NO
MEETING THIS MONTH
1. The August meeting minutes were approved.

2. Note: The October 17th meeting will be at 5 pm.

3. Department of Medicine (DOM) clerkship –general discussion
   A. The recent history of the issues that involve the DOM was reviewed. There were two issues:
      a. One was the LCME requirement for full-time faculty teaching within required courses. Meeting this requirement has been fulfilled to our knowledge and the away option has been removed.
      b. The other issue was standardization of the Medicine rotation for M3 and M4 students. The CEC M3-M4 subcommittee asked the DOM to define clear clerkship objectives. Dr. Maguire sent a document to Dr. Lauer for the ambulatory rotations. This will be shared with the M4-M4 subcommittee with the minutes. (See last page of the minutes)
   B. The objectives for the inpatient rotation and sub internship rotations need further definition. A request for further information, as well as their evaluation will be discussed with Drs. Sebastian and Torre.

4. DOM meeting in June (minutes attached) - Dr. Russell.
   A. Dr. Russell reviewed the minutes of the meeting with the Dept of Medicine from June 27th where a timeline was put in place for communication of the clerkship direction. There were earlier “track proposals” that needed further clarification. Dr. Russell volunteered to continue to act as liaison for the M3M4 committee.

5. New Proposal –Dr. Lye
   A. The DOM has submitted a request for approval of a new course “Pathophysiology for the Clinician”. Dr. Lye reviewed and reported the information. Despite the promising nature of the course, much of the information came to our committee piecemeal and without attention to detail. The questions left unanswered were:
      a. Has the Chairman of Biochemistry agreed with this proposal (we need some type of direct communication)?
      b. How well have the modules been developed for teaching this course?
      c. Who are the core teachers of the course going to be?
   B. This information was forwarded to Deb Simpson at the CEC and she will get more detailed information from Dr. Sebastian.
6. New Business - Dr. David

A. As the electronic medical records are being developed, there has been no provision for medical students being able to access patient’s medical records, which has very big implications for MCW students. This lack of access makes students a liability and creates a disincentive for teaching. This issue will be discussed at the next Clerkship Directors meeting and a reviewed again in this committee. Dr. Redlich will meet with Dr. Norton to clarify the issues as well.

B. The issue of additional meetings was discussed and it was agreed that such meetings would be necessary. The next meeting dates will be October 17th at 3 pm for course evaluation reviews and 5 pm for the meeting with the DOM. Further meeting dates will be November 7th at 4 pm for continued course evaluation reviews.

Respectfully submitted,

Kathy Lauer, M.D.
M4 Ambulatory Internal Medicine Clerkship
Guidelines and Objectives

GOALS
The Ambulatory Clerkship enables students to continue to develop clinical skills and gain confidence in the diagnosis and management of medical problems commonly encountered in an ambulatory adult population.

The setting includes outpatient practices in community and academic settings.

Students will attend lectures and participate in online education (ANGEL) experiences that address topics not covered in the M3 Core Curriculum.

LEARNING OBJECTIVES
1. Gain mastery in advanced interviewing and physical diagnosis skills.
2. Diagnose and treat common ambulatory medicine problems (hypertension, back pain, diabetes, coronary artery disease, obesity).
3. Clearly communicate an independent assessment and plan.
4. Demonstrate increasing autonomy and responsibility in patient care and decision-making.
5. Demonstrate increasing independence in developing and prioritizing differential diagnoses.
6. Apply preventive medicine principles at each visit.
7. Independently use current electronic clinical resources to ask clinical questions and apply them to patient care.
8. Appreciate other members of the health care team including nurses, pharmacists, social workers, clerks, and physical therapists.
9. Assess the impact of psychosocial, mental, and spiritual issues on the patient’s health and well being.
10. Demonstrate integrity and foster compassion in patient care.

CLERKSHIP MODULES
Faculty from the Department of Medicine will meet with students to provide lectures, case discussion and hands on experiences on the following topics known to be important to physicians practicing Ambulatory Internal Medicine.

- Asthma
- Cardiac Risk Management
- Chronic Pain
- Cancer Prevention
- Evidence Based Medicine†
- Geriatrics
- Obesity
- Palliative Medicine
- Sleep Medicine*†
- Women’s Health*
*Sleep Medicine and Women’s Health include primary curriculum activities on ANGEL. The Women’s Health Curriculum is mandatory and successful completion of the 4 modules and associated quizzes is a clerkship requirement.

† Students may choose between completing the EBM module and the Sleep Medicine Curriculum.

Further details are provided in the orientation packet and on the Ambulatory Internal Medicine ANGEL site.

**EVIDENCE-BASED MEDICINE (EBM) REPORT**
Students may prepare an EBM Report based on a patient encounter. A two-page report will be submitted to the clerkship director using the guidelines provided in the orientation packet and on ANGEL.

**E-SLEEP MEDICINE**
Dr. Rose Franco has developed a new ANGEL curriculum designed to teach students about common sleep disorders. This curriculum has been recently updated. Students who choose to complete this curriculum instead of submitting an EBM Report must complete the post-test and survey to receive credit.

Further details regarding this project are provided in the orientation packet and on the E-Sleep ANGEL site. See orientation packet for details on accessing this curriculum.

**PALLIATIVE CARE**
Faculty from the Department of Medicine’s Hospice and Palliative Care Service will meet with students for lectures to promote greater knowledge and understanding of the role of Pain Management and Palliative Care in Internal Medicine practice. In addition to this didactic curriculum, all students will complete the following assignments:

- Hospice Visit with Patient Interview
- 200-500 word essay submitted on ANGEL
- Take Home Test using study guide provided

Further details regarding these assignments and guides for successful completion of the Patient Interview and Essay are provided in the orientation packet and on the Ambulatory Internal Medicine ANGEL site.

**ATTENDANCE POLICY**
All students are to inform Kerrie Quirk, Ambulatory Medicine coordinator, in advance if they are going to be absent for any scheduled sessions. Absences
that result in missing a clinic session are also to be reported to the respective preceptor(s).

