and November may be necessary to accomplish the work the committee must complete this fall. M4 course evaluation data is pending.

5. **M4 student on call issue and student clinical work hours:** This issue was brought to the committee by Dr. Redlich. It was deferred for discussion in September.

The meeting began at 3pm as scheduled. Several members arrived at 4pm. The meeting was extended until 4:30pm to accommodate members who were late arrivals.

The next meeting will be September 20th at 3pm.

Respectfully,

Andrea Winthrop
Present: Andrea Winthrop, Elizabeth Russell, Alan David, Chris Decker, Pat Lye, Deb Simpson, Betsy Manor

Absent: George Sanchez

Regrets: Michael Olivier, Phil Redlich

1. August 30, 2004 minutes were approved.

2. Report on Leadership Course: Dr. Robertson was scheduled to attend the meeting to provide an update on this course. The committee was informed that, thus far, enrollment for the course has been limited. The course director has communicated with the registrar about potentially canceling the course. Components could be integrated in to the Introduction to Internship course.

3. Update on New Course Proposals: Two letters of intent have been received after the deadline.
   - Injury Research M4 elective Hargarten and the IRC
   - Ped and Adult Sleep Medicine M4 Integrated Selective Bandla et al
The committee agreed to review the course proposals electronically prior to the next meeting. The course directors will be informed that full proposals must be submitted by September 30th, 2004.

4. Assignment of M4 course evaluations and timeline: The following evaluation reports were assigned.
   - Surgical subinternships: David
   - Medical subinternships: Decker
   - Integrated selectives: Russell
   - Required Medicine M4: Winthrop
   - M4 Medically oriented electives: Lye
   - M4 Surgically oriented electives: Olivier
These evaluation reports do not need to following the detailed course evaluation template. Summary reports are sufficient, with more details about courses that are identified to have issues.

5. M4 student call issue and student work hours: The work hours issue refers to the 80/30 hour work week. The committee agreed that students should comply with this GME guideline. The student call issue relates to call on the last day of the rotation. Deb Simpson will inquire if there are any GME guidelines. The committee discussed the fact that the student’s primary role is education. This will be discussed further at the exec committee meeting.

6. Additional meetings: Dr. Winthrop proposed extra meetings in October and November, to complete the new course proposal reviews and the M3 and M4 evaluation reports. The committee agreed to meet for 2 hours on October 18th, and November 15th.

Re the pending agenda items:
PsychNeuro has been asked to provide a proposal for revisions to their course by October 8th, with planned meeting with CEC representatives during the week of October 11th.
A full report on Internal Medicine (including M3 and M4 components) will be presented in November.

The meeting was adjourned at 4pm. The next meeting is October 18th, at 2pm.
Submitted Andrea Winthrop MD
MINUTES
M3M4 SUBCOMMITTEE MEETING
OCTOBER 18, 2004

Present: Andrea Winthrop MD, Mike Olivier MD, Pat Lye MD, Alan David MD, Elizabeth Russell MD, Phil Redlich MD, Deb Simpson PhD, Betsy Manor, George Sanchez

Regrets: Chris Decker

1. September minutes were reviewed and approved.

2. Announcements:
   a) Dr. Winthrop informed the committee that the Medical Leadership course (Dr. Robertson) has been cancelled because of lack of student enrollment.
   b) There were discussions with the course directors of the PsychNeuro course in January 2004 re revisions to the course, in particular the Neuro component. A progress report was presented to the M3M4 subcommittee in the spring. In response to the CEC’s recent request for a course revision proposal, Dr. Redlich received a letter from the Neurology department education committee. Dr. Winthrop summarized the contents of this correspondence, and Dr. Redlich elaborated. There is a scheduled meeting with representatives from Psychiatry, Neurology, and the CEC (Dr’s Redlich, Simpson, Layde, Russell and Winthrop) on November 3rd to further address these issues.

3. Modification to M3 course evaluation forms: As requested by the clerkship directors, they would like to revise several of the questions related to unprofessional behavior to provide better information consistent with the language used in the AAMC’s Sr. GQ. The committee reviewed the proposed revisions, and approved the changes as requested by the clerkship directors. These new questions will be on the evaluation forms for the current track.

