

**Minutes of the meeting of Committee on Educational Policy and Curriculum**  
**SUNY Downstate College of Medicine**  
**October 25, 2012**  
**Seminar Room 2-1**

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**Present: L. Eisner, J. Libien, R. Ovitsh, B. Trauner, C. Brunson, J. Odackal, S. Hahn, S. Hrabetova, K. Twomey, C. Brunson, J. Lampert, J. Odackal, K. Jong, S. Tong**

Dr. Eisner asked the committee to review and approve the Sept 20 minutes.

Report on Mock LCME Accreditation Site Visit

Two new MS1 members of the committee, Kat Jong and Schuyler Tong, were introduced.

Dr. Eisner stated that the LCME mock site accreditation visit went well. However, there were a few surprises regarding ED standards on the educational program that everyone was unprepared for. In Jan 2012, the LCME representative who visited stated that the determination of accreditation would be based on the current curriculum. The committees and writers of drafts of the Self Study narrative followed those guidelines. Starting with the first meeting, the mock site visitors focused their question on plans for the new curriculum. The first question asked was to provide information on the history, rationale and planning process of how the new curriculum evolved. Questions surprised everyone. Dr. Sass and Dr. Lewis, who were present, were best able to answer questions pertaining to the new curriculum. Work began again to revise the narrative to include information on the future plans for the new curriculum as well as the components that have already been implemented or piloted this year. This information will play an important part of the visit in February, 2013.

CEPC goals for 2012/2013

The list of goals was based on the request from Dr. Eisner for everyone in the committee to email her as to their thoughts for CEPC priorities for the 2012/2013 academic year.

CEPC Focus for 2012/2013:

1. Need for clarification by mid November of the formal structure for curriculum management, design, evaluation and oversight and a timeline for data review for oversight of curriculum. Also needed by mid November is the description of process and timeline for curriculum review, block by block, clerkship by clerkship, year by year and of all four years together.
2. New Curriculum Oversight
  - ✓ Unit 1 Content and structure
  - ✓ Drastic reduction in histology
  - ✓ Introduction of principles of pharmacology before renal structure and physiology
  - ✓ Monitoring of adequate time in calendar for self study
  - ✓ Coordination of faculty resources in new curriculum with faculty teaching in other Units and in other colleges. For example, overlap with CHRP, etc...
  - ✓ Distribution of competencies in each Unit
  - ✓ Lecture notes decision
  - ✓ Streamlining and expediting process of creating new lectures, labs and small group sessions – how do faculty really do this work and what needs to be completed before some faculty begin work (for example CBL framing cases).
3. Block/Unit and Faculty Evaluations
  - ✓ Timeliness and organization of reports from the Office of Education
4. Continue progress on improving career exposure and advising together with Office of Career Advising

(includes the CEOs and two week MS3 selectives)

## 5. Communication of availability of research opportunities for students

### Lecture Notes

The possible termination of lecture notes was a major discussion with students, members of the design team, block and clerkship directors. At the time there was a consensus on how faculty and students felt, that students needed guidance, although not summary packets of the information that for which they are responsible. However, we have not heard an outcome to that discussion or an official word from the design team. The design team seems less rigid about guidelines to eliminate any lecture notes, but we have not seen a statement of policy. The new philosophy for the new curriculum includes that students will do more self-learning and they will prepare for the lesson activities and small groups themselves. Dr. Ovitch stated that lab manuals might be allowed.

### Distribution of Competencies in Each Unit

Competencies are a major part of the curriculum in terms of how the student performance will be evaluated. There should be a clear explanation to faculty and students of what the distribution of the developing different skills of the various competencies are from unit to unit.

### Histology

It appears that Histology will be substantially cut from teaching activities in the new curriculum and students will have to learn much more of it on their own. Since normal histology and pathology will be combined, what added difficulties will students have in learning normal and abnormal histology if it will not be taught in lab activities. A Pathology faculty member reminded the committee that many medical schools are combining normal and abnormal. A student member, stated “ when I was a first year student, I had a lot of histology and now going forward and having studied for Step 1 and know how to use it in third and fourth year, it was too much.” Twomey stated students will need to understand blood histology and the structure of the blood cells, spleen, and lymph nodes. Dr. Libien stated that blood histology will be taught and covered next year. Perhaps Dr. Lewis can come to a CEPC meeting to talk more about the changes in the Histology and Pathology curriculum.