**EVALUATIONS**
Clerkship evaluations will be based on the following components:

- Clinical preceptor evaluation (70%)
- EBM report *or* E-Sleep Curriculum (10%)
- Hospice patient essay (Pass/Fail 10%)
- Women’s Health Quiz (Pass/Fail 10%). Passing score is 80%.
M3 Ambulatory Internal Medicine Clerkship
Guidelines and Objectives

GOALS
The Ambulatory Clerkship enables students to continue to develop clinical skills and gain confidence in the diagnosis and management of medical problems commonly encountered in an ambulatory adult population.

The setting includes outpatient practices in community and academic settings.

The M3 Core Curriculum will complement clinical experiences. In addition, students will attend additional lectures and participate in online education (ANGEL) experiences that address topics not covered in the Core Curriculum.

LEARNING OBJECTIVES
1. Obtain a logical, organized and thorough history and physical.
2. Diagnose and treat common ambulatory medicine problems (hypertension, back pain, diabetes, coronary artery disease, obesity).
3. Orally present patient information clearly and concisely.
4. Prepare legible, organized documentation of patient information and assessment.
5. Create and defend a prioritized list of differential diagnoses.
6. Apply preventive medicine principles at each visit.
7. Utilize current electronic clinical resources to ask clinical questions and apply them to patient care.
8. Appreciate other members of the health care team including nurses, pharmacists, social workers, clerks, and physical therapists.
9. Assess the impact of psychosocial, mental, and spiritual issues on the patient’s health and well being.
10. Demonstrate integrity and foster compassion in patient care.

CLERKSHIP MODULES
Faculty from the Department of Medicine will meet with students to provide lectures, case discussion and hands on experiences on the following topics known to be important to physicians practicing Ambulatory Internal Medicine.

- Asthma
- Chronic Pain
- Geriatrics
- Palliative Medicine
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Faculty from the Department of Medicine’s Hospice and Palliative Care Service will meet with students for lectures to promote greater knowledge and understanding of the role of Pain Management and Palliative Care in Internal Medicine practice. In addition to this didactic curriculum, all students will complete the following assignments:

- Hospice Visit with Patient Interview
- 200-500 word essay submitted on ANGEL
- Take Home Test using study guide provided

Further details regarding these assignments and guides for successful completion of the Patient Interview and Essay are provided in the orientation packet and on the Ambulatory Internal Medicine ANGEL site.

ATTENDANCE POLICY
All students are to inform Kerrie Quirk, Ambulatory Medicine coordinator, in advance if they are going to be absent for any scheduled sessions. Absences that result in missing a clinic session are also to be reported to the respective preceptor(s).

EVALUATIONS
Clerkship evaluations will be based on the following components:

- Clinical preceptor evaluation (90%)
- Hospice patient essay (Pass/Fail 10%)
M3-4 SUBCOMMITTEE  
CURRICULUM AND EVALUATION COMMITTEE  
MINUTES AUGUST 15, 2005

In Attendance  Excused (E)/Absent (A)  
Alexandru Barboi, MD  Karen Brasel (E) (Pending Assignment)  
Anderson Bauer, M3  Alan David, MD (E)  
Ivan Lang, PhD, DVM  Kathryn Lauer, MD (E) (Chair)  
Patricia Lye, MD  Elizabeth Russell, MD (E)  
Deborah Simpson, PhD  George Sanchez, M4 (A)  
Andrea Winthrop, MD (E) (Pending Assignment)

I  Minutes – June 20, 2005  
1. Minutes approved as submitted.

II  Special Meeting with Medicine and CEC (Drs. Winthrop and Russell)  
A. Tabled  
B. Decision re: Meeting with DOM in October

III  New Integrated Selective Proposals  
A. Family Medicine with Applied Pharmacotherapy (Dr. Lye)  
1. A full proposal for an M-4 Selective was submitted to the M3-4 subcommittee and reviewed by Dr. Lye. The selective authors include family physicians and a Pharm D. Designed to transition basic pharmacology knowledge in active pharmacotherapy the selective will focus on effective prescribing informed by evidence-based medicine.  
2. The proposal was clear, outlined all essential elements of the course (e.g., objectives, methods, evaluation), and meets the criteria for an integrated selective.  
3. Proposal approved.  
   a. The proposal authors will be notified by Dr. Simpson regarding selective approval.  
   b. Ms. Galewski will work with the authors and the Registrar to have this selective added for the 2006-07 year M4 offerings.  
B. Pathophysiology for Clinicians (Dr. Lye)  
1. Dr. James Sebastian from the Department of Medicine submitted a proposal for an integrated selective focused on Pathophysiology. Dr. Lye briefly outlined the key elements of the selective as outlined in the proposal.  
2. The Subcommittee was supportive on the selective in concept, but prior to making a decision, the members requested that Dr. Sebastian provide additional information specific to:  
   a. Faculty  
      (1) The names/departments of faculty who have agreed to participate in the selective were not provided.  
      (a) Request: Names of key faculty who will support this selective (e.g., key clinical and basic science who can address pathophysiological principles) and supporting letter(s) from respective chair(s).  
   b. Topics  
      (1) The needs assessment from PFI students resulted in a list of 254 topics (per the proposal). However, only one topic example (e.g., heart failure) was listed.  
      (a) Request: Specify how many topics will be addressed per week and an anticipated list of the topics.  
   c. Educational Methods and Evaluation
The details regarding how, where, and with whom students will spend their time during the selective was limited. What will students be doing? Will there be a clinical component to complement the on-line and/or face-to-face time?

(a) Request: An outline of a typical week in the course (how, where, doing what, and with whom will students be spending their time).

(2) The proposal indicates that there is a required project and the selective template indicates the evaluation methods will include performance on web-based quizzes and faculty/peer evaluation of the independent topic review.

