NO
MEETING THIS
MONTH
M3/M4 Sub Committee  
August 4, 2003

Present: Joseph Layde, MD, JD and Betsy Manor-M3
Absent: M. Christopher Decker, MD, Elena Holak, MD, Elizabeth Russell, MD, Richard Sabina, PhD, Jeffrey Schwab, MD, Andrea Winthrop, MD
Excused: Patrick Carroll-M4

1. Dr. Layde announced that Dr. Winthrop has stated that she is willing to serve as the M3-M4 subcommittee chair for the 2003-2004 academic year. She will need to be formally approved by the committee when there is a quorum.

2. Dr. Layde announced that the 2003-2004 members of the M3-M4 subcommittee will be M. Christopher Decker, MD, M. Christopher Decker, MD, Elena Holak, MD, Elizabeth Russell, MD, Richard Sabina, PhD, Jeffrey Schwab, MD, Andrea Winthrop, MD, Patrick Carroll – M4 and Betsy Manor – M3.

3. Dr. Layde handed out materials on submissions for new M3 and M4 course proposals, which will be sent to members, not present at the subcommittee meeting.

There being no further business, the meeting was adjourned at 3:30PM

Respectfully submitted by

Joseph B. Layde, MD, JD

Next meeting Monday, September 15, 2003 in MEB 3390 at 3:00 PM
M3M4 SUBCOMMITTEE
SEPTEMBER 15, 2003

Present: Betsy Manor M3, M. Christopher Decker MD, Elena Holak MD, Elizabeth Russell MD, Richard Sabina PhD, Andrea Winthrop, Patrick Carroll M4

Absent: Jeffrey Schwab MD

1. Approval of the August subcommittee minutes

2. New Course Proposals:
   There are 8 new course proposals. Proposal from Jennifer Zebrack MD and Robert Jaquiss MD were provisionally approved pending minor revisions, and clarification of evaluation tool to be used.
   Three additional proposals were reviewed (those from Dr. Panepinto, Dr. Gonnering, and Dr. Olivier). The subcommittee had a number of concerns about each, and requested that the course directors be requested to address revisions and clarifications of these issues. Scheduled review again for October M3M4 subcommittee meeting.
   Three additional proposals were deferred (those from Dr. Ahmed/Wolff, Lofgren/Robertson, and Leschke). The subcommittee members will be asked for their input/comments via email, and Dr. Winthrop will communicate with each course director re requested revisions.

3. CEC Evals: This item was deferred.

4. Old Business: There was none discussed.

5. New Business: Dr. Winthrop has been asked to have the M3M4 subcommittee discuss two issues: approved rotations/guidelines for rotations for the M4 ambulatory medicine month; administrative organization of the medically oriented sub Internships. These items will be discussed October/November.

The meeting was adjourned at 4pm.

Submitted

Andrea Winthrop MD
Present: Betsy Manor M3, Elena Holak MD, Elizabeth Russell MD, Richard Sabina PhD, Andrea Winthrop MD, Patrick Carroll M4, Jeffrey Schwab MD

Excused: M. Christopher Decker MD

1. Approval of the September minutes.

2. The subcommittee reviewed the revised course proposals submitted by Dr. Zebrack, Dr. Jaquiss, Dr. Panepinto, and Dr. Olivier. These 4 courses were recommended for approval. The subcommittee also reviewed the revisions submitted by Dr. Gonnering. The course was felt to have considerable merit, but the subcommittee requested further clarification regarding how integration will be facilitated. Dr. Winthrop will speak with the faculty involved in the course. Finally, the subcommittee reviewed the revisions submitted by Drs. Wolff/Ahmed. There are still several concerns about this course and the subcommittee has recommended that Dr. Winthrop discuss these with the course directors.

No revisions/response has been received for the course proposals submitted by Drs. Leschke or Robertson. Dr. Winthrop will follow-up on this.

3. Yearly M3 Course evaluations: These will be divided up among the subcommittee members, with a timeline for reports. With respect to Psychiatry/Neuro, they will be invited to the M3M4 subcommittee meeting to discuss their course evaluations and their proposal to change the course format.