4. Proposal for new M3 scheduling tracks: Betsy Manor met recently with Dr. Redlich to address this issue. Issues related to flexibility, work hours (including the impact of the 80/30 regulations) were discussed. While logistically, changing the current course groupings in the tracks could be accomplished, it would impact the number of students per track. Further, from review of the results of the M4 student survey with respect to tracks and choices, and the graduation exit survey, it appears that most students are currently satisfied with the current track system. Therefore, the decision was to not recommend any change to the current course track groupings.

5. New Course Proposals: The committee reviewed the grid from Ed Services with the updated course proposal information and committee member comments. Dr. Winthrop updated the committee on the new
course proposals that have been reviewed, approved, and are pending revisions and resubmission.

**Courses approved** (some with requested minor revisions)

**M3 graded electives**: NeuroRehab/Spasticity and Peds Rehab

**M4 electives**: Pediatric Rehab (originally submitted as an integrated selective), NeuroRehab/Spasticity, High Risk Obstetrics and Ultrasound, Female Urology and Urodynamics (originally submitted as a subI), Ambulatory orthopedics (originally submitted as a subI)

**M4 integrated selectives**: Neurology, Applied Respiratory Physiology

**M4 surgical subI**: Pediatric Urology

**Courses not approved**: M3 graded elective Ambulatory Orthopedics

**Courses pending further revisions**: M4 elective Injury Research

6. M3 evaluation reports: The following M3 course evaluation reports were reviewed:
   a) **ObGyn**: Overall, this clerkship is well rated. Specific issues discussed in greater detail included:
      i. the weight of the exam: Dr. Redlich will discuss with the clerkship director
      ii. uneven clinical load: the clerkship director plans to incorporate standardized patients and perhaps e learning opportunities to address this issue.
      iii. unprofessional behavior: this issue has been addressed with the department chair. The LCME review identified improvement in this area in the departments of ObGyn and Surgery. With the changes in the M3 evaluation questions about professionalism, better data may be available to target this issue. The committee members would like to recommend that the CEC address this at the Faculty Council, with a plan to educate the department chairs about this issue, and push for accountability.
      iv. The clerkship director for ObGyn will be pursuing additional consultation with education services to help with course improvements.
   b) **Surgery**: Overall, this clerkship is well rated. There is significant support within the department for medical student education. Specific issues discussed in greater detail included:
      i. Attending staff and residents feedback on H and P: this year, feedback forms have been distributed to faculty and residents with advice about how to provide feedback
ii. Professionalism issues: the department now has a professionalism committee to address these concerns, with criteria for accountability and feedback

   c) Family Medicine: This report was only briefly discussed.
   d) Pediatrics, CPR and PsychNeuro were distributed to the committee members for review, with request for comments/questions via email
   e) Medicine will be presented in November, to be included with the M4 Medicine report

The committee was asked to review the course evaluation reports distributed, and submit comments/questions to Dr. Winthrop. These will be discussed further in November.

The meeting was adjourned at 4pm.

The next meeting will be at 2pm on November 15, 2004.

Respectfully submitted Andrea Winthrop MD
MINUTES
M3M4 SUBCOMMITTEE MEETING
NOVEMBER 15, 2004

Present: Betsy Manor, Andrea Winthrop, Chris Decker, Alan David, Phil Redlich, Pat Lye, Elizabeth Russell
Regrets: Mike Olivier
Absent: George Sanchez

1. The minutes of the October 18, 2004 meeting were reviewed and approved.

2. Updates:
   a) Neurology clerkship: Dr. Winthrop summarized for the committee the recent discussions/meetings with Psychiatry and Neurology re the neurology component of the PsychNeuro clerkship. This included the PsychNeuro course evaluation report which was completed by Dr. Russell. The Neurology department will provide a written proposal to be reviewed at the Dec M3M4 subcommittee meeting. In advance, committee members have requested i) the minutes of the November 3rd PsychNeuro meeting ii) a summary of the original course proposal for PsychNeuro iii) data on Neurology curriculum at other schools (JAMA article) and iv) justification for why Neurology should be in the M3 curriculum.
   b) New Course Proposals: The following courses have been approved and submitted to the registrar’s office:
      o M3 graded electives NeuroRehab/Spasticity, Pediatric Rehab
      o M4 electives: Pediatric Rehab, Spasticity Management, High Risk Ob and Ultrasound, Advanced Issues in Injury Research, Ambulatory Orthopedics (pending template revisions)
      o Integrated Selectives: Neurology, Applied Respiratory Physiology
      o Surgical Subl: Pediatric Urology

