

Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
January 30, 2014 Seminar Room 2-1 BSB

AGENDA

- **Update on Unit 1 evaluation**
- **Clerkship Reports**
- **Unit 2 evaluation**
- **Addition of new members to CEPC: 2 faculty and 1 student member**
- **Faculty Resources**
- **Miscellaneous items on IPC**

Unit and Foundations Review (Excerpt from Dean's Council Statement, Dr. Pam Sass)

We now have Unit 1 reports from the Unit 1 Director, CEPC, and the Associate Dean for Foundations (attached to this email) with a total of 83 specific recommendations that roughly fall into 3 categories.

- 1. Minor issues contained within the unit that do not effect other units or set a precedent.*
- 2. Issues that span more than one unit but are not across all units.*
- 3. Issues that effect all units.*

An additional bit of complexity is that now that Unit 2 is completed, there is more information to consider that bears on some of these issues. My recommendation is as follows:

- 1. The Associate Dean for Foundations chair a group that begins to meet immediately to sort and prioritize the issues and begin work on resolving them or coming up with recommendations. This group would contain the Unit Directors, the Clinical and Medical Competency Directors, the discipline directors, and key faculty depending on the issue concerned. This group would be charged with presenting the prioritized group of issues and the plan of how they will address the issues to the DCE. This plan would include deadlines for key DCE decisions such as any changes to the calendar or policy changes.*
- 2. Unit 2 would give a report to the DCE in February as scheduled. The follow up work would also be handled by the group described above. Units 3 and 4 would follow suit.*

Next Meeting: Thursday February 27 at 4PM

CEPC Google Website: <https://sites.google.com/site/sunydownstatecepc/>

Committee on Education Policy and Curriculum (CEPC) Roster:

Dr. Lee Eisner, Chairman (Cell Biology)
Dr. Sheldon Landesman (Medicine)
Dr. Sabina Hrabetova (Cell Biology)
Dr. Jenny Libien (Pathology and Neurology)
Dr. Steven Ostrow (Radiology and Cell Biology)
Dr. Rikki Ovitsh (Pediatrics)
Dr. Katherine Perkins (Physiology and Pharmacology)
Dr. Bram Trauner (Medicine)

Mr. Joshua Lampert MS3
Mr. John Odackal MS3
Ms. Sue Hahn MS4
Ms. Kristin Twomey MS4
Ms. Kat Jong MS2
Mr. Schuyler Tong MS2
Mr. Brad Dick MS1
Mr. Felix Ho

CEPC Review of Unit 1 IPC 2013

The CEPC committee discussed Unit 1 of the Integrated Pathways Curriculum (IPC) 2013 on December 19, 2013. Discussion was lead by an *ad hoc* subcommittee for Unit 1.

Sources available to the *ad hoc* subcommittee were:

1. Weekly evaluations by the students during the Unit (15-21 students)
2. End-of-unit evaluations by the students at the end of the Unit (145 out of 191 students)
3. Survey designed and completed by the Student Liaison Committee (SLC)
4. SLC slides prepared for the Unit review meeting with Keith Williams and John Lewis (November)
5. Assessment analysis
6. CEPC discussion board
7. <http://www.youtube.com/watch?v=l2M3rFHu3j> Candidates for Med Council speeches.
8. The Unit 1 Report submitted by Keith Williams to the Dean's Council was available to all members of the CEPC committee after it had been distributed to Dean's Council.

DISCUSSION SUMMARY

The report prepared by Unit 1 Director Keith Williams is very thorough and it provides a realistic picture of the inaugural run of Unit 1. The report identifies weaknesses/areas to improve and it offers a reasonable plan of action. The CEPC committee is in agreement with the review of the Unit and the plan of action outlined in the Unit 1 Director's report. However, there were a couple of additional issues that CEPC felt should be addressed and several issues (also identified by Dr. Williams) that require special attention:

1. Preparation for Learning Sessions / Pre-reading and the Daily Calendar

It is important to rearrange the daily schedule and shorten the amount of required time on campus so that students have adequate time to prepare for active learning sessions. There needs to be greater oversight and faculty development on reading assignments so that preparation for learning sessions is manageable for the students.

2. Learning Objectives

- a. Continue to improve and optimize learning objectives. The majority of students use them as their main guide for learning.
- b. Consider issuing learning objectives for the entire unit at the beginning of the Unit in one document.

3. Small Group Learning Activities - PBLs, CS small groups, Virtual Microscopy

- a. The student evaluations and SLC brought up issues with many of the small group learning activities. There will likely need to be some changes in structure of activities and duration of sessions. The CEPC strongly feels that content experts should play a major role in any changes to the design of these sessions. Changes in the structure of Histology Virtual Microscopy are already in motion and any changes should be decided after looking at later units.
- b. There is need for ongoing faculty development and facilitator training.