4. CEC course evaluation wording: deferred.

5. Administrative organization of medically oriented Sub Internships: deferred to November.


7. Evaluation of Psych/Neuro 6 week clerkship: Drs. Peltier and Larson will be invited to the subcommittee meeting.

8. Student item: Deferred.

M4 evaluations were provided to Dr. Winthrop, and these will be divided among the subcommittee members for review.

The meeting was adjourned at 4pm.

Submitted Andrea Winthrop MD
M3M4 SUBCOMMITTEE MINUTES
December 15, 2003

Present: Betsy Manor M3, Elena Holak MD, Elizabeth Russell MD, Richard Sabina PhD, Andrea Winthrop MD, Patrick Carroll M4, M. Christopher Decker MD

Excused: Jeffrey Schwab MD

1. The November minutes were reviewed. Dr. Winthrop pointed out one correction: The minutes will read that the M3M4 subcommittee gave approval to the Robertson/Lofgren M4 course proposal.

2. M3M4 course evaluation reports:
   a. Dr. Sabina provided a summary of the 2002-2003 yearly evaluations of the Internal Medicine Clerkship, based on his review of the clerkship evaluation data. These data would represent Tracks A and B of the Medicine Clerkship proposal. The report had been sent to Dr. Sebastian. Overall, the clerkship evaluations were very positive, ranking the clerkship second of the required M3 clerkships. Students are satisfied with all sites. Strengths include lectures, orientation, integration, and geriatric/smoking cessation concepts. There is continued concern re time to study, and lack of explanation for procedures. The committee recommended that a list of procedures be provided to the students, housestaff and faculty. Since July 2003, procedures have been performed with the attending present.
   It was not possible to determine if the students’ evaluations for the clerkship in the first 6 months differed from those in the second 6 months of the year. Furthermore, the evaluations were global i.e. including both ward and ambulatory experiences. The ambulatory rotations are evaluated with an internal form, and Dr. Andy Anderson has generated data with more specific information about the ambulatory sites.
   b. Dr. Andy Anderson attended the meeting to provide an update on the Ambulatory Medicine clerkship rotations. He outlined the structure of the rotation, and included the information the students receive during orientation. He presented an outline of the sites for ambulatory experiences, and impressive data showing success in recruiting a large number of new community preceptors. The committee expressed concerns about Medicine offering away rotations to students to satisfy their ambulatory GIM requirement, and also concerns that several of the community sites were subspecialty or pediatric, and did not satisfy criteria for an adult GIM experience. It is unclear if the subspecialty sites would provide the students with exposures to the core curricular issues for adult GIM. The M3M4 subcommittee identified that the CEC does not approve of away rotations for required courses. Further, the subspecialty ambulatory sites were not thought to be part of Tracks A and B. To date, there has been no implementation plans/approval to implement Tracks C
and D of the Medicine proposal. Dr. Anderson requested that the CEC consider the Master Clinician course as an ambulatory rotation site. He will forward a proposal in January. The committee has also requested that Dr. Anderson provide clear guidelines for approval of ambulatory sites, and update on plans for implementation of Tracks C and D. Dr.’s Anderson and colleagues will be invited back in the spring for a report. The CEC exec will discuss further the issue of away rotations and use of subspecialty ambulatory sites.

c. Family Medicine: Dr. Decker provided a detailed summary of this clerkship, including information on changes that have been implemented in the current academic year, and information from some of the internal evaluations used by the department. Overall, this clerkship receives excellent evaluations from the students, with strengths including faculty contact time and the faculty’s interest in teaching. Students expressed concerns about the Community Medicine component of the clerkship, which is a focus this year for changes and hopefully improvement. The patient project has been revised. Data was available to evaluate the PBL activities, which are well received by the students. The clerkship director Dr. Bower uses the global clerkship evaluations as well as internal evaluation tools to continually modify and improve components of the clerkship.

d. ObGyn: This was deferred to January.

e. Required M4 clerkships (Integrated Selectives): Dr. Russell provided a summary of the evaluation data for these rotations. Overall, the integrated selectives are rated positively, with particularly high ratings for Advanced Human Anatomy, Anat. Basis Musculoskeletal, Clin Corr Sports and Gross Anat, and Ped Med Prob Solv. Selectives with lower ratings included Cardiology, Pub Health and Gen Prev Med, Phys Med and Rehab. These evaluations identified concerns re feedback, poor lectures and exam quality. Dr. Russell will contact the rotations receiving lower evaluations and provide an update to the M3M4 subcommittee in January. Dr. Winthrop will send a letter of commendation to the highly rated courses.

