Minutes of the meeting of Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
February 24, 2011
Seminar Room 2-1


Minutes of January 27, 2011 meeting were approved.

Dr. Eisner invited Dr. Feuerman to speak to the committee. Dr. Feuerman stated that the CEPC plays an important role with the new curriculum. The old structure of the CEPC was to only look at electives. She stated that the new goal for CEPC is to develop a structure that will give faculty input in the new curriculum. Based on the LCME, faculty must have input on the curriculum. CEPC is a subcommittee of the Executive Committee. All recommendations will go to the Executive Committee for vote, then to the Dean. The first year to the new curriculum will start in August 2012.

Sue Hahn and Dr. Eisner conducted research on the role of CEPC in other medical schools. All Medical schools have some form of CEPC. The committee members are either elected by faculty or elected/or appointed by a faculty council like our Executive Committee. Sue Hahn stated the ultimate mission of any CEPC is to provide excellent integrated education for the undergrad medical students. Dr. Eisner asked the committee to review the list to get ideas on how to structure CEPC. Dr. Libien, who was a member of CEPC under Dr. Williams, suggested that the current CEPC committee view the minutes from the previous meetings. Dr. Eisner will compile old minutes for review. Previously, a major function of CEPC was to approve electives for all four years and to weed out outdated electives or electives where the course director has left or died.

Dr. Terracina would like to discuss changes in the handbook, policy issues and elective concerns. She is expected to attend the next meeting.

Dr. Bergold suggested that a key function of CEPC should be to encourage and develop faculty evaluation by their peers. Also, he felt that the committee should implement a wiki where the members can post ideas and comments. Dr. Eisner will contact ECT on creating a wiki on Prime.

Since there will be vacation at the end of March, Dr. Eisner would like to schedule the next meeting on March 24, 2011.

Proposed electives
The committee reviewed Dr. Phyllis G. Supino’s 2 proposals for a research elective for the medical students. (See attachment I and II) This proposal is for a student who is considering clinical or basic science research after graduation. Many members agreed that it is too early and too complex for 1st and 2nd year students to be interested in all the specifics about research methodology including getting funding etc..., nor to decide if they want to do research later on. It is relevant for the 3rd and 4th year students because they may be applying to do research. However, there are no grading criteria for the elective. This is appropriate for a 1st and 2nd year non-credit elective, but not for a 3rd or 4th year credit elective.
The committee was concerned that the elective for the 3rd and 4th year students had no grading procedure nor attendance requirements. To receive credit for an elective, 3rd and 4th year students must be given grades that are entered on their transcript and must have an attendance requirement. Also, the duration of the elective, meeting once a week for 18 weeks is not feasible for the students because 3rd and 4th year electives can only be one month long. The committee decided to not approve these electives until they are revised.

At the Executive Committee meeting, a faculty member stated that there had been discussion by Pam Sass of including clinical and basic science research options in the new curriculum, there does not appear to be any time allocated for that in the proposed calendar. The research opportunity should be given within the first three years to enhance their residency applications. This would give a chance for students to pursue research opportunities that would greatly improve their competitiveness for certain residencies. Drs. Bergold, Libien and Anziska stated that having any significant number of students do research would be too expensive and that there are not enough funded faculty to accommodate many students. Dr. Eisner stated that she would contact Pam Sass to see what the status is for student research in the new curriculum.

Other groups have discussed the use of customized NBME shelf exams to evaluate students at the end of each block and/or the use of a comprehensive Basic Science NBME exam at the end of the first two years. Dr. Terracina has recently sent an email to all MS2 students stating that they are required to take the NBME Comprehensive Basic Science exam in April. Dr. Barbara Lawrence has statistics that demonstrate that MS2 block grades strongly predict USMLE Step 1 scores and therefore these exams should not be used for that purpose. Committee members discussed the pros and cons of both types of NBME exams. The exams could be used to practice test taking before Step 1, the score on this exam may be a better way to predict outcome on the Step 1 exam and other medical schools are using this method of testing (for example, Wright State/Dean Parmalee) and so far students are pleased with the quality of the questions. Committee members also felt on the other hand that neither faculty or students would get feedback on questions used in the exam and using these exams to replace block exams or at the end of two years for summative purposes would be stressful. They are expensive to use for formative purposes but it may be a good idea to use the exam formatively before the USMLE study period. Another suggestion was to take the comprehensive Basic Science exam before taking the USMLE exam. The committee overwhelming disagreed with this suggestion. Would students benefit from the exam if they were not given a chance to study before? There should be more faculty development sessions on how to write “good” USMLE style questions.

Dr. Eisner would like the committee to post their comments on the list of functions of the CEPC.