3. M3 evaluation reports: ObGyn and Surgery have previously been discussed. Neurology was discussed as part of the November 3rd meeting with PsychNeuro group.
   a) Pediatrics: This report was presented by Dr. Decker. Many of the ratings for this clerkship have shown improvement. He identified that a number of concerns/issues from previous evaluations have been/are being addressed by the new clerkship directors. There are utilizing several methods of feedback to evaluate course components.
      i) unclear inpatient expectations -- this year the students have received a CD with the orientation materials prior to the rotation
      ii) cancellation of teaching rounds - suggestion to have alternate faculty available and communicate re schedule changes
      iii) blue team rotation not representative of general peds - have added additional chief resident teaching rounds, and also give these students strong ambulatory sites
      iv) change in the lectures to case-based format. Plan for student focused feedback on the lectures
      v) there is an oral evaluation system mid-rotation and final with both resident and intern participation - suggestion that the evaluation system be revised so that it is primarily through the 2 clerkship directors and sustainable
vi) no regular feedback to faculty from the Chair re their teaching efforts - recommendation that Dr. Winthrop (on behalf of the CEC) will communicate with the chair and encourage regular faculty feedback
vii) disconnect in the culture on pediatrics clerkship vs. the other clerkships with respect to stringency of evaluation - unclear if the grades are out of step compared with other courses. Suggestion that this be reviewed.

b) Family Medicine: This report was presented by Dr. Lye. Overall, this course receives very good evaluations from the students. Issues identified include:
i) low score for lectures contribution to educational experience - during the orientation, it is outlined that the rotation is an adult learning experience, so there are very few formal lectures. Suggestion to develop case based discussions, targeting different complexity for the beginning of the year, and advanced cases for the end of the year
ii) community health exposure was rated poorly - this may relate to the organization of the experience, student's expectations, student exposure to non-MD health care providers, variability of sites and projects. This part of the curriculum is reviewed each year, as well as there is the goal to develop an OSCE to evaluate community health and EBM
iii) low scores for resident teaching at several sites - this is being address by the clerkship director, with focus on training residents how to teach EBM
iv) for the report, only 6 months of the student comments were available - this will be addressed through Bob James.

c) CPR: Dr. Winthrop distributed this report and asked the committee to review and submit comments electronically.

d) Medicine: see below

4. M4 evaluation reports:
a) Medicine (combined report for M3 and M4 required medicine rotations): This report was presented by Dr. Winthrop. For the M3 clerkship, there is an excellent overall rating for this course, with continued improvement shown over the last few years since implementation of tracks A and B. While there are a number of strengths, there remain some weaknesses that have also been evident in previous evaluations including feedback and variability in clinical experiences by site. These have been addressed with site specific evaluations, and with workshops on how to give feedback as well as student PDA data on feedback. The M4 mandatory medicine courses are rated well overall. As with the M3 courses, there is some discrepancy in the ambulatory site evaluations, and site specific evaluations have been implemented this year to address this. The significant issue that must be addressed is the M4 away rotations that are available for the students. As requested by the CEC, the course directors have ensured that all are 4 week rotations, each are approved by the course director in advance; all supervisors use the M4 MCW evaluation form and receive materials about the M4 MCW goals and objectives. The away rotations involve approximately 15% of the students. The course directors expressed concern about the impact of having these students back on campus, especially re impact on the M3 ambulatory sites. The committee still has reservations about continuing to allow Medicine to offer away rotations for a required course. Committee members have requested additional data including i) rationale for why students choose to go away (e.g. audition rotations, home location, and time of year) ii) data on how many of these students apply for Medicine residencies. Until this is resolved, Medicine will be instructed to advise students that the availability of away rotations for the next academic year is still uncertain.
b) **Surgically Oriented Sub Internships**: This report was presented by Dr. David. The courses were reviewed by department. Overall, 89% were rated at good or better, but there is considerable variability. 65% identified at least a 50/50 balance of autonomy vs. supervision or higher. This was felt to be the nature of the rotations. Several issues were addressed in the report i) suggestion that the PDA data entry be mandatory. The CEC facilitated this for the Medically oriented SubI courses ii) significant data missing, with large numbers of missing responses to certain questions on the evaluation forms and lack of student comments (will be addressed with Bob James) iii) reported frequency of on call was questioned. The question should clarify if this is referring to overnight call iv) several of the course directors never received the evaluation reports for their courses v) neurosurgery course director is new in this position, and requests some advice/assistance with respect to course development vi) concern re % of students receiving honors vs. the overall sub I ratings.

