

Minutes of the meeting of Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
August 4, 2011
Seminar Room 2-1

Present: J. Libien, , Y. Anziska, S. Hrabetova, S. Ostrow, R. Ovitsh, B. Trauner, K. Perkins, S. Hahn, D. Cucco

Dr. Libien conducted meeting in Dr. Eisner's absence.

The June 2011 minutes were accepted with one revision. The following line "It was suggested that there are too many student members on the CEPC committee." was changed to "It was suggested that the student alternate members of CEPC be placed on other committees in need of student members". Currently there is one active MS4 student member in CEPC. Another MS4 student will be recruited to replace the student that has not been able to attend meetings.

Dr. Libien informed the committee that, pending the minor revisions requested by the Dean's Council on the draft of the Guidelines for an Elective Proposal, Stan Friedman and the Registrar will implement the new procedures.

Dr. Libien provided the committee a list of recommended Downstate non-credit and for-credit electives for specialty residencies. Selected representatives of each specialty were solicited to provide these suggestions. The committee reviewed them and recognized a few problems. Dr. Anziska noted that there are no Clinical Neurology electives but the department is considering adding an outpatient Neurology elective for students to go to away clinics and work with attendings to get experience.

Sue Hahn brought up another problem.. She gave the example of a student who was interested in applying for an Emergency Medicine residency but was not permitted to take multiple EM electives because of the limit on electives in one specialty. He took a rotation here at Downstate and an away elective at another hospital he wanted to apply to, but could not also take ultrasound and toxicology electives in the EM department because of the restriction. Students can only take eight weeks in any given specialty towards the 20 required weeks of credits. Dr. Libien indicated that there is more than 20 weeks of time in the schedule and a student could use some of that time to take more than the 8 weeks of allowed elective time in a specialty. Daniel Cucco (MS4) stated that most students do not have the extra time in the schedule because most students take one month off for interviews and two weeks to one month off to study for the USMLE Step 2CK. There are certain electives a student could take during this interview season, but most electives make it difficult for a student to also go on interviews. Some faculty members allow students to go to interviews while doing an elective. We also questioned how electives sponsored by one department but applicable to multiple departments should be handled or how to categorize electives sponsored by multiple departments.

[Dr. Eisner also points out that although each specialty representative (clerkship director, residency program director, etc...) responded in a different format to the request for a list of recommended electives. Some gave a philosophical answer about the general approach that should be taken by students in the selection process. Others listed electives only within their department; still others listed electives only outside of their department. It is not clear to her which is the most desirable format.]

Drs. Libien and Eisner suggest that MS3 and MS4 students create an online rating system to evaluate electives as is common in undergraduate colleges. The rating system can be helpful in select electives. Some faculty would be supportive, but others would have strong objections. Some would not want to disclose such information as a director being lenient for students to miss classes during interview season. Sue Hahn stated that she will speak to Med Council to get assistance on how to gather information from clerkship directors. IS THIS CORRECT?

Dan Cucco stated that recent graduates Rachel Gordon and Raman Singhal sent out an MS4 student survey on electives late in the academic year for last year's MS4. Everyone thought that the survey should be sent in December or maybe again in March. Sue Hahn stated that she has the 20 student evaluations from the Class of 2011 and will bring them to the next meeting.

There are currently six Career Exposure Opportunities offered: Psychiatry, Ob/Gyn, Pathology, Anesthesia, Otolaryngology and Pediatrics. These Career Exposure Opportunities were established two years ago, but have not been well advertised. Dr. Libien stated that we should encourage the addition of more opportunities in other

departments and promote these to the student body. Someone suggested inviting a speaker to discuss Career Exposure Opportunities with MS1.

Dean Terracina would like for these opportunities to be available for MS3 students. The committee's rationale for not including them is:

Rationale for Excluding MS3 from Career Exposure Opportunities

1- They are observational due to insurance reasons and MS3s should be doing things that are not restricted to observation only.

2- An MS3 should be able to arrange something similar without the restrictions of the Career Exposure Opportunity. For instance, they should be able to make arrangements to work with a medicine subspecialty while in the clerkship or a surgical subspecialty while in the clerkship (even after hours). We did not see how there was a NEED for a Career Exposure Opportunity (this thought was supported by an MS4 student member and by clinicians in room).

3- We did not see that there is time for a MS3 student to do Career Exposure Opportunities during a clerkship. They are supposed to be strongly supervised by attending. Would this be during the day?

4- Importantly, we do not see the Career exposure opportunity as a substitution for mentoring and career guidance of MS3 students. They should be better mentored in choosing a career. We don't think this is best accomplished through a Career exposure opportunity as they exist now.

5- We did not understand the rationale for including MS3 students in something that is meant to give earlier clinical exposure to students when MS3 students are actually immersed in clinical exposure.

The Dean asked for 40 new faculty members to serve as career mentors (2 from each department) to the MS1 students. One of the ways to get to know a student is to have lunch with them.

CEPC has to create a calendar requesting data from the Office of Education to fulfill its responsibilities. The committee reviewed the calendar and focus on two priorities; New Innovations and review of Residency Program Director surveys. Several committee members complained that the New Innovation software is not working properly.

The Residency Program Directors survey results were distributed to CEPC faculty members. The program directors rated Downstate graduates on overall performance, didactic performance and clinical performance. Students from 2003 – 2009 were given a grade of outstanding, above average, average, below average or unsatisfactory. In the 2004/2005 year, there were no unsatisfactory ratings. Ratings ranged from 0 to 3% unsatisfactory for overall performance and 2 to 9% for below average on overall performance. The committee discussed that the data did not help in identifying weaknesses in the curriculum.

The next meeting will be on Thursday September 22nd. [The next meeting will consist of a discussion with Jeanne Macrae about MS4, residency program directors and electives.] Departments should be contacted to ask them to add well-structured CEOs for MS1 and MS2 students. The number of students that participate should be tracked by each department.