(a) Request: Elaborate on web-based quizzes and the structure/format of the required project/review and its evaluation process. Provide weight for the quizzes relative to the project for determination of the overall grade. If there are additional elements that will be used to determine the final grade (e.g., completion of on-line modules, participation in class), please describe each element along with its relative weight towards the final grade.

d. Dr. Simpson will forward the above request to Dr. Sebastian with a deadline for response of September 14 at 7:00 am.

(1) Ms. Galewski will then forward Dr. Sebastian’s response to the subcommittee for review and action at the September 19, 2005 M3-4 Subcommittee meeting.

IV Meeting Time

A. Subcommittee will continue to meet on the 3rd Monday of each month at 3:00 pm, immediately prior to the full CEC meeting.

Meeting was adjourned at 5:15 pm.
Next Meeting: September 19, 2005 at 3:00 pm.
1. Meeting called to order at 3:10 pm. Minutes approved from last meeting

2. Meeting Dates – All in room MEB 3390 (Academic Affairs Conference Room)
   A. 11/7/05 4:00PM (extra meeting date)—to review course evaluations
   B. 11/21/05 3:00PM (Regular scheduled meeting)
   C. 12/19/05 3:00PM (Regular scheduled meeting)

3. Dr. Sebastian’s Course – Pathophysiology – Dr. Lye
   A. Four questions had to be addressed.
      a. Getting approval from the Course Directors and Chairs: Accomplished.
      b. Core faculty not all identified, but support from key faculty achieved.
      c. Gave example of CHF as the example provided.
      d. M4 Integrated form provided previously.
   B. Discussion: ANGEL module proposed, DOM has extensive experience with e-learning and development of a module was thought not to be a concern.
   C. The proposal was approved.

4. Humanities Proposal – Dr. Redlich
   A. Dr. Redlich introduced the proposal to the committee for Dr. Derse. The committee discussed the course proposal.
      a. Inclusion of art, literature and impact on patient care was discussed.
      b. Proposals from faculty to include humanities in their courses may be submitted for review by the committee.
      c. No specific motion was put forward.
      d. Questions were formulated to be asked of Dr. Derse in the full CEC meeting.

5. Course Evaluations
   A. Neurology
      a. Dr. Russell reviewed both 2005 and the first two months of this current academic year (2005/2006).
      b. 2005-Integrated Neuro/Psych evaluation results presented briefly.
         i. Issues include:
            (1) Disjointed clinical exposure, lack of continuity of teaching, insufficient coordination of faculty clinical duties and their teaching obligations.
(2) The students see different faculty members every week that leads to difficulty in grading and assessing improvement in performance by the students.

d. The course director suggests changing the course substantially due to concerns of both faculty and students.
i. Completion of the entire academic year.

B. Proposal of the subcommittee:
a. The Neurology Clerkship Director will be requested to submit a proposal to the M3/M4 CEC subcommittee by November 1 to include the following information:
i. Background
   (1) What was wrong with the previous model of a solid 2 weeks of a clinical experience within a 6 week clerkship?
   (2) What are the fundamental problems with the current structure of the Clerkship that have been identified to date?
ii. Solution
   (1) Short Term/Immediate: What is the proposal for solving the problem of the current clerkship structure for the remaining time of its implementation?
   (2) Long-term: What is the proposal to solve the clerkship structure long-term?
iii. Proposal should address
   (1) What support is forthcoming from the Chair of Neurology for implementation of changes to the current clerkship structure and faculty time and effort for teaching?
   (2) What can be immediately accomplished with the commencement of the mid-November rotation?
   (3) What is the long-term model that will resolve the problems? A general concept of how the department is considering approaching the issue and timeline is requested.
b. All proposals must be accomplished within a time frame of 2 weeks in the third year curriculum within the framework of the 6 weeks dedicated to Psych/Neuro as no additional time would likely be approved at the current time.
c. The clerkship director will seek input from Dr. Simpson in the process of creating a proposal.
d. The proposal will be reviewed at the November 7th meeting with a focus on the short term recommendations to start Nov 15th and a concept for long term solution.

6. New M3 Longitudinal Clerkship Review Forms
A. Last spring the M3-4 subcommittee, building on the success of the M1-2 subcommittee’s use of a longitudinal course review report form, approved a M3 longitudinal clerkship review form for use beginning with the 2004-05 clerkship reviews. As this is the first year that the M3-4 longitudinal clerkship review forms have been in use, the transition of previous review data to the longitudinal form is a recognized as a time-consuming process. Questions emerged regarding:
a. Centralization of data from other sources (e.g., LCME review standards, AAMC Sr. Graduation data results) was recommended even through that data
is provided as it becomes available to the CEC, it is difficult for subcommittee members to retain that data in an easy to access location.

b. Other data (e.g., the NBME subject examination, internal clerkship evaluation data) must be requested from the clerkship directors.

c. The subcommittee recommended that all relevant data be webbed in a secure site to facilitate access by M3-4 subcommittee members.

d. Action Item: The Office of Educational Services will establish a centralized repository with controlled access to data using the ANGEL “group” function.

B. Last spring the M3-4 subcommittee deferred development and approval of an M4 Sub I and M4 Integrated Selective Longitudinal Review form until the subcommittee had gained experience with the M3 format.