The committee meeting was adjourned at 4pm. The next meeting is January 19th, 2004 at 3pm.

Respectfully,

Andrea L. Winthrop MD
M3M4 subcommittee Chair
M3M4 SUBCOMMITTEE MINUTES  
January 19, 2004

Present: Betsy Manor M3, Elena Holak MD, Elizabeth Russell MD, Richard Sabina PhD, Andrea Winthrop MD, M. Christopher Decker MD, Jeffrey Schwab MD, Philip Redlich MD

Absent: Patrick Carroll M4

1. The December minutes were reviewed and approved.

2. Scheduling issues: Dr. Winthrop reviewed Leslie Mack’s response to a number of questions related to scheduling from the perspective of the registrar’s office. The current configuration of the third year track system (outline provided for committee members) was designed by the Office of Curriculum and approved by the CEC. The registrar’s office has programmed the computers for scheduling to implement this design. The committee had several questions:
   - Are all 16 tracks used?
   - Is there variability in the number of students in each track?
   - Can the rotations in the tracks be grouped differently e.g. 2 one month rotations in the place of one 2 month rotation? 6 week rotation with 2 weeks of vacation?

M3 graded elective prerequisites are determined by the course directors and approved by the CEC. These are implemented by the registrar’s office. Depending on the track, these may limit when/if a student can do an elective. This has also been a scheduling issue if the prerequisite is waived. Dr. Winthrop pointed out that many of the M3 graded elective prerequisites have been eliminated. Only 4 courses still have prerequisites. It was suggested that these be re-evaluated re necessity.

Re concerns about the lottery system, the registrar’s office is responsible for explaining how the system works. There is a system for student advisors run through Dr. Holloway’s office. Students are concerned that some are disadvantaged both their M3 and M4 years re their lottery picks.

Dr. Winthrop will ask Leslie to address the areas that are relative to the Registrar’s office. The advising concerns will be directed to Dr. Holloway. The CEC will look at the M3 graded electives that still have prerequisites.

3. M3 M4 course evaluations:
   (a) Pediatrics: Dr. Winthrop provided this report. Overall, this clerkship received very good evaluations. Concerns include variation in student experiences and exposures depending on sites for outpatient/inpatient rotations, feedback, coordination and scheduling, the OSCE. The new clerkship director has implemented a number of changes to address these
concerns: practice OSCE, review of the top 25 diagnoses on the PDA log at mid-rotation to ensure adequate broad exposure, required mid-rotation feedback, training the residents on how to give feedback, focused feedback on one H and P, and a new full time clerkship coordinator. Betsy Manor identified student concerns not reflected in the global evaluations/comments. These include the evaluation process, perceptions of faculty bias, discrepancy between the mid-course evaluation and the final grade, and stricter grading system than other clerkships. Dr. Winthrop will set up a meeting with Dr. Palma-Sisto and Betsy to discuss these issues further.

(b) Surgery M3 clerkship: This report was submitted by Dr. Schwab. The overall evaluations were solid. Specifically, there has been improvement in the evaluation of professionalism. Surgery has implemented a professionalism committee in the department. One particular concern relates to a high rate of cancellation of scheduled lectures. This is being closely tracked by the clerkship office, with attempts to resolve this issue.

(c) Feedback from Integrated Selectives with issues: This report was provided by Dr. Russell, who contacted the course directors. Cardiology is eliminating the Medical service so there is more focus on the specialty, and developing a core curriculum of lectures. Phy Med and Rehab is revising the course objectives and structure of the selective. Based on Dr. Russell’s report, the committee felt that the Pub Health and Gen Prev Med course needs major reworking, with a more specific balance of directed vs. independent learning activities, and clearly defined objectives and expectations for the student.