c) **Medically Oriented Sub Internships**: This report was presented by Dr. Decker. These sub I’s overall received good evaluations, with most parameters at acceptable or better level. There is variability in the degree of autonomy/supervision, but this may be explained by different settings (outpatient vs. inpatient, private practice vs. full time faculty). Family Practice is associated with more supervision for aspects of clinical care. Most students reported at least 60% autonomy on the rotations, which the committee felt was appropriate. Family Practice did not rate as well re delineation of expectations and responsibilities, but it is unclear if these were MCW sites or community sites.

d) **Integrated Selectives**: This report was presented by Dr. Russell. The selectives were reviewed by department. Most of these courses were well rated by the students with the following exceptions i) Health Planning/Public Health: the evaluations were discussed with the course director. Last year it was recommended that this course be reviewed by ed services. This is recommended again to address continued concerns about aspects of this course. Dr. Russell will communicate with the course director. The CEC recommends course review ii) PM and R: the evaluations were discussed with the course director who was unaware that there were concerns re integration and feedback. The lectures for this course have been restructured. The CEC also recommends that this course is reviewed by Ed Services iii) Cell Biol/Neuro/Anatomy: concern re reporting of unprofessional behavior. Recommendations: Integrated Selective course directors should automatically receive their course evaluation reports.

The reports on M4 medical and M4 surgical electives were deferred.

The meeting was adjourned at 4pm. The next meeting is December 20th, at 3pm (regular time).

Submitted by Andrea Winthrop MD
Present: Andrea Winthrop, Elizabeth Russell, Alan David, Pat Lye, Chris Decker, George Sanchez, Betsy Manor, Phil Redlich, Mark Malkin, Deb Simpson

Regrets: Mike Olivier

1. The minutes from November 15th, 2004 were reviewed and approved.

2. Preliminary Neurology Proposal: Dr. Mark Malkin presented the Neurology M3 course proposal, including goals, process, and logistics. In summary, the students would be competent at the end of the M3 year to perform a neuro exam and history, and successful in completion of the neuro component of USMLE Step 2. The Neurology experience will continue to be integrated in to the 6 week M3 PsychNeuro rotation, but the courses would have separate grades/evaluations. Dr. Malkin proposed weekly small group sessions with mentors, including H and P, critique of write ups, and review of case studies. The AAN guidelines and clinical subject exams would be reviewed to identify significant disease diagnoses and ensure important neuro topics are covered with possible need for additional lectures, use of Angel, On Line format etc. Components of the evaluation were discussed with the M3M4 subcommittee with recommendation for consideration of a separate written exam and perhaps an SP OSCE station. The proposal to eliminate the neuro component of ICE was not accepted. M3M4 subcommittee felt that the neuro component of ICE should be retained, and suggested that Dr. Malkin discuss this further with the ICE course director. With the suggestion that there be integration of neuro clinical cases in the M1 to M3 years, the M3M4 subcommittee recommended contacting the Neurology Chair to discuss this further, and ask that the Neuro chair would be the appropriate person to discuss this recommendation with the Neurosciences course director(s). With respect to logistics, this proposal will require teaching faculty for 5 student groups per track, and clinical patients at 3 sites (FMLH, VA, and CHW). In addition, the M3M4 subcommittee recommends a physician course director and a separate course coordinator for administrative support. These resources are necessary to implement the components of this proposal. Dr. Alan David will discuss the need for these resources (and CEC recommendation) with the Neurology chair.

The M3M4 subcommittee requests an update progress report at the February meeting.

3. Course request Dr. Schwab: Dr. Schwab requests approval for taking students to Nicaragua during one week of their M3 orthopedic elective. The date/months that this would be available would vary from year to year. This request has been approved by the course director Dr. Rao, and Dr. Schwab has agreed to contribute to the students’ evaluation for the course. This request was unanimously approved.
by the subcommittee. It was recommended that the course description be revised to reflect that this opportunity may be available to students during one month of each year.

4. **Integrated Selectives Sleep Medicine and Applied Resp Physiology:** There have been revisions to both these integrated selectives, to include both FMLH/CHW locations and adult and pediatric patients. Dr. Bandla requests that the courses be listed under both Medicine and Pediatrics to increase student awareness. It will be important to clarify in the catalog that these have 2 separate course numbers, but the same number of total student slots available, and that each course description cross-references the other. Deb Simpson will contact Patti Sindberg to sort out the details to make sure there are clear descriptions, registration, and scheduling specifics.