Meeting adjourned at 4 pm.
Submitted, Phil Redlich, MD, PhD
Associate Dean for Curriculum
M3-M4 Subcommittee
October 17th, 2005
Special Meeting

In Attendance       = ✓ Excused E Absent A

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<td>Anderson Bauer, M3</td>
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<td>Patricia Lye, MD</td>
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<td>Karen Brasel</td>
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<td>Philip Redlich, MD, PhD (Ex-Officio)</td>
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<td>Alan David, MD</td>
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<td>George Sanchez, M4</td>
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<td>Kathryn Lauer, MD (Chair)</td>
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<td>Deborah Simpson, PhD</td>
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<td>Guests:</td>
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<td>Dr. Maguire</td>
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1. Department of Medicine (DOM) clerkship – Dr. Ann Maguire
   A. Dr. Lauer summarized the DOM M3 and M4 rotation reviews. The M3 rotation continues from 2004 as the 2nd most popular rotation among the 3rd year. Strengths were the teaching, where a number of attending physicians singled out, patient contact, educational conferences and the heart CD. The CK performance was between 0-0.5 standard deviations below the mean. The weaknesses were a few weak attendings, time to study and the exam process.
   B. The status of the M 3-4 curriculum was addressed. The overview of the structure of the clerkship was reviewed. The ambulatory rotation structure was sent to the committee members. The recent changes in the past year involved moving the lectures to Wednesday for a core curriculum for M3s. The M4 students then have their didactics on Tuesday/Thursday to concentrate on more advanced topics and create more of a subinternship experience.
   C. The recent history of the issues that involve the DOM was reviewed. One was the LCME requirement for physicians to hold faculty teaching appointments for required courses. Meeting this requirement has been fulfilled to our knowledge and the away option has been removed. The other issue was standardization of the medicine rotation for M3 and M4 students. The CEC M3-M4 subcommittee asked the DOM to define clear clerkship objectives. Dr. Maguire sent a document to Dr. Lauer summarizing the structure of ambulatory rotations. This was shared with the committee. It was asked that she also provide the committee with a list of the ambulatory preceptors.
   D. The M4 learning objectives were also presented to the group.
   E. The status of “Tracks C and D”.
      a. There is no plan to change the current plan for management of students in either inpatient or outpatient rotations. The DOM understands that any change would need a completely new proposal to the CEC before any changes occur.

2. Meeting Convened at 600PM

Respectfully submitted,

Kathy Lauer, M.D.
1. Neurology – Dr. Russell
   A. The student questionnaire from 2004-2005 and the 1st 2 months from this academic year were reviewed. From last year the rotation was a combined rotation with Psychiatry and this academic year an imbedded rotation. The student perception was very poor from last year to this. The issues that were described as problematic were continuity of care and structure.
   B. The immediate resolution to the rotation was proposed for the interim prior to returning to a 2 week rotation. The solutions were incorporated into the letter (see attached) that was sent to Dr. Lauer from Dr. Helms, that includes creating a “passport” check off system for performing a neurology examination on a patient, placing the lectures and slides on the Angel website for the students, reorganizing the syllabus and will begin utilization of simulated patients at the STAR center. The exam was given less emphasis, with a better orientation for the students. All these changes except for the standardized patient exam will occur by the November 14th rotation onset.
   C. The 2 weeks rotation was proposed which will need coordination with Psychiatry. Thus far, preliminary discussions between the chairs of the respective departments have occurred, but the final timeline has not been discussed. The members of the Dept of Neurology have requested representation from the CEC at the meeting for support when the negotiations occur.
   D. A template for the 2 week rotation was to be provided by Dr. Helms. She agreed to provide the CEC M3M4 with a timeline of the implementation of changes by the end of November.
   E. The members of the Dept of Neurology have also requested support, in writing to their department for administrative support for coordination of the medical student rotation. Currently there is none. The agreed criteria for success of the rotation will be the student questionnaire, performance on the CK exam and department examination. The standardized patient will be utilized when it is implemented.
2. Surgery – Dr. David
   A. This rotation is now coordinated by Dr. Brian Lewis. The improvements have been noted in the time to study (from 3.75 to 3.36), performance appropriate to skill level, and inappropriate behavior has dropped from 27% to 3%. These improvements were thought to be due to protection of student time so that they are able to attend the lectures on Weds. morning, and direction from the chair in terms of behavior.

3. M4 Electives – Dr. Lang
   A. Rotations seem to be doing as well or better than previous years. Areas of weakness continue to be linking content and feedback. The % inappropriate behavior was 3.5% across the board. Last year the worst rotation was ranked as a 4, this year that rotation was altered and improved to a 1.5. The worst rated rotation was 2.3.

4. CPR – Dr. Lang
   A. This rotation was rated as 2.2. There was a slight problem with the lectures and exam as inappropriate. The % as “mistreated” was 5% during this rotation. Dr. Lang discussed the exam with Dr. Holak who stated that was not in agreement with the Dept of Anesthesia data.

5. Meeting Dates
   A. The number of evaluations will necessitate another meeting and November 21st prior to the retreat from 2:00-2:45pm was discussed with the committee members in attendance. Dr. Lauer will contact everyone else about the time.

6. Meeting adjourned at 4 pm.

Respectfully submitted,

Kathy Lauer, M.D.
1. **Background**

   a. In Fall 1998, the CEC convened an Ad-Hoc Committee to consider the curriculum implications of education-related factors which have recently emerged from multiple audiences including national organizations and certifying bodies (LCME, AAMC-MSOP, NBME) and local concerns (e.g., student evaluation data).

   i. The committee was composed of representatives from the M3 Clerkship Directors, Residency Program Directors, Basic Sciences Course Directors, Basic and Clinical Chairs, CEC members, and Student Representatives. Dr. Craig Young, then Chair of the CEC charged the Committee to design MCW's M3-4 years to satisfy LCME criteria and to ensure that students were prepared for the 21st century.

   ii. The Committee, chaired by Stephen Hargarten, MD, MPH, developed a restructured M3-4 year that was forwarded to the CEC Executive Committee on June 5, 1999.

b. Over the next several years the M3-4 curriculum restructure was rolled out with the Department of Medicine having submitted a supplemental proposal in 2002 associated with its curriculum elements. To date key implements of that proposal have been implemented (e.g., an option for students to complete their Ambulatory Medicine rotation in either the M3 or M4 year) and others have been deferred.

2. **Purpose of Meeting: Update on Status of Department of Medicine’s M3-4 Curriculum Restructuring**
a. The purpose of today’s meeting was to review the status of the implemented M3-4 Department of Medicine required rotations and to discuss the department’s future plans for additional changes related to the 2002 proposal.

