

Minutes of the Meeting of Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
November 29, 2012
Seminar Room 2-1

Present: L. Eisner, J. Libien, R. Ovitsh, S. Ostrow, K. Perkins, B. Trauner, S. Hrabetova, K. Twomey, E. Lukovic, K. Jong, S. Tong

Guest Speaker: Dr. Coico

Curriculum Committee Structure for COM (LCME ED-33)

Dr. Coico described the medical school requirements for LCME standard ED-33. ("There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum." The standard requires that there be one centralized curriculum committee. The consensus of a number of authoritative consultants from the LCME, including the mock site visitors, is that the Downstate COM may not be in compliance with this standard. COM has two committees, the CEPC and the Dean's Council for Education, who work collaboratively and share oversight of the curriculum. Although the structure has worked well enough, there is concern that we may get cited for non-compliance of this standard. Many medical schools received a citation for ED-33; it is the most frequently cited standard. After discussion with various people and the Dean, it was decided that the Dean's Council for Education would serve as the committee that has authority on curriculum management. There has to be a clear faculty majority on this curriculum committee. Therefore it was decided that six more faculty would be added to its composition. Dr. Coico suggested that the name "Dean's Council for Education" should be changed to one containing the words curriculum committee. Dr. Coico stated that the Dean has agreed to increase the Dean's Council membership by 3 basic and 3 clinical scientists.

The CEPC committee will remain in place as an independent faculty voice on curricular and education policy issues that will report through the Executive Committee to the Dean. Curriculum evaluation data would continue to be reported to CEPC and recommendations and comments can be made to the Dean's Council. The role of CEPC will be to assess, comment or influence Dean's Council decisions and action and in this way provide a checks and balances on curricular decisions by the Dean's Council. Dr. Eisner described Dean Taylor's reporting of this change in structure to the Dean's Council at its November meeting. Issues raised in the Dean's Council concerned the student membership of the Dean's Council (should it be increased?) and whether the new faculty members would be in addition to the current block directors and clerkship directors (yes). CEPC raised concerns on whether the new members would have adequate knowledge of the new curriculum. Drs. Joks of the Executive Committee and Dr. Eisner made suggestions to the Dean for the new appointments to the Dean's Council. As of this date (December 19, 2012) Dean Taylor has still not appointed anyone. Since the time of this CEPC meeting, the Executive Committee has met and made further recommendations on how to stagger the terms of the appointments (by appointing 3 members for 1 ½ year terms and the other three members for 2 ½ year terms. Recommendations were also made by the Executive Committee for the following subcommittees of the Dean's Council: Assessment and Evaluation; Block/Unit Directors, and Clerkship Directors. Dr. Sass will chair the Dean's Council effective Jan 1, 2013. Dr. Friedman will remain on the Dean's Council through the transition period to the new curriculum.

Implications of New Structure on CEPC

In light of the new organization structure, CEPC will review what responsibilities should be transferred to the Dean's Council:

1. Review of proposals for new electives (this has now already been transferred)

2. Management of MS4 complaints on continuing problems with some MS4 electives.
3. [Attendance of SLC Block/Unit Review meetings. No decision was made on this.]
4. Improvement and evaluation of career exposure opportunities and advisement. The Dean's Council will work with the new Office of Career Advisement to address those issues.
5. Communication and availability of research opportunities for students.

MS1 Complaint on Grading System

MS1 students conducted a survey on the pass-fail grading system. Students stated that during their interviews, they were told the pass-fail grading system was not going to start until next year. Students made their decisions based on this statement and many felt that they were misled. Members stated that some student tour guides could have made this comment to prospective students. Drs. Gerber, Sass and Terracina should be notified. Dr. Eisner stated that this was not a CEPC issue, but she would notify these three people about the concern.

Update on MS4 electives (submitted by CEPC member Celina Brunson MS4)

The major issue is lack of information regarding when and where students should go on the first day of the elective.

1. 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.
2. 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.
3. 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.
4. Not all electives have clear learning objectives or may not clearly state how students will be evaluated during the course of the elective.
5. From comments I hear from other MS4s it seems that the biggest problems occur in the smaller, less competitive electives that 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.

USMLE Step 1 Results for Class of 2013 Reported

Reports added to CEPC Google Site.

New Curriculum Policy on Support Materials for Lessons (Submitted by John Lewis and Pamela Sass)

A fundamental principle of the curriculum under development is that students will develop independent learning habits that will support them in the clerkship years and through the rest of their careers. Faculty should reinforce students' skills in seeking out needed information independently from high quality, peer-reviewed sources such as textbooks and review articles. Students should appreciate that knowledge is not limited to what is needed to pass required tests and develop the ability to select what information they need, sometimes from multiple sources. Over time it will be appropriate to encourage students to find specialized materials (e.g. rapidly moving fields or new discoveries) by literature searching. However,

faculty should also be mindful of the need to strike a balance between overburdening students - who will be expected to do substantial amounts of preparation for classes - and encouraging them to develop the necessary skills in finding appropriate information from primary sources to develop life-long habits of learning.

