Minutes: Meeting of July 10, 2000

Present
Drs. Bruce Chernof, Kenneth Dorshkind, Thomas Drake, Stuart Slavin (Co Chair), John Tormey (Co-Chair), Richard Usatine and LuAnn Wilkerson, and Janice Contini.
Guests: Drs. Kim Crooks, Lawrence Feldman, Earl Homsher, Robert Ross and Carolyn Schanen and Gezelle Miller

Announcements

MEC meetings are being moved to Wednesdays at 4:30 p.m. effective September 11, 2000.

College Directors have been selected, and the following appointments made.

Applied Anatomy College: Jonathan Berek, M.D.
Acute Care College: Randolph Steadman, M.D.
Medical Science College: Linda Baum, M.D., Ph.D.
Primary Care College: Stuart Slavin, M.D., M.Ed. and Richard Usatine, M.D.

Foundations Block Planning Group Report, Dr. Earl Homsher, Chair

Dr. Homsher reported that the Committee worked within the framework provided by the Human Biology & Disease Task Force, however it was necessary to lay foundations for the other blocks that followed, e.g., covering some content that might be considered more appropriate for another block, but is required earlier for comprehension.

The preliminary report (Word document attached) was presented in two formats: a one-page summaryies of content and an expanded, more complete version. The sheet was color coded by general topic areas, allowing the reader to track the topic development over eight weeks. They also plan for a maximum of 20-21 didactic hours per week and three hours of small group instruction (this is less than the 24 hours/week recommended by the MEC).

The precise means for incorporating Doctoring was elusive; perhaps it will continue in parallel with interaction with basic science courses. Doctoring and CABS are viewed as tying the curricular components together. Dr. Homsher asked whether the committee feels that the courses should be separate or woven into the curriculum, noting this own preference for integration. General Pathology has been moved to the first year and some information about basic immunology will be introduced near the end of the first block. Statistics will span both years in order to provide instruction on critical reading of the literature and understanding clinical trials. Dr. Homsher expressed concern about how interfacing statistics in this program, preferring to connect statistics to clinical content. The faculty is being cooperative about reducing basic number crunching in favor of
learning analysis and interpretation. Some issues were not resolved, regarding HIV and principles of autoimmune diseases and tissue transplantation.

The committee supported the idea of organizing each week around a clinical problem; the case would be introduced at the beginning of the week and then instruction that week would be geared toward providing students with the knowledge to deal with that problem. At the end of the week, clinical and basic science faculty will review the case in small groups or in a larger discussion group. The committee felt that this would be very effective, but very time intensive. An introductory one-page overview of the block will help the students as well as the faculty and will facilitate communication among departments.

Dr. Homsher noted that there would not be a final report until an overview committee reviews all block reports and evaluates all gaps and built-in redundancies. More work on integrating Doctoring is needed. He also recommended that the block curricular plans need to be reviewed by representatives from the specific "thread" representatives, e.g., nutrition, women’s health, etc. Further, he suggested that the block curriculum should be shared widely with faculty to build interest and support.

Other Block chairs will be invited to report to the MEC over the next few meetings. The Block Committee and Dr. Homsher were thanked for tremendous effort. Kudos to his committee for success on a difficult process.

**Selectives, Dr. Tormey**

The MEC Leadership group met to take a preliminary look at Selectives in the first year. The questions has been raised about whether the large number of students taking MSP might have distorted the Selectives experience in the first year -- 110 took the Gross Anatomy MSP in the Fall and 40-50 each took Physiology and Neuroscience MSP in the Spring.

All students are required to take one selective; there is concern that students are taking only MSP and not other selectives. MSP started as a support to help students study more effectively. More and more students were interested in the organized study groups with second year students as paid facilitators. The goal of the Selectives requirement is to provide a more diverse kind of educational experience, and the draw of MSP may be taking students away from this goal. One suggestion was that no credit should be given for MSP because it is an adjunct to required courses.

The Leadership Group recommended two avenues for the Committee to decide upon (1) allow one MSP to be taken for credit, but require that a non-MSP Selective also be taken, or (2) remove MSP from Selectives and offer it for no credit.

Students commented that MSP helps them learn concepts that they might have missed in class. Also, that it’s an effective, organized study group, and it provides great teaching experiences. Some students complained that getting credit for being in a study group rather than learning new material is not fair.
It was moved and seconded that MSP no longer be offered for credit. Approved unanimously.

It was moved and seconded that the name be changed. A substitute name for the MSP will be explored.

The Meeting was adjourned at about 7:10 p.m.