3. Department of Medicine – Dr. Ann Maguire

Ann Maguire, MD provided a brief overview of the Department of Medicine’s organizational structure, required M3-4 rotations and future directions.

a. Organizational Structure of Medical Student Education Programs
   i. Dr. James Sebastian has overall responsibility for the medical student educational programs.

b. M3 Core Clerkship (Dr. Torre – Director)
   i. The Department of Medicine has implemented multiple options within this required 2 month rotation including the option for students to opt to complete the 1 month of required M4 ambulatory medicine rotation during the third year and shift the 1 month of inpatient/ward medicine to the M4 year.
      1. Dr. Maguire is responsible for administering the M3 Ambulatory rotation, providing reviews of the students work and a recommendation for a grade for M3 ambulatory performance to Dr. Torre.
      2. Approximately 100 students complete the M3 ambulatory rotations (e.g., approximately 9 M3’s and 9 M4’s per month).
   ii. The M3 Clerkship core curriculum is a Wednesday afternoon academic half-day session that occurs every week for 8 weeks. The curriculum is based on the Clerkship Directors in Internal Medicine (CDIM) core curriculum. Particular areas of emphasis include palliative medicine, chronic pain, asthma, and geriatrics care.
   iii. Overall the department is to be commended for its improvement in its required M3 Medicine rotation as reflected in its #2 overall ranking on required CEC student clerkship evaluations.
      1. Particular strengths were highlighted including the “ombudsmen” model where with senior Department of Medicine physicians meet regularly with students to be sure that the clerkship is on track.
      2. Some concerns were noted as well including the on-going challenge of variability of student experience by between rotation sites.

c. Ambulatory Clerkship (Dr. Maguire – Director)
   i. Dr. Maguire provided a brief overview of the ambulatory medicine rotation. As there have been no major changes in the clerkship since the previous meeting with the CEC, the basic structure/format of the rotation was not reviewed.
   ii. Based on information requested by the CEC, Dr. Maguire provided updates on several key elements of the rotation.
      1. Faculty/Community Preceptor numbers have been increased through active recruitment of new internal and external
preceptors and strategies to sustain relationships with these clinicians.

a. Faculty appointments have been actively sought for all teaching faculty in compliance with the CEC and new LCME standard.

2. Recognition and rewards for community preceptors/volunteer faculty

a. Community preceptor baseball game late September was supported by CME, Faculty Affairs and the Primary Care Faculty Development Programs in Medicine, Family Medicine, and Pediatrics.

b. Voucher for CME credit for clinical preceptors was sought from the medical school but was not viable, so Dr. Olds approved decreased registration costs for selected Department of Medicine sponsored CME activities (e.g., Door County update).

3. The number of clinics for M3’s and for M4’s has increased.

4. Additional core curriculum topics have now been set aside for the only M4 Rotation (e.g., Cardiac risk management, women’s health, sleep medicine).

a. Later in 2005-06 these topics may be expanded to form a core curriculum for all M4 medicine students.

5. Internal medicine physicians tend to manage complex problems and often have areas of emphasis even as primary care physicians (e.g., diabetes). To respond to this challenge, Dr. Maguire seeks to be sure that part of the students experience is with a generalist oriented internist for part of the rotation. Typically the balance of how much time students spend with a generalist oriented vs. subspecialist physician is usually determined by a combination of the physician’s clinical schedules.

6. Continued areas of emphasis

a. The Registrar’s office had previously allowed students to be “wait listed” for the required M4 Ambulatory. Dr. Maguire is working with the registrar to eliminate this option as it leads to excess capacity.

iii. The CEC commended Dr. Maguire on the rotation as it is strongly evaluated by students.

d. Apprenticeship with a Master Clinician (Dr. Ziebert – Director)

i. This integrated selective has been revamped and redirected towards students who may be interested in medical education with increased emphasis on teaching medical students to teach, write an abstract and create a poster reviewed by faculty.

1. Several of the master clinician students have served as teachers in the CER.
ii. The faculty workload problem which occurs when both master clinician and M4 ambulatory are running simultaneously is slightly improved by decreasing the number of M4 ambulatory students via the registrar’s office.
   1. 18 ambulatory students
e. M4 Sub Internship (Dr. Sebastian – Director)
   i. This rotation was not discussed in detail during this meeting.

4. Away Rotations for Required Medicine Rotations
   a. Previously the Department of Medicine sought to expand its teaching base by allowing students to complete required rotations at other LCME approved medical schools.
   b. Since the implementation of the LCME standard mandating that students must complete required rotations under the supervision of MCW faculty, the number of away rotations that have been approved have been very limited and only with an MCW faculty member (i.e., Dr. Rebecca Wang-Cheng who has retained her faculty appointment).
      i. The Department of Medicine will keep the CEC updated regarding plans to approve students doing required rotations away from MCW with MCW affiliated faculty.
      ii. The M4 ambulatory rotation will not be exploring this option until their core curriculum is available “at a distance” via ANGEL or other e-learning platforms.

5. Medicine 2002 Proposal
   a. Tracks A and B have been implemented and the department continues to evolve and improve these educational experiences.
   b. Tracks C and D will not be implemented due to changes in LCME standards.
   c. Disposition: Dr. Maguire, on behalf of the Department of Medicine, and the CEC agreed that any additional structural changes to the Department of Medicine’s clinical rotations/experiences will now be submitted as a new, formal curriculum proposal.

