

**Summary of Meeting of Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
March 15, 2012
Seminar Room 2-1**

Invited Guests: P. Sass, K. Williams, J. Lewis, J. Klassie, S. Landesman, F. Scalia, J. Kubie, H. Michelson, R. Bianchi, P. Maccabee

Present: L. Eisner, J. Libien, S. Ostrow, R. Ovitch, B. Trauner, K. Perkins, M. Eroglu, S. Hahn, K. Twomey, S. Regev, D. Cucco, C. Brunson

Summary of Discussion:

1. The Unit 1 group reported that they were unable to map out the Systems Overview subunit with the LOs. We recommended that they should share experiences on difficulties with using the LOs with other units.
2. The students know the curriculum as well as we do and could contribute to guiding expectations of students' learning at such an early stage of their medical education. Consider including some students on your design team.
3. Start as soon as possible to work with faculty in relevant disciplines who will help to develop the basic science content and decide how to scale expectations of what and how much content could be included.
4. Try to match the medical knowledge content more closely, and in sufficient depth, to make the clinical skills activities planned meaningful. [What happened to the concept of ice cubes?] The CBL for unit 1 has no overlap with lecture content. Basic science and clinical skills should be integrated, whenever possible.
5. Frustration expressed that more was not accomplished since last summer.
6. Unit 1 ice cube 1 is lecture heavy. There are 18 lectures in the first two weeks: lots of lectures with little opportunity for small group activity to discuss and consolidate the material. Lectures included are Homeostasis, Neuroanatomy and Cardiovascular physiology. These are vague.
8. Clinical faculty resources will be much less than what they hoped for.