5. **Course evaluation reports:**
   a) **CPR:** This evaluation report was previously distributed and subcommittee members were asked to review and comment. The committee felt that the report addressed the important evaluation components, including identifying ongoing course issues. They voted to accept this evaluation.
   b) **M4 Surgically oriented electives:** Dr. Olivier’s report was provided to the committee members. They requested deferring review until Dr. Olivier could attend the meeting to present salient findings.
   c) **M4 Medically oriented electives:** Dr. Lye presented a summary of evaluation data from these courses, offered by 10 clinical departments. Only numerical data was available for review (no comments were received). Overall, these electives were well rated with respect to overall rating, opportunities for patient care (except radiology), attending contact (except derm), house staff and attending staff as educators (except derm – below mean). There were few reports of unprofessional behavior on these rotations. The report was accepted by the M3M4 subcommittee.

6. **Pending agenda items:** Data on Away Rotations in Medicine and further discussion

The next meeting of the M3M4 subcommittee is scheduled for Monday January 17th, 2005 at 3pm.

Respectfully submitted,

Andrea Winthrop MD
Chair
Present: Andrea Winthrop, Elizabeth Russell, Alan David, Pat Lye, Chris Decker, George Sanchez, Betsy Manor, Phil Redlich, Mark Malkin, Deb Simpson

Regrets: Mike Olivier

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6. **Pending agenda items:** Data on Away Rotations in Medicine and further discussion

The next meeting of the M3M4 subcommittee is scheduled for Monday January 17th, 2005 at 3pm.

Respectfully submitted,

Andrea Winthrop MD
Chair
MINUTES
JANUARY 17, 2005
M3M4 SUBCOMMITTEE

Present: Andrea Winthrop, Mike Olivier, George Sanchez, Elizabeth Russell, Pat Lye, Chris Decker, Alan David, Betsy Manor, Phil Redlich, Deb Simpson

1. Minutes from Dec 20, 2004 were reviewed and approved.

2. M4 Surgically Oriented electives: Dr. Olivier provided a summary report for the 03-04 surgically oriented electives. He stated that analysis of the data would be enhanced by having longitudinal data from previous years available for review. Overall, these courses were well rated by the students. Several areas identified that require feedback to the course directors include:
   a) Surgery: students perception that the exam was given inappropriate weight in the grading scale
   b) Anesthesia: reporting of unprofessional behavior, need for better orientation, 20% of students reported never attending lectures
   c) Ophthalmology: 25% students reported never attending lectures (not clear if there are lectures as part of this course)

3. Away rotations for Required Courses: This was discussed in the context of the M4 Medicine rotations. Dr. Winthrop provided the committee with the relevant LCME standards addressing this issue. The committee felt that away rotations could not be offered unless there was compliance with the following standards:
   a. The course must be provided at an LCME accredited medical school or associated with an LCME school
   b. Faculty supervisors must have an appointment with MCW
   c. Compliance with MCW standards for course evaluation and faculty evaluation, including use of the MCW evaluation forms.

Based on these criteria, Dr. Winthrop will communicate with the course directors for Internal Medicine, indicating that they cannot offer away rotations unless compliant with these criteria.

4. USMLE Shelf exams for M3 clerkships: This issue was briefly discussed. The student assembly requested that this be reviewed as a response to the USMLE step 2 pass requirements for graduation. The clerkship directors have discussed this, and are opposed to this being mandated for the clerkships. Some clerkships have very good internal exams that match the course objectives. Deb Simpson indicated that there is a USMLE practice exam available for students, at a nominal cost. CEC members could review this to evaluate its utility. The clerkship directors will be discussing this further. The M3M4 and CEC will await further input.

5. Global Learning Objectives: The 7 domains from M1M2 were distributed to the M3M4 subcommittee. Committee members were asked to review these and be prepared to discuss further in March.
6. Update on Neurology course revisions: Anne Helms has been appointed as Course Director, with Linda OKrent as the course administrator. Neurology will be an independent clerkship. The course representatives have been asked to submit an updated detailed proposal by Feb 11th, for review at the Feb 21st M3M4 subcommittee meeting. Anne Helms and Mark Malkin will be invited to attend for a discussion with the committee. Dr. David indicated that he will have further discussions with the Chair re requirements, course template (on the web), approved format etc.

The meeting was adjourned at 4pm. The next meeting is scheduled for Feb 21, 2005 at 3pm.