6. Follow up and Next Steps
   a. Numbers of current and anticipated preceptors
      i. Dr. Maguire will provide additional information regarding the numbers of teaching physicians. However, the data is not as transparent, as some individuals teach 1 student a year and others take a number of students each month.
   b. Recognition and Reward of Volunteer Faculty
      i. Dr. Maguire emphasized the critical role of our volunteer faculty in teaching medical students. She stated, “It is imperative that the medical school continuously seek to make resources/rewards available for community preceptors/volunteer faculty” including clinical resources page access, vouchers for CME and allowing selected volunteer faculty members to make uninsured referrals to MCW.
ii. The subcommittee members agreed that recognition and reward for these teachers is vital and will explore and support opportunities and initiatives targeted at community preceptor recognition and reward.

c. The committee congratulated Dr. Maguire and the Department of Medicine on their continued commitment to medical student education and their successes to date.

Meeting Adjourned at 6:15 pm.

Minutes Submitted by:

Deborah Simpson, PhD
On behalf of the M3-4 Subcommittee of the CEC
Minutes of M3-M4 Subcommittee of the Curriculum and Evaluation Committee of MCW
November 21, 2005

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1. Course Evaluations:
   A. Ob/Gyn – Dr. Lye
      a. Overall, this rotation had bright points such as 38% rated it as excellent in the senior graduation questionnaire. The students did above average in the OB section of the CK 2 exam. Other strength noted was a lot of opportunity for hands on experience.
      b. There have been problems in the past. One issue was unprofessional behavior, which has decreased from previous years due to a strong effort to improve. There has been concern about uneven rotation experience. The exam weighs heavily (50%) on their grade.
      c. Dr. Lund has asked to come and address our group and do some brainstorming as well as discuss the issues above.
   B. Family Medicine – Dr. Lye
      a. This rotation is the “poster child” of the rotations, with the highest overall rank by students. There is one on one with multiple preceptors, with 57% reporting more than 5 hours/week with attendings. There is academic detailing, so that if students report problems, a site visit is made. The excellent rating did decrease from 44 to 33%. The reason was not as much 4th year exposure, and the department would like more 4th year electives.

Respectfully submitted,

Kathy Lauer, M.D.
Minutes of M3-M4 Subcommittee of the Curriculum and Evaluation Committee of MCW
December 19, 2005

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1. Minutes from November approved.

2. Dr. Redlich gave a brief update on EPIC issues regarding students’ inability to access patient data while on clinical service with this new system. He reports that he has been in contact with the system administrator and security clearance should be achieved by February 2006 for students.

3. Evaluations:
   A. Clerkship evaluations were discussed for surgical sub internships (Dr. David), psychiatry (Dr. Russell), and integrated selectives (Dr. Russell).
   B. Discussion on psychiatry noted that there had been interest expressed by psychiatry in lengthening the course from 4 weeks to 6 weeks. Discussion about this; it was the general feeling that psych should achieve excellent evaluations with the upcoming restructured course before consideration of increased time.
   C. Discussion on integrated selectives noted that Course Directors for those selectives did not receive evaluations; Dr. Russell will discuss with Dr. Simpson.
   D. Dr. Basel’s evaluations of pediatrics and medically-oriented sub internships necessarily deferred until next meeting.
   E. Dr. David informally commented however, on the evaluation of med sub-I’s, which noted supervision problems in family practice. He felt this might be related to the site and that St. Michael’s may not be participating next year. Dr. Russell to follow up with Dr. Brasel via e-mail as well as on the 9% unprofessional conduct reported on that evaluation.

4. Dr. David noted that the evaluation grid was labor intensive and requested that Educational Services consider coordinating item numbers across clerkships over the two years. He modified form for sub internship evaluations.

5. Next M3M4 Subcommittee meeting 3PM January 16, 2006 (prior to CEC Mtg.)

Respectfully submitted,

Elizabeth Russell M.D.
Minutes of M3-M4 Subcommittee of the Curriculum and Evaluation Committee of MCW
January 16, 2006

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1. Minutes from November and December approved.

2. Evaluations:
   A. Medical sub internships (Dr. Brasel)
      (1) The overall rating for them was 1.84. The concerns were for family medicine, there was supervision by interns which was felt to be less than optimal for the rotation. No problems were identified as far as clinical experience and they report at least 50% autonomy which was felt to be good. The 9% unprofessional behavior was mainly from patients and nurses.
   B. Pediatrics (Dr. Brasel)
      (1) The overall clerkship rating was 2.45. The strengths noted were the teaching and chairman’s rounds, but the weaknesses were uneven clinical experiences and grading based with an emphasis on the NBME exam. Dissatisfaction from the exam colored the perception of the students.
   C. Internal Medicine (Dr. Lauer)
      (1) Discussed with nothing new to add. The follow-up of giving the CEC a list of preceptors was accomplished by Dr. Maguire. They were to receive their evaluation.

   A. Dr. Redlich submitted a form for review by the committee that was to be utilized for the students planning international electives. Due to problems in the past, there was a need to get some information including insurance information for the sites. A suggestion was made by CEC M3M4 to identify a supervisor/evaluator for the student while on rotation.

4. Follow-up items:
   A. Check that course evaluations were going back to the appropriate departments.
5. Neurology: (Drs. Russell, Lauer, Redlich)
   A. There is a scheduled meeting for the Neurology and Psychiatry departments to iron out a compromise and plan for the next year on February 6, 2006.

6. Next M3M4 Subcommittee meeting 3PM February 20th (prior to CEC Mtg.)

Respectfully submitted,
Kathryn Lauer, M.D.
1. Minutes
   A. Minutes from the January meeting were approved with an updated date.