Dr. Russell suggested that yearly review of each of the selectives and electives be completed, and that a standardized form should be developed to ensure consistency in the evaluation process from year to year. This will be put on the agenda for a future M3M4 subcommittee meeting.

Dr. Winthrop will send letters to each of the integrated selectives course directors re issues/positive feedback.

CPR and ObGyn course evaluation reports were deferred to February. Sub Internship reports are also due in February. The M4 electives may need to be deferred to March.

The meeting was adjourned at 4pm. The next meeting is February 16th, 2004 at 3pm.

Submitted by Andrea Winthrop MD
M3M4 SUBCOMMITTEE MINUTES
February 16, 2004

Present: Betsy Manor M3, Elizabeth Russell MD, Andrea Winthrop MD, Jeffrey Schwab MD, Philip Redlich MD, Leslie Mack, Deb Simpson PhD

Excused: Richard Sabina PhD, M. Chris Decker MD

Absent: Elena Holak MD, Patrick Carroll M4

1. The January minutes were reviewed and approved.

2. Scheduling issues: Leslie Mack attended the meeting at the committee’s request. She presented information about the scheduling system and lottery for both M3’s and M4’s. She also provided a summary of what instructions and information the students receive about the processes. The student reps suggested that more information be provided about scheduling decisions with respect to career implications (suggestion of group advising sessions or noon focus session). All 16 tracks are used, and there is the same number of students in each track. The rotations could be grouped in the tracks differently. The computer program for the M3 lottery runs the opposite directions for tracks vs electives. The computer program for the M4 course scheduling has changed this year ie it randomizes at every pass (previously it was a zig zag system of randomization). The pros and cons of this was discussed by the committee. Currently the students are conducting a survey to ask what students would like to see in the track and lottery system. Results will be summarized and presented to the committee in April. Further, the student reps were asked to inquire of the M2 students their perceptions about how M3 tracks and scheduling would in any way impact on career choice. The committee members do not feel that track choices have significant impact on student career choice.

3. M3M4 course evaluations: Dr. Russell presented her evaluation report for ObGyn M3 course. In summary, teaching experience was considered very good, as were the didactic lectures. To address a deficiency in Gyn experience at one of the sites, another site is being piloted. Lecture cancellation and notification to students is also being addressed. The report acknowledges the continued improvement of this course with respect to reported unprofessional behavior, and the efforts of the course directors to make students, faculty and hospital staff aware of these issues. The course director will be reviewing data to determine the impact of the new 6 week (vs 8 week) time allotment on competency and knowledge as measured by the Board exams.

Course evaluations for CPR, followup for Peds, M4 subinternships, and M4 electives reports to be discussed at the next meeting. Dr. Winthrop will request that the reports be sent out in advance of the meeting for committee review and approval.
The meeting was adjourned at 4pm.

Submitted Andrea Winthrop MD

Next meeting:
March  complete course evaluation reports
   Dr. Holloway re advisors and scheduling issues
   Feedback from Psych Neuro re course revision proposal, and separate grade
   Proposal for Master Clinician course as M4 ambulatory experience

April  Feedback Internal Medicine/Ambulatory Medicine
   Student survey results and further discussion re tracks and scheduling
   M3 graded electives pre-requisites
M3/M4 SUBCOMMITTEE MINUTES
November 17, 2003

Present: Betsy Manor, M3, Elena Holak, MD, Elizabeth Russell, MD, Richard Sabina, PhD, Andrea Winthrop, MD, Patrick Carroll, M4, Jeffrey Schwab, MD, M. Christopher Decker, MD

1. The October minutes were approved with the following correction: Dr. Decker was excused (not absent) from the October meeting.

