

Minutes of the meeting of Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
September 20, 2012
Seminar Room 2-1

Present: L. Eisner, S. Hrabetova, J. Libien, R. Ovitsh, B. Trauner, S. Ostrow, C. Brunson, J. Odackal, S. Hahn

K. Twomey, C. Brunson, E. Lukovic, J. Lampert, K. Perkins

Guest Speakers: Drs. Jeanne Macrae and Richard Coico

Dr. Eisner re-appointed all previous members of CEPC to another term. She also asked the committee to consider what goals should be set for CEPC for the 2012/13 academic year. Email any topics for consideration. Dr. Pamela Sass has asked the committee to review the Benchmark Assessment for Gateways.

LCME Accreditation Site Visit Update

Dr. Coico stated that Dean Taylor reviewed and contributed to the Self Study Report. President Williams also reviewed it and gave feedback. The self-study report is now in good shape and Downstate is ready for the mock site visit next month. Preparations and schedule have been presented at a Town Hall meeting earlier in the day. The report is housed on the Prime LCME site. This mock visit will expose the deficiencies that Downstate has to resolve before the real visit next year. If Downstate were not to receive LCME accreditation, the residency program could be in jeopardy. Currently there are 53 accredited residency programs. The Emergency Medicine residency is the largest in the world. Dr. Coico stated that College of Medicine currently has no major fiscal problems; there are no loans, bonds or debt. The school is paying for itself academically. He stated that President Williams is confident that Downstate will receive full LCME accreditation.

A committee member asked if there are any areas of concerns. Dr. Coico stated that although he does not feel there are any serious concerns, he stated that ED-2 as an area of concern. He is hopeful that this will not be a problem since the clerkships are using New Innovations.

Clerkships and Electives

Dr. Macrae reported that the new MS3 Core Clerkship structure is running smoothly. Based on student evaluation forms, the feedback is positive. The Longitudinal Primary Care experience was complicated to implement because there are too many students and not enough clinical space. She stated that the majority of the students are working on computer-based modules. Twenty students are in various clinical sites and 10 students are working at community outreach centers. The computer modules are well received and will be used until more sites are available.

Dr. Macrae stated that it will be mandatory for 4th year students next year to take a 4 week requirement from a “list” of options. The list for the next three years will consist of Radiology, Emergency Medicine, Critical Care or one of the two-week basic or translational selectives. Dr. Macrae stated that Critical Care needs to be organized and a decision needs to be made on what sites will be used. In addition, the selectives need to be developed. The new name for the basic science selectives are B cells (Basic Science elective) and T cells (translational science elective). Emergency Medicine and Radiology are likely to be very popular choices so there will probably not be a need for too many of the science selectives initially - this will provide more time to

develop them.

Dr. Macrae stated that the new business on her agenda for the next 9 months is:

1. Merging of Surgery and Anesthesia: Currently students have 8 weeks of Surgery and 2 weeks of Anesthesia. In the new curriculum, Surgery and Anesthesia will combine their clerkships into one 8-week experience. The 2 weeks that are available will then be used as an outpatient surgical subspecialty experience that needs to be developed. This is a huge project and she will seek Dr. Cottrell's input.
2. Clarification of future of Neurology and Psychiatry Clerkships: At this time, Dr. Macrae will seek clarification of whether Neurology and Psychiatry are going to have a joint didactic curriculum across the two clerkships. Right now, scheduling is an issue because to run a joint curriculum for the full 12-week block would require them to have students on elective return for their Psych/Neuro didactic half-day each week.
3. Commitment to teach a competence-based curriculum in the clerkships: New assessments will need to be created.

New Curriculum Concerns

1. Some faculty (for example, Radiology) cannot begin working on their activities until the CBL cases are developed.
2. Students will learn principles of pharmacology before taking renal physiology.
3. The number of scheduled hours in a week should be watched carefully.
4. Faculty members are working very hard on the curriculum and if the committee is going to critique them, it should be done in a positive way.