Submitted

Andrea Winthrop MD
MINUTES
February 21, 2005
M3M4 SUBCOMMITTEE

Present: Elizabeth Russell, MD, Pat Lye, MD, Chris Decker, MD, Alan David, MD
        Deb Simpson, PhD, George Sanchez,

Excused: Andrea Winthrop, MD, Mike Olivier, PhD, Betsy Manor, Phil Redlich, MD

1. Minutes from January 2005 were approved.

2. Student Work Hours
   - CEC had asked the M3-M4 subcommittee to look at this issue and make a
     recommendation on our position. LCME guideline ED– 38 recommended
     that clinical time for medical students should not exceed the 80/30 rule with 1
     day off per week averaged over 4 weeks. We agree and support that
     recommendation.

3. Last Day of Rotation
   - It was the subcommittees’ position that the M4 should adhere to the current
     clerkship guidelines for special requests off including the last night on call for
     the month.

4. Away Rotations
   - LCME guidelines ED-25 has specific guidelines for allowing required
     clerkship rotations to be off campus.
   - Our recommendation to CEC was that Internal Medicine adhere to those
     guidelines.
   - The subcommittee’s recommendation this month is that all M3-M4 required
     clerkships adhere to the LCME ED-25.
   - Exceptions to this policy will need to be approved by the Office of Academic
     Affairs.

5. CEC Evaluation Process Loop
   - A draft review of the evaluation process loop was put forth by Deb Simpson,
     PhD. The current process that the subcommittee uses is more variable than
     put forth by the flow diagram. It was agreed that there was a disconnect
     between the clerkship director and the chair of the department. Information
     from the CEC flowed to the Clerkship Director. Recommendations from the
     CEC went to the chair via the Dean. It was not clear that the chair and
     clerkship director had the same understanding of the recommendations or had
     discussed the recommendations between themselves.

   - Recommendations:
     a. Subcommittee recommended that course directors meet with their
        chair prior to meeting with CEC members for the course review.
b. The subcommittee recommended that CEC evaluation recommendations for that clerkship go to:
   - A database file
   - To the dean
   - Clerkship directors
   - Chair

  c. The subcommittee would want receipt of acknowledgement of that document from the Chair and clerkship director of that department.

  d. Develop a standardized tool to be developed yearly by each evaluator of the clerkship. This would allow a more systematic approach in evaluating clerkships.

  e. Would like to provide an opportunity for the departments to respond to the CEC’s recommendations.

6. Global Learning Domains
   - Subcommittee agreed to adopt the global domains as a way to evaluate courses. We recognize the priorities on covering the domains maybe different than the M1-M2 year.
   - Next step is to have each of the clerkships review the global learning objectives and see how they currently apply to their course.

The meeting was adjourned at 4pm.

Submitted

Chris Decker, MD
MINUTES
M3M4 SUBCOMMITTEE MEETING
MARCH 21, 2005

Present: Mike Olivier PhD, Betsy Manor, Phil Redlich MD, Andrea Winthrop MD, Chris Decker MD, Pat Lye MD, Alan David MD, Elizabeth Russell MD, Deb Simpson PhD, Ann Helms MD (guest)

Absent: George Sanchez

1. Minutes from the Feb 21, 2005 meeting were reviewed and approved.

2. Neurology Proposal: The committee had the opportunity to review the full proposal from neurology prior to the meeting. Ann Helms (course director) presented the proposal in detail. She indicated that this proposal has the support of the chair, faculty and residents in the Neurology Department. The proposal was very well received by the M3M4 subcommittee members. There were several issues discussed:
   a) Identified that course contact time proposed is 9 days. Previous contact time was 10 days. Suggestion to increase the call experience at FMLH from 2 to 4 nights.
   b) Confirmation that faculty have been identified for the lecture series.
   c) Need confirmed commitment from neurosurgery?
   d) Clarification that the only course curricular component led by the residents is the case-based discussions.
   e) Clarification of scheduling, sites and evaluation process for small group patient evaluations: 2 weeks with each faculty, and all faculty contribute to each student evaluation. Faculty commitment and sites have been identified, and Dr. Helms indicated that there is adequate patient material.
   f) Re final exam: question of timeline for review of NBME subject exam.

The committee requested follow-up prior to their May meeting (May 16th) with the course syllabus, policies for grading, and the H & P criteria/guidelines. Suggestion that there is 3 month feedback in the fall, and then 6 month feedback for course evaluation mid-year. There was also discussion about the M1M2 neuroscience integration --- this is addressed through the Neurology department’s education committee chaired by Dr. Malkin.