2. The following new course proposals were discussed:
   a. Drs. Gonnering/Raff/Findling: Dr. Winthrop is still waiting to discuss integration with Dr. Gonnering et al.
   b. Wolff/Ahmed/Beck: Dr. Winthrop provided the subcommittee with additional information submitted by Dr. Beck. Dr’s Russell, Decker, Schwab and Betsy Manor provided preliminary approval. The remaining subcommittee members were asked to review and provide feedback by Friday. Subsequently, the CEC will be asked electronically to approve the course.
   c. Lofgren/Robertson: This course was recommended for approval (December’s minutes) approved. The subcommittee still has concerns about the 2 week format and the time of year the course will be offered (May). For this year (04), Pat Carroll indicated that the 8 students identified that are interested in the course, will register using another already established course number. The M3/M4 subcommittee will recommend that the course directors provide a detailed evaluation of the course after its first offering.
   d. Leschke: This course was recommended for approval with revisions to the course template that were made by Dr. Winthrop.

3. Betsy Manor and Pat Carroll presented a Curriculum Proposal that Student Assembly is working on. The proposal outlines a number of student concerns regarding the current track system for scheduling during the clinical years, the limited ability to take 3rd year graded electives, timing of exposure to certain specialties to assist with career planning, the current lottery system for scheduling, and inadequate advising available to the students regarding the M3 and M4 scheduling. The students propose that the track system be modified, that M3 graded electives have less restrictive prerequisite requirements, that there be more fluidity between the M3 and M4 courses, and that there be more specific advising to students regarding their scheduling options.

4. Dr. Schwab and several other subcommittee members have already expressed concerns about the format and purpose of M3 graded electives. This issue can be included in discussions to review the student proposal. Leslie Mack will be asked to address the registrar issues and discuss M4 OASIS. To assist the subcommittee in review of these issues, Dr. Winthrop will request a copy of the current track system, a list of the currently offered M3 graded electives, and a chart of the M3 and M4 year curriculum.
5. M4 ambulatory medicine sites: Dr. Winthrop provide background information for the subcommittee members on the current status of the Internal Medicine and Ambulatory Medicine courses, including the most recent presentation to the M3/M4 subcommittee by the course directors (Jan 03) with information on the status of Tracks A and B. The subcommittee expressed concerns about the lack of clear criteria to define what would constitute a suitable ambulatory medicine experience. Further, the CEC has not been provided any updates on plans for implementation of Tracks C and D.

The subcommittee recommended that Drs. Anderson and Sebastian be invited to the M3/M4 subcommittee meeting to discuss these issues further.

6. Administrative organization of Medically Oriented Sub Internships: Dr. Winthrop indicated that Medicine, Pediatrics and Family Medicine Sub Internships will be administrated as separate Sub Internship courses, and that final grade sign off will be directly, by each course director.

Governance: Proposal that the Medically-oriented Sub-I’s have an administrative ad hoc committee that meets regularly to discuss common issues across these courses (similar to the model for the Surgically-oriented Sub-I’s). This item will be discussed further at the CEC exec meeting next week.

7. M3 and M4 course evaluation reports: Dr. Winthrop reviewed the timeline and responsibilities for the subcommittee members regarding reports on each of the M3 and M4 courses. Representatives from Internal Medicine and Psych/Neuro will also be invited to the M3/M4 subcommittee meetings to enhance the discussion about these courses.

The meeting was adjourned at 4pm.

Submitted
Andrea Winthrop MD
M3M4 SUBCOMMITTEE MINUTES
March 15, 2004

Present: Betsy Manor, Patrick Carroll, Elena Holak, Chris Decker, Deb Simpson, Elizabeth Russell, Philip Redlich, Wendy Peltier, Gunnar Larson, Richard Holloway, Andrea Winthrop

Excused: Richard Sabina

Absent: Jeffrey Schwab

1. The February 2004 minutes were reviewed and approved.

2. Approval of Course Evaluation Reports: The following reports had previously been distributed electronically, and also were available as hard copy for the committee members to review. Because of the full agenda, Dr. Winthrop requested feedback/approval electronically for the following: CPR, Pediatric M3 follow-up, and M4 Subinternships (Dr. Schwab’s report for surgical Sub-I’s has not yet been received), M4 electives (Winthrop, Sabina, Decker, and Holak).

