Minutes: Meeting of July 13, 1998

Present:
Drs. Carol Berkowitz, Bruce Chernof, Kenneth Dorshkind, Thomas Drake, Ronald Edelstein, Dohn Glitz, Theodore Hall, Lewis Hamilton, Baxter Larmon, Neil Parker, Alan Robinson, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins and John Tormey (Co-Chair) and Janice Contini.
Students: Alea Eusebio and Julie Lipps.
Guests: Gezelle Miller, Charlotte Myers, and Drs. Jerome Hoffman and Earl Homsher

Dr. Tormey called the meeting to order and welcomed Dr. Earl Homsher who has Chaired the Human Biology and Disease Task Force for the past six months, to the MEC.

Final report from the Core Clerkships Task Force, Dr. Jerome Hoffman

The Core Clerkships Task Force met 14 times. The members agreed on a number of general principles:

1. The core clinical clerkships would commit to organizing their teaching around the concept of a generalist curriculum. Although no formal recommendation was made on the implementation of this principle, it was decided that its incorporation would be one of the responsibilities of the clerkships. Required use of an interdisciplinary faculty was also considered.
2. There will be an expansion of outpatient experiences in all clerkships.
3. Multidisciplinary teaching is encouraged to allow increased contact with specialists from other services (i.e., greater use of consultants).
4. Each clerkship will be responsible for developing a curriculum.

Task Force Recommendations:

- That the School make a commitment to change the current evaluation process. There should be a formal introduction of what is expected of students in each clerkship and faculty should be supervised to ensure that comprehensive and timely feedback is provided to students on performance.
- That the ICY curriculum be expanded to two weeks to address general clinical education items prior to ward service. ICY would also formally provide some specific education in Radiology which will no longer be a required clerkship. ICY should occur again as a bookend activity. Additionally, there would be two ICY-type weeks during the third year. The Task Force recommends that the School make a commitment to change the current evaluation process. There should be a formal introduction of what is expected of students in each clerkship and oversight that comprehensive and timely feedback is provided.
- That the ICY curriculum be expanded to two weeks to address general needs of students as they start on wards. This would also formally involve some specific education in the areas such as Radiology (no longer a required clerkship). ICY
should be revisited again as a bookend activity. Additionally, there would be two ICY-like weeks during the third year.

- A 48-week core clinical third year plus four weeks of vacation. The year will begin and end on or about July 1st and would encompass the entire clinical core. This schedule would allow for subinternships needed prior to residency application process. Exceptional circumstances could be considered for exemption, allowing students to defer some core to July and August.

- The 48 week clinical core will be comprised of two 24-week blocks. One block consists of 12 weeks of Surgery and 12 weeks of Pediatrics & Women’s Health (6 weeks each). Surgery and Pediatrics & Women’s Health rotations would each have its own introductory week, conducted four times a year. Interdisciplinary introductory curricula are expected.

- The Surgery rotation will be composed of a 6-week inpatient block and a 5-week outpatient block. Anesthesiology, Ophthalmology and surgical sub-specialties will be included in the outpatient block. The Women’s Health rotation will be coordinated primarily by Obstetrics & Gynecology, but will involve other relevant specialties.

- The second 24-week block consists of the ICY-continuation program (one week, two times a year), internal medicine inpatient rotation (just under eight weeks), outpatient medicine rotation (just under eight weeks, coordinated by both Family Medicine and Medicine), and a jointly coordinated Psychiatry/Neurology rotation (just under eight weeks). The outpatient medicine rotation will include dermatology; Family Medicine will be responsible for a greater share of the time allocation. The ICY-continuation program will be developed by all the rotations in this 24-week block in conjunction with the ICY Task Force. Doctoring 3 will continue as presently organized.

- In the Psychiatry/Neurology rotation, the two services will collaborate in developing longitudinal outpatient experiences in both areas; Neurology’s time would be increased from the present allocation.

- The details of the joint clerkships will be worked out collaboratively by clerkship chairs following guidelines from the Task Force. Oversight by the MEC is necessary, perhaps through an implementation Task Force.

- A "bookend" activity is recommended to revisit selected core concepts as well as some vertically integrated content. Examples of topic areas include pain, rehabilitation, geriatrics, women’s health, nutrition, and physical examination skills. Also, the Task Force informally recommends an integrated examination at the end of the year. This would be useful in promoting faculty collaboration, developing concrete learning objectives and fostering integrated learning.

**Discussion**

Dr. Stuber commented that there would be an integrated Psychiatry and Neurology curriculum, but expressed the importance of appropriate time allocation.
Limited integration in the Pediatrics and Women’s Health joint clerkship is expected and no longitudinal experience over 12 weeks, but there will be coordination and some overlap.

A separate outpatient surgery rotation which integrates the outpatient experiences from all or several subspecialties is expected. The importance of the inpatient surgery experience will be recognized as well.