3. Master Clinician Course and M4 Ambulatory Month: Medicine has requested permission to use the M4 Master Clinician course slots to fulfill the M4 Required Ambulatory medicine month. Dr. Winthrop provided the committee with some background regarding this issue, including an overview of the course descriptions/objectives for both courses, number of student slots/months and statistics re number of M4 students doing a required ambulatory medicine month. The course descriptions/objectives were noted to have some overlap, but also a number of differences. It was not entirely clear what Medicine’s rationale was for this request, although it was suspected to be related to the loss of the ability to
send students away for a required course, and hence, the wish to increase ambulatory slots/sites at MCW. It was also not entirely clear whether medicine intended to continue to offer the Master Clinician course as an integrated selective with additional slots for M4 ambulatory, or just to offer it as an M4 Ambulatory course. It was concluded by the committee that it was too late for the upcoming academic year to make a change in the course offerings or to withdraw an integrated selective. Medicine will be encouraged to submit a full proposal this summer for the 06/07 academic year. The CEC will meet with the Medicine course directors to help them with strategic planning for the 2005/06 year re ambulatory slots.

4. Cumulative Course evaluation template: This was deferred to the April meeting.

The meeting was adjourned at 4pm.
The next meeting will be April 18th, 2005 at 4pm.

Respectfully submitted,

Andrea Winthrop MD
M3M4 subcommittee chair
Present: Mike Olivier PhD, Andrea Winthrop MD, Elizabeth Russell MD, Chris Decker MD, Phil Redlich MD, Betsy Manor, Pat Lye MD, Deb Simpson PhD

Excused: Alan David MD, George Sanchez

1. Minutes of the March 21, 2005 meeting with reviewed and approved.

2. Dr. Winthrop provided the committee with an update on communications with Internal Medicine with respect to the Master Clinician course and M4 ambulatory medicine slots. The Medicine Department will continue to offer the Master Clinician course in 2005-2006. During the months that the Master Clinician course is offered, there will be a reduction in the available ambulatory student slots --- these slots will be made up during other months of the year. Dr. Redlich has offered to meet with the course directors for Internal Medicine, in conjunction with Dr. Winthrop and Dr. Russell (as a CEC rep from the Medicine Department). The meeting would be to discuss a proactive approach to facilitate communications between the Medicine department and the CEC, and also to discuss a future strategic approach to curricular planning and revisions within the Medicine department.

3. Policy on Student Work Hours: Dr. Winthrop outlined again the LCME regulation ED-38 with respect to student work hours, and also the discussion of this issue from the Feb M3M4 subcommittee meeting. The committee has been asked to propose an official policy. The policy proposed is the following: “To be compliant with LCME ED-38, the M3M4 subcommittee recommends that clinical time for medical students can not exceed the 80/30 rule with 1 day off per week averaged over 4 weeks”. The committee recommends that the clerkship directors be responsible for monitoring the duty hour limit. This policy and the system for monitoring will be pending approval of the Clerkship Directors.

4. Cumulative course evaluation template: The committee reviewed a draft version of the M3M4 course longitudinal review form. It was suggested that there be separate forms for M3 clerkships, M4 required courses (SubI and Integrated Selectives), and M3M4 graded electives. It was also suggested that there be consistent and pertinent questions from each MCW evaluation form (M3, M4, and SubI) recorded longitudinally as well as evaluation results that are outliers. Additionally, there should be documentation of compliance with work hour restrictions. A separate evaluation section should be present, with data on OSCE, subject specific competencies, clerkship specific performance measure (e.g. subject exam) and PDA data when available. Dr. Winthrop will revise the form again and bring back to the committee for review. Dr. Winthrop requests that the
committee members review the questions on the M3, M4 and SubI evaluation forms and determine which are the most pertinent to include.

The meeting was adjourned at 4pm.

The next meeting is scheduled for May 16, 2005.

Respectfully submitted, Andrea Winthrop MD
MINUTES
M3M4 SUBCOMMITTEE MEETING
MAY 16, 2005

Present: Pat Lye MD, Alan David MD, Andrea Winthrop MD, Deb Simpson PhD, Phil Redlich MD, Chris Decker MD, Elizabeth Russell MD

Absent: George Sanchez, Betsy Manor

Excused: Mike Olivier PhD

1. Minutes from April 18th were reviewed and approved. The student work hour issue (work hour restrictions and monitoring compliance) has not yet been discussed at the clerkship directors meeting. Dr. Winthrop presented this issue at the recent Surgical SubI meeting and it will be discussed again at their meeting in July.