3. Student advising M3M4: Dr. Holloway attended the meeting to participate in this discussion. He indicated that the student advising system has been expanded, and begins in the first year. There are regular advisor meetings for updates and orientation, but unfortunately, these are poorly attended. The advisor pool has been expanded, and the advisors have been apprised of the changes in the M3 and M4 course scheduling lottery system. The advisors have also been informed that currently there is a 30 day lead time for course changes, and these must be approved by the advisor. Dr. Holloway indicated that inconsistencies in the communication between advisors and their students involve a number of factors including the “human factor”, career counseling, curricular issues and scheduling issues. Dr. Holloway welcomes continued 2 way communication between his office and the CEC, to provide up to date information that can be disseminated to the advisor pool. He feels that the new OASIS system will provide some consistency because of its inherent built-in checks.

4. Psych Neuro course proposal: This was presented by Dr’s Larson and Peltier. Specific issues addressed in the proposal include a) facility: improved microphone for the lecture space at the VA b) lectures: implementation of a lecturer and site specific feedback system July 1, 2004, as well as moving 2 of the half-day blocks to the Tosa Center c) Test validity: Psychiatry has moved to the shelf exam. However, the neurology questions on the shelf exam do not correlate with the themes/goals/objectives of the MCW neurology clerkship. Dr. Peltier separated out the neurology questions as a separate neurology exam. Scheduling, length of the exam and other administrative issues are to be evaluated further. d) Integrated goals and objectives for psychiatry and neurology “competencies”: No significant changes are anticipated for 2004-2005. If a new model for the course is developed without a formal clinical experience in neurology, then the goals and objectives for neurology would have to be revised to be integrated in to the psychiatry rotation) proposed changes for 2005-2006: models for integration of neurology components within the psych rotation, but without formal clinical experience in neurology - neuro interview, neuro exam, integrated cases, neuro emergencies. Possible inclusion of skills workshop, video taped sessions, small group case discussions. Also proposed was a solid 2 week block for ambulatory neuro clinics. f) expanded neurology rotations for M4: development of a neurology integrated selective and/or neurology sub I. g) proposal from psychiatry for complete administrative separation of the clerkship with separate grading.

The M3M4 subcommittee and CEC’s response to components of the proposal were as follows: agreement with a) and b). With respect to the exam c), will need to work out the length and scheduling issues. With respect to d) the CEC accepts that there will be no changes in 2004-2005. e) This component of the proposal needs much more discussion with the departments and the CEC. f) The CEC would welcome these courses proposals, with a letter of intent due June
2004. g) Although the test and other components of the course are separate, the information is integrated together to produce one grade for the course. The CEC denied psychiatry's request for a separate grade, but recommended that within the evaluation form, separate comments could be included referring to each of the components of the course.

5. Proposal Master Clinician Course for M4 ambulatory rotation: deferred to April

The meeting was adjourned at 4pm.

The next meeting is scheduled for April 19th, 2004 at 3pm.

Andrea Winthrop MD
MINUTES
M3M4 SUBCOMMITTEE MEETING
JUNE 21, 2004

Present: Andrea Winthrop, Elizabeth Russell, Chris Decker, Rick Sabina, Betsy Manor

Excused: Jeff Schwab, Elena Holak

1. The April minutes were distributed, reviewed and approved.

2. Informational:
   a. Dr. Winthrop informed the committee that a letter had been sent to the course directors for Internal Medicine with the CEC recommendations regarding away rotations for 2004-2005, and requests for a report to the CEC with rationale and guidelines re continuation of away rotations for 2005 and beyond.
   b. On behalf of the CEC, Dr. Layde has approved a request for site change for the Women’s Health Elective.
   c. Dr. Winthrop informed the committee that a letter was sent to Dr. Robertson denying the request for an exception re faculty for the Belize rotation.
   d. Course proposals are due July 19th. Letters of intent/proposals received to date include M4 Integrated Selective in Geriatric Cardiology, M4 integrated elective “The Spectrum of Family Medicine”, M3 graded elective “Family Medicine in Depth”, M4 visiting student electives for plastic surgery, PM and R course, M4 elective “High Risk Obstetrics and Ultrasound”.