### Revising Mission Statement for CEPC

The formal structure for curriculum management was not clear to the LCME mock site visitors. Dr. Pohl, one of the site visitors, stated that the curriculum management structure needs to be clarified, otherwise, Downstate will be cited for non-compliance. The visitors stated the LCME requires the faculty to design, govern, manage, and evaluate the curriculum.

CEPC is involved in the discussion on how to best clarify the structure of how the curriculum is designed, managed and evaluated. Dr. Eisner requested that the current CEPC mission statement be revised slightly explaining to the committee as to why the statement should be revised. When the current mission statement was passed it was unclear as to what other committees would manage the curriculum. At that time the Steering committee of the New Curriculum existed and Dr. Sass expressed interested in creating a Senior Advisory Committee to replace the Dean’s Council. A decision was later made to keep the structure of the Dean’s Council consisting of faculty, administrators, and students. It was suggested that there be changes in the numbers of faculty on the committee. ED-33 requires that it be centralized committee for the design, management and oversight of the curriculum. The CEPC would remain the voice of the faculty on curriculum and educational policy issues, an independent oversight committee and would also review data on curriculum effectiveness. Dr. Eisner presented the committee with copy of the current CEPC mission statement. The current mission statement language states that, “the CEPC and the Executive Committee shall work with the Office of Education”. Dr. Eisner asked for a motion to be discussed and approved that the language change to “CEPC and the Executive Committee shall work with the Dean’s Council”. The motion was passed.

Dr. Eisner presented a chart of the current structure of the Integrated Institutional Responsibility for Design, Management and the Evaluation of the Curriculum. The committee reviewed the current structure and presented scenarios on each function on the chart. Dr. Sass has suggested that the word “independently” be added to the CEPC role of monitoring curriculum content, teaching methods and educational policy in all curricular units and clinical clerkship.

The following additional announcements were made:

- 1) Dr. Lewis had sent out a list of all resources available in the Library.
- 2) Dr. Elka Dickson-Jacobson is the new chair of Student Admission and Academic Promotions Committee. The committee met last month and were charged with providing criteria for the Foundations with Distinction award.
- 3) The committee must review the bylaw structure pertaining the to appointment of all CEPC members. All of the members have been appointment for one year. Dr. Eisner feels that staggered terms may be appropriate for this committee.
- 4) Dr. Lucente has started the Office of Career Advisement and hopefully will continue the monitoring of the CEOs developed by CEPC.

#### Electives

Celina Brunson raised the continuing problem that there are still some electives that are not current with their contact data and location to report to. Dr. Eisner offered to raise this problem with Anne Shonbrun again and to bring it to the attention of the Dean’s Council. It may not be the job of CEPC to get involved in the monitoring and repairing of problem electives. Celina was asked to prepare a statement of the problem.

- Major issue is lack of information regarding when and where students should go on the first day of the elective. Most electives have a contact person and email in the catalog but it may be difficult to get in contact with that person or if the catalog has not been recently updated then that may not be the person in charge anymore. Our email boxes are constantly full with fellow students asking others if they have any information on the meeting time and place for an elective.
- Another issue is that students may not be expected especially if this is an elective that has not had any participants over the course of the last few months or years in some cases. In these situations there is a lack of structure for the students and a lack of clear objectives for the elective. This makes it difficult to know what to expect and to know what you will be graded on.
- It can also be difficult to get clearance to start an elective, mainly in Kings County electives where you need an ID to access many of the floors. This requires having the student’s information sent to the T building by the elective director (who may not know that there are students enrolled in that elective), and then that information being sent to the hospital security and it may even require medical clearance. This can cause a delay in starting an elective and take away from the elective experience.
- Not all electives have clear learning objectives or may not clearly state how students will be evaluated during the course of the elective.
- From comments I hear from other MS4s it seems that the biggest problems occur in the smaller, less competitive electives which may have not been updated recently and are not used as often so the problems are not caught as early as in larger, more competitive electives.