Students will be provided with a list of recommended textbooks for different disciplines as support for all activities across the Foundations years. In preparing lessons faculty will review the information provided in such textbooks to ensure its accuracy, completeness and ease of understanding. Supporting materials for most lessons will be provided electronically as part of the Lesson Plan and will contain:

- the learning objectives for the lesson
- a list of chapters or pages (when chapters cover more material than required to satisfy the learning objectives) in the recommended text-books as required preparation for the lesson
- references to specific articles (preferably peer-reviewed) such as Scientific American or other high level texts where it is deemed appropriate (e.g. excellent articles that encompass a difficult topic or present an up-to-date view or newly discovered information that is relevant.
- In exceptional cases, narratives or figures with narrative text that supplement/elaborate/clarify the textual material given in the assigned textbook readings.

In the case of some learning exercises (e.g. POPS) it may be appropriate to provide preparation materials that present complex materials or mixes of materials that would involve extensive preparation from textbook sources.

In the case of CBL students will be required to find their own sources of information and faculty will question students on the quality of these sources. An essential component of this student-centered approach is that students are educated in the efficient and critical use of informatics early in the curriculum, preferably during medical school orientation, with ongoing support. This will prepare students much more effectively for the transition to clerkships and will respond to comments by graduating students that they felt poorly prepared to find current evidence-based materials in the literature.

All materials will be posted online; effective with the incoming class of 2013 paper copies of course material will no longer be supplied.

Proposed Database Entry for the LCME Self Study Report November, 2012

ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

The phrase "integrated institutional responsibility" implies that an institutional body (commonly a curriculum committee) will oversee the medical education program as a whole. An effective central curriculum authority will exhibit the following characteristics:

- Faculty, medical student, and administrative participation.
- Expertise in curricular design, pedagogy, and evaluation methods.
- Empowerment, through bylaws or decanal mandate, to work in the best interests of the institution without regard for parochial or political influences or departmental pressures.

The phrase "coherent and coordinated curriculum" implies that the medical education program as a whole will be designed to achieve its overall educational objectives. Evidence of coherence and coordination includes the following characteristics:

- Logical sequencing of the various segments of the curriculum.
- Content that is coordinated and integrated within and across the academic periods of study (i.e., horizontal and vertical integration).
- Methods of pedagogy and medical student assessment that are appropriate for the achievement of the program's educational objectives.

Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes the following characteristics:

- Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
- Monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies.
- Review of the stated objectives of each individual course and clerkship rotation, as well as the methods of pedagogy and medical student assessment, to ensure congruence with programmatic educational objectives.

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should report on the committee's findings and recommendations.

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- a. Provide an organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and other individuals or groups involved in curriculum design, implementation, and evaluation.

See Educational Program Section, Appendix J].

- b. Supply the title of the faculty committee with primary responsibility for the curriculum:

Dean's Council for Education

- c. Provide the charge or terms of reference for this committee and the source of its authority (e.g., bylaws, mandate from the dean or faculty executive committee).

The Dean's Council for Education is charged with responsibility for all aspects of the educational program leading to the MD degree. It was mandated by Dean of the College of Medicine in 2000. It reports to the Dean, who has final authority and is an *ex officio* member of the Council. Any significant change to courses or policies must be passed by the Council and forwarded to the Dean for final approval. Any faculty member, student, or other member of the College of Medicine community may submit a curricular proposal, report, or item for consideration. In addition to considering formal proposals, the Council provides a valuable mechanism for communication among the various constituencies represented in its membership. The Committee on Educational Policy and Curriculum (CEPC), a subcommittee of faculty governance, has an independent responsibility for review of the curriculum and can bring their results or concerns to the Dean's Council through their representatives on that body, or to the Dean through the Executive Committee of the Faculty and Professional Staff Assembly of the College of Medicine (FPACM).

- d. Describe the composition of this committee and the mechanisms for selecting its members and chair.

The Dean's Council's membership includes faculty, administrators, and students.

Faculty include representatives of directors of courses and clerkships, units of faculty governance that have independent responsibilities for review of educational programs, and the faculty at large. They include the following:

- An MS1 and an MS2 Block Director--elected by the Block Directors Committee (to be replaced by Unit Directors of the Foundations period of the New Curriculum in 2013-2014)
- A Clerkship Director--elected by the Clerkship Directors Committee
- The Presiding Officer of the Executive Committee of the Faculty and Professional Staff Assembly of the College of Medicine (FPACM)--elected by faculty and staff
- The chair of the faculty Committee on Educational Policy and Curriculum--appointed by the Executive Committee of the FPACM,
- The chair of the faculty Committee on Student Admissions and Academic Promotions--appointed by the FPACM.
- Six additional faculty members, three from Basic Science Departments and three from Clinical Departments—appointed by the Dean of the College of Medicine based on nominations submitted by the Executive Committee of the FPACM.