4. Teaching of Anatomy and Histology

- a. Introductory lectures to disciplines (e.g., anatomy, histology) are needed in order to adequately prepare students for their first laboratory sessions. The lectures can be interactive, would not take away from active learning and would likely help with the transition between Weeks 1-2 and Weeks 3-7.
- b. Structure and Function should be better integrated. Several faculty members commented that a better understanding of structure is needed in Unit 1 with learning activities throughout the Unit.
- c. Anatomy and Histology should be better integrated with each other. For example, students could learn about bone histology when they learn about bone anatomy.
- d. Integration with future units could be enhanced so that students are adequately prepared for Units 2 and 3. For example, one suggestion is to add additional learning activities about structure and function of vasculature and lymphatics in Unit 1.

5. Musculoskeletal Disease / Peripheral Nervous System.

Dr. Williams discusses adding more activities related to musculoskeletal disease in the Unit.

a. If bone histology is included in Unit 1, then some bone diseases could be included (Paget's, osteoporosis, fracture and healing).

b. Including nerve and muscle disease in Unit 1 deserves further discussion and study. Based on the student evaluations, it does not appear that students are able to comprehend the lectures on disease because they do not yet understand disease processes. Muscle disease is included in Unit 3 and it is possible that Unit 3 and Unit 6 is where muscle and nerve disease should be placed. In order to understand many neuromuscular diseases, the students need to understand disease processes such as cell death, neoplasia, inflammation, infection, demyelination and remyelination, axon growth and neurodegeneration.

c. A subcommittee should be formed to look at the teaching of Neurology/ Neuroscience/ and Neuropathology (central and peripheral) in Unit 1 or whether some of the material should be moved to Unit 3 or Unit 6. Please also see addendum comments from Dr. Kubie posted on PRIME.

6. Nutrition (2 lectures + 1 independent module) and Human Development (1 lecture + 1 small group activity)

a. The Unit report recommends shifting Nutrition and Human development to Unit 2. If these topics are going to be taught later (not in Unit 1), they need to be exchanged for some other topic (e.g., bone and skin from Unit 2). Later Units are also packed; they cannot absorb additional topics.

b. The content experts should be involved in any change in schedule of lectures, modules, and small groups on the topics of Nutrition and Human Development.

7. Examination Results

CEPC supports releasing the mean grade of formative and summative assessments to students. Students will know where they stand within their class.

8. Weekly and Final Evaluations

a. There is a disconnect between the weekly evaluations and the final evaluation of the Unit (with the weekly evaluations often more positive than the final evaluation). Perhaps how we evaluate the curriculum needs more study and some changes so that the weekly feedback is more reflective of the end of Unit feedback.

b. There also needs to be student development on how to give good feedback. As the Unit goes on, the selected 15-20 students seem to evaluate more than just that week (perhaps eager to give their feedback) and it is sometimes difficult to understand the evaluation of that activity. A student also reported to CEPC that the final evaluation was worse for some activities because students were upset about the exam.

9. Student Leadership Development

a. SLC needs guidance in designing and analyzing their surveys going forward. The survey submitted is highly valuable and gives excellent feedback, but also has many leading questions.

b. CEPC would like to have greater involvement of SLC members from other years (MS2, MS3 and MS4) in guiding Foundations 1 SLC members and in evaluating the curriculum.

c. CEPC suggests that SLC members from MS3 or MS4 be included in future SLC meetings with Unit leadership teams. The SLC MS3 and MS4 students are terrific resources and have better perspective on the overall goals of the medical school curriculum.

10. Faculty Evaluations and Development

a. There is no evaluation of faculty teaching in small group activities in the material provided. It is our understanding that this data was not collected, except for facilitators in the PBL sessions. Feedback from students is important for faculty development and the feedback helps us to adjust, or even radically change, our teaching styles and become better teachers. There is no comment on this lack of evaluation in the unit director's report. The CEPC strongly supports the inclusion of student evaluations of individual faculty teaching in all small group activities, including all laboratories.

b. CEPC strongly supports ongoing faculty development.

11. Need for Evaluating the Unit in the Context of the Entire Curriculum.

a. In the future, later Unit directors, subunit directors and discipline directors should be asked for input into the evaluation of previous Units. A previous Unit deeply impacts student preparation for, expectations of, and attitudes towards a current Unit. The Unit 2 director should have the opportunity to comment on how Unit 1 prepared students and the Unit 3 director should have the opportunity to comment on both Unit 1 and Unit 2.

b. We would also like to see materials in the student evaluation of later units on whether the previous Unit adequately prepared the students for the current Unit and whether there was opportunity to practice skills and employ knowledge learned in the previous Unit(s).

c. There is a need for a written “syllabus” distributed to students and faculty about what is expected of students to which faculty can refer throughout the curriculum.

d. There is a need to evaluate the clinical skills taught in the first two weeks of Unit 1. Do the students have the opportunity to continuously practice skills learned or are they learned and then not used for many months or units?

e. There is a need to evaluate the three-month break in Gross Anatomy teaching between Unit 1 and mid-Unit 3. There is no Gross Anatomy in Unit 2. The distribution of Gross Anatomy across the curriculum and the topics assigned to the different Units should be reevaluated and perhaps changed.

12. CEPC supports continuing with active learning and adult learning principles throughout the curriculum.

Discussion summarized by CEPC *ad hoc* subcommittee for Unit 1: Dr. Hrabetova (Faculty), Dr Libien (Faculty) and Sue Hahn (Student)

December 27, 2013