2. CEC Executive Committee Actionable Items (Dr. Lauer)
   A. Clerkship CEC Evaluation Process
      The M3-4 committee discussed several approaches to enhance the committee’s efficiency while maintaining the focus working with Clerkship Directors to improve the quality of medical student education.
      **Motion Unanimously Approved: Revised Clerkship Evaluation Process**
      (1) The M3-4 Subcommittee’s annual clerkship evaluation process will be modified as follows:
         a. Each committee member would be assigned to a clerkship for review.
         b. The assigned reviewer will review the data (the tabulated data and the narrative comments) and determine if the clerkship is meeting standards.
         c. The M3 and M4 student members will communicate any clerkship specific concerns/problems to the assigned reviewer.
         d. Each reviewer will inform the M3-4 subcommittee chair one-week prior to the meeting if the clerkship meets standards or doesn’t meet standards.
            (a) If the clerkship meets standards then the reviewer will inform the chair that the clerkship is approved for this year.
            (b) If the clerkship does not meet standards, the reviewer will inform the chair that the clerkship will need in-depth discussion.
         e. At the M3-4 subcommittee meeting the month following the distribution of evaluations, all clerkships will be presented with those which meet standards immediately approved without further discussion. For those clerkships that do not meet standards, in-depth discussion will then occur at the meeting and further action plans delineated.
      (2) The M3-4 Subcommittee will complete an in-depth review of all clerkships on a three year-rotating cycle.
   B. Theme Directors (Tabled)
3. Psychiatry/Neurology Follow-Up
   A. The key elements of the psychiatry/neurology joint meeting were discussed. Follow-up items that need further clarification include the timing of the exams and the observed neurologic exam which is graded by the faculty/residents. Dr. Redlich will communicate with Dr. Helms to clarify these points. Reports on the success of the implementation of this new schedule will be expected of Psychiatry and Neurology in the Fall.

4. CPR Course Update – Dr. Redlich
   A. Co-Clerkship Directors
      (1) The clerkship is jointly directed by Drs. Holak, Leschke and Webb. Dr. Leschke is leaving MCW in late spring and in conversations with Dr. Hargarten (Chair, Department of Emergency Medicine) do not anticipate finding an immediate replacement.
         a. The Department of Emergency Medicine provides CPR and also focused on acute topics (e.g., poisoning, asthma), mock codes, EKGs.
      (2) Dr. Holak has indicated that Anesthesiology would be interested in taking over the ACLS portion of this rotation, though as pointed out above, the ER portion of the course covers more than ACLS.
   B. Resources:
      (1) Resources for this rotation are provided by the respective departments, consistent with the process associated with all other M3 Clerkships.
   C. Action Items:
      (1) Obtain a current outline of the time and topics by department and a proposed plan for July 2006 provided by April 10, 2006.
      (2) The CPR Directors and the Chair of the Department of Emergency Medicine will be invited to the May 2006 meeting of the M3-4 Subcommittee. Note if there are no questions/concerns which emerge during the April review of the July 2006 proposal, the directors/chair will be thanked in writing for their proposal and excused from the May meeting.

5. Ob/Gyn Clerkship Update – Dr. Lauer
   A. Dr. Lund was not available to meet with the committee in February and will be rescheduled for later in the spring.

6. M3 Research Electives – Dr. Redlich (Tabled)
1. Approval of February Minutes (Dr. Lauer)
   A. Minutes were approved as submitted.

2. CEC Exec Committee – Preparation for Meeting with the Dean (Dr. Lauer)
   The “white paper” that was circulated to the CEC was discussed. Key features of the paper, associated with the strategic plan for 2001-06, were highlighted. Discussion at the subcommittee focused around the following areas:
   A. CEC Priority Topics – Theme Director
      (1) The need for an identified faculty member to lead the priority topics (e.g., nutrition, genetics) was discussed.
         a. For example, can a needs assessment be handled informally (e.g. who is teaching what, identify gaps) versus the development and implementation of a longitudinal curriculum that requires a dedicated person (e.g., 10% effort).
      (2) The CEC retreat identified the integration as a focal area with theme directors as a potential strategy. Other strategies for promoting integration may be viable.
   B. How to Re-align the Resources with Teaching Roles
      (1) If the curriculum were restructured (e.g., organ/system based, top 50 clinical problems) would that provide an opportunity to realign resources with teaching?
      (2) If the CEC’s process of course/clerkship review were “tightened”, could that be associated with resource allocation?
   C. Accepted Standards for MCW Curriculum
      (1) Is “at the national average” the goal for MCW’s curriculum? Should we be focused on “average”?
      (2) How many students do we want “unmatched”?

3. CPR Course update (Dr. Redlich)
   A. Background
      (1) The director for the emergency medicine related portion of the CPR rotation is leaving MCW, leaving a gap in the rotation leadership. The committee has asked for a proposal regarding how the CPR course will be conducted by April 10th given that the rotation will start in July 1, 2006.
      (2) Dr. Redlich has meet with the representatives of each department involved in the CPR Course: Drs. Hargarten (EM), Webb (Trauma Surgery), Holak (Anesthesiology).
         a. Dr. Hargarten indicated that he wishes to reassess the role and commitment to medical student education in his department. He is still committed to participating in the CPR course, but at this time he is not willing to commit to the same level as is currently supported.
         b. Dr. Holak has agreed to draft an outline of a proposal for discussion/review by the other departments. In this document she will provide some...
background/history to the CPR rotation as well as the plans for the 2006-07 academic year.

B. **Re-Evaluate the CPR Course**
   
   (1) Dr. Hargarten, as the individual who chaired the M3-4 reorganization for the CEC, indicated that the purpose and structure of the CPR course has evolved over time. Therefore it may be time to re-evaluate the course. Should the goals of this course remain the same, should they be modified?

C. **ACTION ITEMS:** Dr. Lauer will update the three participating departments around the core principle that will guide the CEC’s review of the CPR proposal:

   (1) The course and content must be consistently offered across the year for all students.

   (2) The participating departments may redistribute the teaching loads in response to different faculty hires/leaves (e.g., delay due to new faculty coming on board) to achieve consistently.

4. **M3- Emergency Medicine Elective (Dr. Redlich)**

   A. Dr. Hargarten also feels that he can no longer support the M3 graded elective in Emergency Medicine and has cancelled this course for next year.

   B. The subcommittee is very concerned that the departure of one faculty member has had such a dramatic impact on the involvement of the department in medical student education.

   C. **ACTION ITEM:** Dr. David will meet with Dr. Hargarten to obtain a richer understanding of the department’s commitment to medical student education.