During the transition between the old and the New Curriculum (see ED-9) **administrators** of both the old and the new curricula are working together on the Dean's Council to ensure coordination of effort. For this period, they include the following:

- Senior Associate Dean for Education, with responsibility for the old curriculum, Co-Chair
- Senior Associate Dean for Academic Affairs, with responsibility for the New Curriculum, Co-Chair
- Associate Dean for Foundations of Medicine for the New Curriculum
- Associate Dean for Assessment
- Assistant Dean for Program and Faculty Development
- Associate Dean for Clinical Medicine for the New Curriculum
- Clinical Skills Competency Director for the New Curriculum
- Director of the Essentials of Clinical Medicine sequence for the old curriculum
- Dean of Student Affairs

Students are represented by the Medical Council President and the 4th Year Class President.

- e. Indicate the frequency of regularly scheduled committee meetings during a typical academic year: (check)

	Weekly
	Biweekly
X	Monthly
	Bimonthly
	Other (describe)

- f. If this committee has standing subcommittees, describe their charge or role, membership, and reporting relationships to the parent committee.

There are no standing subcommittees.

g. Describe the roles of the curriculum committee and any subcommittees, the chief academic officer or associate dean for educational programs and their staffs, interdisciplinary course committees (if relevant), and the departments in each of the following areas:

i. Developing and reviewing the institutional objectives for the educational program

Institutional objectives for the educational program as a whole are approved and reviewed by the Dean's Council for Education.

ii. Reviewing the objectives of individual courses and clerkship rotations

After each of the pre-clinical basic science blocks is completed, pre-clinical course objectives are reviewed annually by a committee consisting of the Block Director(s) of each block with the Senior Associate Dean for Education, the Assistant Dean for Program and Faculty Development, and the Associate Dean for Assessment (hereinafter referred to as the "Review Committee). The Clerkship Directors Committee under the leadership of the Associate Dean for Clinical Education reviews each clerkship annually.

iii. Ensuring the use of appropriate teaching methods or instructional formats

The preclinical Review Committees evaluate use of teaching methods and instructional formats in the preclinical curriculum. Proposals for piloting of new teaching methods must be approved by the Senior Associate Dean for Education and/or the Associate Dean for Clinical Education. Then they are discussed by the Block Directors Committee or the Clerkship Directors Committee, depending on the level. An example of a new method is the Radiology Exhibit Exercises. The innovations were first developed by the Block Director of the Blood, Lymph, Head and Neck Block and a faculty member in radiology. After they proved successful, they are now included in several blocks.

iv. Ensuring that content is coordinated and integrated within and across academic periods of study

At the annual meetings of the preclinical Review Committees, the content of each block is reviewed and changes are made with respect to emphasis or specific content when alterations in content are necessary to meet revised learning objectives. In addition, content is reviewed for redundancy or omissions, which may be identified either through the results of student surveys or because of changes that are planned for the curriculum by the Dean's Council for Education. Coordination across clerkships is discussed at meetings of the Clerkship Directors.

v. Ensuring the use of appropriate methods to assess student performance

The Senior Associate Dean and the Associate Dean for Assessment are responsible for advising Block Directors on appropriate assessment methods. The Associate Dean for Clinical Education and the Associate Dean for Assessment advise the Clerkship Directors on assessment methods in the clerkships. Reviewing and approving the system of assessments as a whole is in the province of the Dean's Council.

vi. Monitoring the quality of individual faculty members' teaching

The quality of teaching in the first two years is reviewed by the Review Committees for each Block. Each faculty member, resident, or fellow, who was evaluated in the block or course receives a copy of his or her numerical results along with any student comments and, when indicated, the lecturer or facilitator meets with his or her department chair or discipline director to discuss methods of improvement. (Department chairs and, in some cases, discipline directors, also receive reports on individual faculty members.) If it is concluded that it would be best that a different faculty member give a lecture or facilitate a CBL case, that decision can be implemented by the Block Director. At times the chair of a department may have to be consulted in order to effect a change in lecturer or facilitator.

Student evaluations of the quality of teaching of faculty, fellows, and residents in the clinical years are monitored by the Associate Dean for Clinical Education.

The Senior Associate Dean for Education and the Associate Dean for Clinical Education report on the quality of teaching to Dean's Council for Education from time to time. For example, when there were concerns about the quality of resident teaching in two clerkships several years ago, this issue was discussed in Dean's Council, whose members contributed to a plan for improvement.

vii. Monitoring the overall quality and outcomes of courses/clerkship rotations

Courses and clerkships are reviewed as noted above. Results such as those of USMLE examinations and NBME subject examinations, grades in courses and clerkships, and other outcomes information that can be related to courses and clerkships are presented to Dean's Council for Education and also to the faculty governance Committee on Educational Policy and Curriculum (CEPC), which has an independent role in reviewing the curriculum as noted above. Summary reports of student evaluations of courses and clerkships (without identifying information on individual faculty members, fellows, or residents) are reviewed by Dean's Council for Education and the CEPC.

viii. Monitoring the outcomes of the curriculum as a whole

Reports of a wide variety of outcome measures are presented to Dean's Council for Education and are also available to CEPC. These include the outcome measures detailed in ED-46 and, as needed, statistical analyses of the relationship of outcomes measures to each other. For example, from time to time, statistical tests have been used to measure the strength of relationships of scores on NBME examinations with locally constructed tests.