2. Update from Neurology: The Neurology course syllabus was presented. The committee noted details including course objectives, orientation and administrative info, clerkship schedule, grading and evaluation policies. The number of call nights has been increased from the original proposal to increase the contact time. The diagnostic list and fields for the I-form for PDA logs was reviewed. It was discussed that the goal is to have the students encounter 80% of these key diagnoses with either real or simulated patients. It will felt by the committee that it would be important to track how many neuro exams the students performed by the end of their rotation. It was suggested that course specific questions be added to the evaluation forms including 1. number of neuro exams completed and 2. student’s perception on competence to perform a neuro exam. The committee would like feedback on this course after the first 2 cycles have been completed. The target will be Oct-Nov. Dr. Helm’s or Dr. Jaradeh will be invited to the M3M4 subcommittee meeting at that time.

3. Cumulative Course Longitudinal Evaluation form: Dr. Winthrop presented the most recent draft. The committee was also provided with copies of the current evaluation forms for M3 clerkships, M4 required courses, M4 subInternships, and electives. Deb Simpson has offered to revise the evaluation form for the M3 clerkships to include clustering of important LCME hot topics, professionalism, curricular quality issues, course objectives, teaching quality issues etc. She will provide this to the committee for review. The other course evaluation forms can be revised in a similar fashion after committee feedback.

4. Dr. Layde’s M3 graded research elective: The CEC has already approved an M3 Injury Research elective for the upcoming academic year. Dr. Layde is requesting a last minute course addition for an M3 graded Injury Research elective. The course objectives, pre-requisites and structure would be the same as the M4 course. The committee agreed to provide expedited approval. Dr. Redlich will
speak with the Registrar to get a course number. There are 2 M3 students interested in doing this in the summer. As part of a more general discussion, the committee would like to consider a generic M3 and M4 research elective for a broader group of students that have done summer research as M1 and M2 students. This will be explored further.

5. Professionalism questions on the course evaluation forms: It was noted by the committee that there are 2 versions of the professionalism cluster of questions. The committee has recommended a consistent group of questions (the longer list as recently revised) for all course evaluation forms. Deb Simpson will provide this feedback to Bob James who will make the appropriate changes.

The meeting was adjourned at 4pm. The next M3M4 subcommittee meeting is June 20, 2005 at 3pm.

Respectfully submitted,

Andrea Winthrop MD
M3M4 subcommittee chair
PRESENT: Andrea Winthrop MD, George Sanchez, Mike Olivier PhD, Deb Simpson PhD, Elizabeth Russell MD, Alan David MD

REGRETS: Pat Lye MD

1. Minutes from the May 16, 2005 meeting were distributed, reviewed and approved.
2. Dr. Winthrop announced that there will be a meeting with representatives from the Department of Medicine on June 27th, to discuss M3 and M4 courses.
3. Cumulative course longitudinal evaluation form: The final version of the M3 evaluation review form was approved. Deb Simpson will create similar forms for M4 required courses (subinternships, integrated selectives) and M3 and M4 electives (grouped by department).
4. Survey for Student feedback NBME Clinical Science Self-Assessment Exam: Fifty students will take this exam, complete the survey, and have also agreed to provide with their performance profile. Revisions to the survey included addition of question: “what else can be done to assist in your preparation for the 2CK exam?” and “Any other comments?”. Plan for review of this pilot in August. Suggestion to compare results with students’ results on the subject exams.
5. Generic Research Elective proposal: The committee reviewed the current research electives offered, and discussed a proposal to create a generic research elective. This would require a template, including an identified research supervisor, and separate course numbers for M3 and M4. Dr. Winthrop agreed to draft a template. Further issues to be discussed include course director, administrative structure, and approval process for each student.
6. Chair of M3M4 subcommittee: Dr. Winthrop will be stepping down as chair of the subcommittee. No replace has been identified.
7. Summer schedule for M3M4 subcommittee meetings: The committee agreed to cancel the July meeting. The next meeting will be August 15, 2005.

The committee meeting was adjourned at 4pm. The next meeting will be August 15, 2005, and will include the new CEC members.

Respectfully submitted,

Andrea Winthrop MD
M3M4 subcommittee chair