Minutes: Meeting of September 14, 1998

Present:
Drs. Bruce Chernof, Kenneth Dorshkind, Thomas Drake, Ron Edelstein, Dohn Glitz, Theodore Hall, Carol Hodgson, Earl Homsher, Neil Parker, Alan Robinson, Stuart Slavin (Co-Chair), Michael Stemmerman, Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine, LuAnn Wilkerson and Michael Wilkes, and Janice Contini

Students: Barsam Kasravi (MS 2) and Veronica Quezada (MS 3).

Guests: Dr. Ducksun Ahn and Joyce Fried.

Distribution of meeting minutes and schedules

There was a discussion of posting meeting minutes, future meeting dates and agendas on the Web. This would require an individual to take an active role in going to the Website, reading minutes, finding future meeting dates, etc. If such a Website is used, Committee members requested that they continue to be reminded of upcoming meetings by e-mail three or four days in advance.

Human Biology and Disease Task Force

There was substantial discussion of how contact hours should be allocated to each block. A general guideline regarding the number of contact hours per week inn each block should be provided by the MEC, as well as clarification of what the kinds of activity should go on in these hours. The MEC should set limits, rather than prescribing a set number of contact hours per block. A group should be designated to oversee the planning process across all blocks. It needs to be clearly communicated to the planning groups that the block system must be more than a reordering of content materials; they should work to create new presentation methods and to integrate content and teaching.

It was moved to allow an average of 24 hours (no more than but preferably less) of contact time per week which includes all modalities of teaching. The motion was seconded and approved with only one opposing vote.

It was moved and seconded to include the principles developed by the Curriculum Structure Task Force to the previous motion, viz.,

1. Meaningful integration of basic and clinical sciences throughout four-year curriculum, including
   - sequential interdisciplinary courses rather than concurrent disciplinary courses.
   - integration of psychosocial and diagnostic aspects of medicine with basic sciences.
   - design, implementation and evaluation by multidisciplinary teams.

2. Increased emphasis on active, individualized and self-directed learning
3. **Students should have the opportunity to develop specific competencies in self-selected areas**

The motion was approved by a unanimous vote.

Progress reports the Core Clerkship and Colleges phases will be presented to Department Chairs on September 28th.

Regarding integration of Doctoring into the block curriculum, Dr. Wilkes said that the Doctoring cases would be reordered to integrate both vertically and horizontally. He suggested incorporating a multi-station exam that would allow students to integrate application of material. He added that Doctoring is open to change.

It was agreed that Doctoring cannot be an entirely separate program, and its leaders must participate with other faculty in the block planning process to achieve the necessary integration.

Dr. Drake recommended that the Doctoring cases and curricula be used to make basic science materials more meaningful. He was concerned at the possibility of ending up with two _de facto_ blocks running parallel to one another. He commented that both CABS and Doctoring should undergo the transition to blocks together with the rest of the courses and departments. Dr. Wilkes, however, did not feel that Doctoring contents could be integrated completely into the blocks. It was suggested that a "thread" through the continuum would ensure coverage of Doctoring content. There will be other threads such as Informatics.

Dr. Stuber suggested that there needs to be an on going clinical exposure which provides continuity with clinical faculty that is administratively integrated as well as a Doctoring content "thread". She recommended that a commitment from the MEC is necessary to ensure development of a longitudinal clinical experience over the course of two years.

**A motion was made that the MEC make a commitment to implementing a longitudinal small group, clinically based experience with exposure to the same faculty in each year throughout the two years of the Human Biology and Disease Phase. The motion was seconded and approved by a unanimous vote.**

The organization of the block system will be discussed at the next meeting.

The meeting was adjourned at 6:35 p.m.