3. The July CEC is cancelled. The committee agreed to cancel the July M3M4 subcommittee meeting. The next meeting will be August 30th, 2004.

4. Dr. Winthrop discussed the need for a more organized and timely system for course evaluations and feedback to course directors. She distributed an evaluation template from the CEC handbook, and asked the committee members to review this with request for feedback in August. The M3 evaluation data should be available in August for dissemination and assignment of reports.

5. Dr. Winthrop and Betsy Manor reviewed a summary of the recent student survey results. In general, the students request changes that would increase flexibility. Potential changes, and prioritization of these changes was discussed. These included changes in the track system, M3 students taking an M4 course in June, more M3 graded electives, elimination of M3 graded elective prerequisites (this will be reviewed again), and more options within the required courses (eg Medicine).
Dr. Winthrop has requested data from Ed Services re current M3 graded electives available, and M4 electives available by department/discipline, as well as how many students request these courses.

6. The response to the clerkship directors document “Expectations for a Clerkship Director” was deferred, as it will be discussed at the main CEC meeting.

The meeting was adjourned at 4pm. The next meeting will be August 30th, 2004 at 3pm.

Respectfully submitted, Andrea Winthrop MD
M3M4 SUBCOMMITTEE MINUTES
APRIL 19, 2004

Present:  Phil Redlich, Betsy Manor, Pat Carroll, Andrea Winthrop, Chris Decker, Elena Holak, Deb Simpson, Elizabeth Russell

Excused: Rick Sabina, Jeff Schwab

Guests: Andy Anderson, Jim Sebastian

1. The March minutes were reviewed and approved. The remaining course evaluations (CPR, Pediatric follow-up, M4 Sub Internships, and remaining M4 electives) were disseminated electronically after the March meeting. These evaluation reports were approved/accepted electronically by a quorum of the committee members. All course evaluation reports for M3 and M4 courses will be forwarded to Ed Services.

2. Student Proposal survey results: Betsy and Pat presented a summary of the results of the student survey, which included questions about the current track system, scheduling, and curriculum format/flexibility. The subcommittee agreed that the information would need to be examined in more detail to prioritize issues that could be examined further, and also to determine what student preferences/perceptions are actually feasible to address. Dr. Winthrop proposed a working group to meet within the next few weeks to look at the survey results, and come up with a list of potential action items.

3. Ambulatory Medicine update: Dr.’s Anderson and Sebastian were invited to the subcommittee meeting to discuss a number of issues related to the M3 and M4 Internal Medicine course. They identified separate guidelines and objectives for the M3 and M4 ambulatory months, and indicated that the appropriate MCW year specific evaluation forms would be used. With respect to the subspecialty rotations, Dr. Anderson clarified that the students spent one half day in the specialty area, and the remainder in an adult GIM clinical setting. The course directors have submitted a proposal that the Master Clinician course be changed from an integrated selective to be offered as an Ambulatory rotation site. This request was received AFTER the deadline for course changes for 2004-05, and therefore will be considered for the 2005-06 year.

Fairly lengthy discussion ensued re the issue of away rotations. The CEC had previously approved the Internal Medicine proposal for Tracks A and B, which included away rotations for adult GIM experience and ambulatory sites for the M4 year. The M3M4 subcommittee agreed to ask the CEC for an exception for this upcoming year 2004-05 for the away rotations that had been previously approved. This issue will be discussed further at the full CEC meeting, including clarification of whether this will pertain to the inpatient GIM and also ambulatory components of the course.
4. Plans for follow-up with Psych Neuro: This agenda item was deferred.

The meeting was adjourned at 4pm. The next meeting of the M3M4 subcommittee will be May 17th at 4pm.

Respectfully submitted, Andrea Winthrop

Agenda items pending:
Response to course 308-113 (M4 elective)
Discrepancies between written descriptions and actual requirements for M4 electives (Redlich)
System for consistent course evaluations
Remaining M3 graded elective prerequisites