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

Present: L. Eisner, J. Libien, S. Ostrow, R. Ovitsh, K. Perkins, B. Trauner, J. Odackal J. Lampert, S. Tong, K. Jong

Guest Speakers: Drs John Lewis and Brahim Chaqour

Dr Lewis reported the following:

In the new curriculum, students will be responsible for learning the material. The curriculum will be structured for students so they will be able to know what they have to study. Material will be provided the materials to the students. Dr. Lewis stated that the purpose of this structured curriculum is to avoid redundancy (of having a lecture on something followed by having a lab on something). Students will be able to get all of the learning from the lab. In the event students need clarification, there will be a lecture/lab module for them. Students have to be prepared and know the material before attending lab. Preparation for the lab can come from reading assignments, textbooks and PowerPoint modules. In order to know if students are learning and understanding the assignment, students will be tested. Exams are a good way for students to assess their learning. The exams will not be graded and will not be USMLE based questions. Failure to pass or complete the assignments will be regarded as a breach in professionalism competency. It will be a hindrance to students if they do not pass any competencies. Dr. Lewis stated that currently they are trying to have an active modalities. Pathology currently uses a vignette-based approach to it. It is not clear if normal histology uses such. Students can learn the normal based on the vignette Pathology currently has.

Dr. Lewis would like students to avoid using pattern recognition mode. Students should develop problem-solving skills and be able to transfer the normal and the abnormal. If there is not going to be a lecture in the lab, students can use a structural correlation when working on the lab. It will design to help students to understand cell biology.

Dr. Chaqour stated that the first lab is dedicated to introduce students to study section of tissues. The students will not have an idea of what a normal/abnormal tissue looks like. The first tissue that they will study is normal. Once they have an understanding of what normal looks like, they should be able to identify an abnormal tissue.

Dr. Lewis stated that Unit 1 would be the first time students would be using a microscope. In unit 1, students will start on focusing on connective tissues and Epithelia.

The second histology lab in unit 1, students will get an overview of the following major body systems: homeostasis, nervous system, transition to muscle, musculoskeletal. Blood vessels will be introduced since the real cardiovascular unit will start in the next unit. This will give student a head start. In the second lab, student will study smooth muscle, basic histology of nerves and red blood vessels.

Dr. Lewis stated that the unit 2 would have to following subjects:

Arthritis	Histo Lab
Pathology Neoplasia I	Pathology Skin (Neoplasia Inflammatory)

Blood Bone (Dr. Libien has created three labs)
Skin

Dr. Lewis stated that they are exploring the use of Ipads in the curriculum. He also stated that the instructions that are given to the unit design team is that 25 hours schedule time is the maximum per week for students to prepare to study.

Dr. Libien presented and distributed a rough draft of the Histopathology Lab for Unit 2:

Histopatholoqy Labs for Unit 2

CELLULAR ALTERATIONS. INJURY. AND ADAPTATION (UNIT 2. SUBUNIT 2

Learning Objectives:

1. Differentiate between reversible versus irreversible cell injury. Name several common causes of cell injury. Name the morphologic findings, which indicate irreversible injury.
2. Explain how apoptosis and necrosis differ in histopathologic appearance. Describe the main types of necrosis (coagulative, liquifactive).
3. Describe other cellular alterations, which may contribute to disease pathogenesis (intracellular accumulations of lipid, glycogen, pigment...)
4. Name the three major influences, which predispose to thrombus formation? Describe the pathogenesis of thrombus formation (role of ADP and thromboxane A2). (Include' reperfusion and hemorrhage)
5. Name the possible fates of a thrombus? (organization, recanalization). Describe how thrombi may produce disease.

FATTY CHANGE (STEATOSIS)
GLYCOGEN DEPOSITION THROMBOSED
VEINS HEMORRHAGE? HEMOSIDERIN?
NECROSIS FIBROSIS

(MOVE DYSTROPHIC VS METASTATIC CALCIFICATION TO ENDOCRINE???)

Neoplasia I
(UNIT 2. SUBUNIT 3)

Distinguish hyperplasia from neoplasia.
Describe the general gross and microscopic features of a benign lesion vs. a malignant one.
Distinguish invasive from *in situ* squamous cell carcinoma (skin?).
Describe changes in the stroma associated with invasive carcinoma (desmoplasia? Angiogenesis?).
Explain the transformation of colonic adenoma to colon carcinoma.
Name early vs. late mutations.
Describe how carcinomas are graded and define differentiation and anaplasia.
Describe how carcinomas are staged and the significance of staging for patient prognosis.

HYPERPLASTIC POLYP, COLONIC ADENOMA TO COLON CARCINOMA ACTINIC KERATOSIS TO IN SITU SQUAMOUS CELL CA TO INVASIVE SQUAMOUS CELL CA SQUAMOUS CELL OF LUNG VS. ADENOCA OF LUNG

Neoplasia 2
(UNIT 2. SUBUNIT 3)

Describe the difference between carcinoma, sarcoma, and melanoma with regard to tissue of origin.
Describe the general gross and microscopic features of a benign vs. malignant tumors of mesenchymal origin.
Describe how most sarcomas are staged. Differentiate between the spread of most sarcomas vs. the spread of most carcinomas.
Explain what is meant by undifferentiated vs. poorly differentiated.

NEVUS TO DYSPLASTIC NEVUS TO MELANOMA LEIOMYOMA VS. LEIOMYOSARCOMA OSTEOSARCOMA? EWING SARCOMA?