Dr. Tompkins commented that the exact duration and schedule for the Surgery clerkship remains to be defined; different length rotations (e.g., 5 week and 6 week rotations) would be very difficult. Dr. Hall was concerned that student exposure to Radiology in ICY would be inadequate resulting in fewer students interested in pursuing Radiology as a practice, however, he was assured that in addition to ICY, radiology instruction will be incorporated into each of the major clerkships.

This proposal will be presented to the FEC on July 22nd, but more work needs to be done. There were suggestions to involve outside faculty in planning the rotations and that a committee be created for oversight of the overall curriculum. The MEC should suggest a more formal mechanism to help develop the curriculum. A year-end comprehensive exam should not replace the Clinical Performance Exam.

Implementation of this proposal would require a two-year phase-in period. Dr. Robinson commented that this move to change the curriculum is a great stimulus to further changes and growth that is to come.

**Discussion of implementation of the Core Clerkships Task Force proposal will be deferred to next meeting.**

**The MEC approved the proposal with only one abstention.**

**Human Biology and Disease Task Force Interim Report, Dr. Earl Homsher**

The Human Biology and Disease Task Force (HB&D TF) began its work from the Curriculum Structure Task Force report. The goals were to assess the current curriculum and configure an integrated block curriculum. Presentations were given to the committee by all the 21 course chairs in the first two years.

The Task Force recommends that the curriculum be rationalized, i.e., to have all of the learning objectives, skills and attitudes planned for the entire two year curriculum by a cooperative effort of basic science and clinical faculty. Courses are currently under the control of departments and course chairs and there is too frequently isolation in planning. Learning should be in a contextual and integrated forum that would include basic science, clinical science and psychosocial medicine in the context of clinical problems allowing students to immediately begin to synthesize didactic information and observation. This could be best done by moving forward pathology, physical diagnosis, history taking and
labs to the very beginning of the curriculum. Structure, function and pathology should be taught in close proximity.

Informatics and Biomathematics would be introduced early in the curriculum, but many of the more advanced areas of Biomathematics would be reserved for the second year. Basic and clinical science would be integrated; Doctoring will participate in the planning of blocks.

The blocks would be designed using multiple learning modalities such as lectures, labs, case-based, physical examinations, etc. The Task Force also recommends that the number of courses would be kept to a minimum to ensure integration.

There are four different blocks both years:

<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
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<tbody>
<tr>
<td>Foundations of Human Biology and Disease I</td>
<td>Foundations of Human Biology and Disease II</td>
</tr>
<tr>
<td>Cardiovascular, Renal and Respiratory I</td>
<td>Cardiovascular, Renal and Respiratory II</td>
</tr>
<tr>
<td>Metabolism, Nutrition and Reproduction I</td>
<td>Metabolism, Nutrition and Reproduction II</td>
</tr>
<tr>
<td>Nervous and Musculoskeletal Systems I</td>
<td>Nervous and Musculoskeletal Systems II</td>
</tr>
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These blocks allow students to have two passes in each of these areas. Each block will probably be about eight weeks. The faculty involved in the planning of the blocks would determine the actual time length.

The Task Force hopes to have the faculty members who are involved in teaching the areas of morphology, biochemistry, physiology, neurobiology, pathology, clinical biomathematics, genetics and pharmacology form a block committee to decide on what is important to learn in the first and second pass. This committee then would break up into two sub-committees, one charged with the design of the first year and the other of the second year. The Task Force recommends that department chairs continue to assign teaching roles so that there will not be a hegemony by one department. Courses must be planned by the faculty.

There needs to be an oversight body to make decisions about the blocks. The Task Force recommends at either the MEC or an MEC-appointed subcommittee take on this role. Each block should be reviewed at the end of the year how effective it was in delivering the material. The proposal is not a finished plan and therefore is capable of evolutionary changes. The general block format was approved by the entire Task Force. The majority of course chairs who presented to the Task Force felt that implementing the block system was a reasonable goal.

**Discussion**
Dr. Stuber expressed concerns about the limited representation of Doctoring and Psychiatry topics (i.e., human development) incorporated into the first year blocks as well as other subjects that are mandated by the State (e.g., HIV, alcohol and domestic violence). The block instruction leaves room for accommodating these subject areas. Dr. Homsher invited MEC members to email him any suggestions for topics that should be included.

Administering a comprehensive exam would address the problem of courses competing for students’ attention. This form of evaluation would be a huge step forward.

The proposal would take several years to plan and implement. There are several steps to take:

1. faculty buy-in by conducting series of informational retreats.
2. establish course planning committees.
3. define the learning objectives for the first two years and create a centralized grid.
4. establish an oversight committee to rationalize overlap of topics, to ensure that courses are balanced and to preserve uniformity to the general approach of presentation.

No changes will be made in the first two years until the third year has implemented their proposal.

The meeting was adjourned at 6:30 p.m.