5. **M3 Research Electives (Dr. Redlich)**

   A. A template for an M3 research elective will be developed in collaboration with the Registrar, Lesley Mack. This elective will be for students who participated in a summer research experience so that they can complete projects during their third year.

   B. Dr. Redlich will forward/circulate a proposal prior to the next meeting.

6. **Medical Student Match Results (Dr. David)**

   A. The recent match results for MCW identify gaps in:

      (1) Students understanding about how the match works (e.g. what happens when you list two; couples match with one listing St. Louis and the other listing Chicago).

      (2) Adviser’s guidance to students.

      (3) Letters written by MCW faculty regarding what is effective/ineffective.

   B. **Action Item:** M3-4 will consider whether they want to conduct a quality improvement review re: match.

7. **April 2006 Meeting**

   A. The M3-4 meeting on April 17 meeting is rescheduled due to spring break to April 24 at 4:00 pm.
Meeting started at 3:05 pm.

1. Chairman’s Report:
   A. Approval of March minutes
      (1) Minutes approved as submitted
   B. Update on Contesting Exams—tabled
      (1) Course Directors are discussing and sharing approach. Report will be provided at later date.
   C. Debrief—Reactions to Dr. Dunn remarks—tabled
      (1) Developing a Strategic Response/Plan Proposal from Steering Committee
      (2) Key Elements & Approach
         a. Dr. Dunn’s Key Points Support for Integration – Decision
         b. The sub-committee will review the notes from the meeting best to proceed in creating a plan/white paper that outlines:
            c. How to allocate existing funding/incentives for educators.
            d. How to generate support/by-in from key constituencies (Course/Clerkship Directors, department chairs).
            e. Develop a five year implementation timetable.

2. M3 Clerkship Director Job Description (update) Dr. Simpson/Dr. Redlich
   A. Document that identifies the CD responsibilities and the time thought to be necessary to run a clerkship
   B. Need to clarify the required FTE dedicated to the Clerkship Director position. It may be detrimental to identify up to the 50% level, which other faculty could also be eligible for with respect to getting grants, external funding, etc.
      (1) Consider leaving some flexibility for FTE.
         a. 25% for administrative support by the physician
         b. 15-25% for added direct teaching and scholarship, up to .4-.5 FTE total
      (2) Change title to “Expectations for Required M3/M4 Clerkship Directors”
      (3) Please place a rationale statement in this document so that the document is more clearly understandable
         a. Number of students required to teach
         b. Design of a top-notch clerkship and the components required to achieve such a clerkship

Send to the CD for re-review.
3. **CEC In-Depth Review Process (final vote)**
   A. Determination of in-depth review schedule for 2006-07
      (1) Approved as submitted.

4. **CPR July 1, 2006 (Dr. Holak & Dr. Webb and Dr. Hargarten)**
   A. Dr. Holak reviewed her letter
      (1) Reviewed history
      (2) Dr. Leschke is leaving MCW
      (3) Dr. Hargarten: EM will be supporting the CPR course 3 day commitment
         a. EM and Section of Pediatric EM, Dept of Pediatrics will support this
            component of the CPR course.
         b. Principles of ACLS covered
      (4) Opportunity to review the purpose of the course, integration of the course,
          four departments being represented, with plans for next academic year
          (07/08).
      (5) Reviewed the table at the end of the letter. Planning to include Critical Care
          component to the course that will be covered as part of the Anesthesiology
          component of the course. Will cover topics not covered in ACLS part of the
          course.
   B. The content and structure of the course is essentially unchanged for next year.
   C. Future for the course: Plan to meet in the upcoming months, with leadership from Dr.
      Simpson and Redlich, to determine the future direction of the course. Given the
      leadership changes, a fresh look at this course is warranted and timely, perhaps with
      more integration of simulation, input from all 4 departments, perhaps supported by an
      AHW grant since this course is the only one in the M3 year supported by multiple
      departments. This course may be a mechanism of introducing innovations in
      medicine.
   D. Potential name change to be associated with a change in the direction of the course.
   E. Anderson Bauer student comments:
      (1) ACLS is an excellent component, allows understanding the “code” process
      (2) Anesthesia component is necessary and enjoyable
      (3) Simulator experience allows an exposure with arrhythmias not usually seen on
          the wards, an experience that students usually don’t experience

5. **Call for M3 Graded Elective and M4 Elective, M4 Integrated Selective, M4**
   **Medically-oriented and Surgically-oriented sub internships**
   A. Letters to be circulated to Chairs and Clerkship Directors
   B. M3 research elective - Letter of Intent will be submitted

6. **Longitudinal integration of Genetics and Nutrition (Tabled pending M1-2) -tabled**

7. **Clerkship Director and M3-4 Subcommittee Meeting**
   A. OB/GYN – Dr. Lund confirmed for May 15, 2006

8. **Student issues**
   A. M3 graded elective in Emergency Medicine no longer being offered.
      (1) This elective only offered half of the year
      (2) Intent to allow exposure to EM for those students who are uncertain about EM
          as a career
      (3) Students taking the EM rotation are usually those who are already going into
          EM, trying to get a head start on the M4 year
(4) Therefore, EM will re-evaluate the purpose of the EM experience during the M3 year
   a. Modules at other ERs that are less hectic and more valuable for the M3 year
   b. New faculty recruitment will be starting who has an interest in student education and re-formulate the plans.
(5) All students who have an interest in EM as a career will be accommodated into the M4 rotation early in the M4 year.
(6) Dr. Hargarten will meet with any student to discuss this issue.

9. Schedule for In Depth Course Reviews
   A. Will be sent for input by email

Meeting adjourned at 4:02 pm.

Submitted by
Philip Redlich, MD
Office of Curriculum

Save the Date: Medical Education Conference May 30, 2006 from 4:00-8:00 pm
http://www.mcw.edu/display/router.asp?docid=16016