Minutes: Meeting of February 12, 2003

Present:
Drs. Craig Byus, Ron Edelstein, Earl Homsher, Mark Noah, Stuart Slavin, Susan Stangl, Margaret Stuber (Co-Chair), Randolph Steadman, Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini
Students: Mailan Cao, Emily Dossett, Dawn Ogawa, Amy Olin, Sirach Selassie, and Jason Tarpley
Guests: Drs. Susan Baillie, Ameneh Rahimi, and Pat Anaya, Gezelle Miller and Luz Orozco

Minutes

Dr. Tormey briefly reviewed the minutes from the last meeting. They were approved as written.

Draft Calendar Discussion – Between End of Last Human Biology & Disease Block and Beginning of Core Clerkships

The members reviewed the draft calendar for Years 1 and 2 (see attachment).

The first year will begin early in August and finish at the end of June, followed by a 10-week summer break. This break will allow students to do summer research. The second year will begin after Labor Day and will end in April. There were discussions of reverting Blocks 2 and 3 in the second year, so faculty from the same departments might not find themselves teaching in each year simultaneously. This draft requires the block taught second in year two to be divided over the Winter break. The third year is pencilled in as starting on June 20th with Clinical Foundations.

The members discussed how to use the longer break between the second and the third year (~10weeks), given this schedule. Their suggestions include the following:

- Integrated case-based block, bringing all of the materials in the first and second years together.
- Assessment/Evaluation: A course for conducting assessment, similar to the Rochester model or a modified version.
- Fine tuning clinical skills: track students clinically; allow room for remediation
- Early rotations: free up time in the third year; get early experience; sample career areas
- Flexible time: time to study for the USMLE, electives, etc.

Dr. Sofroniew argued against having early rotations during this time. He felt that this time should be used to strengthen the basic education in the first two years. Many new and creative opportunities could be implemented during this time. Since there is an issue
with students doing early match in surgical fields, Dr. Slavin felt that starting rotations early could be an option for some students.

Dr. Wilkerson proposed solving the third year issue separately and not lose the opportunity to enrich early skills development. She noted that, at the present time, the School is committed to no less than a four-week break for students to study and review for the Step 1 USMLE Exam. This commitment would reduce the 10 weeks to 6 weeks. The anxiety over the Boards may increase with the new curriculum, and this time should be set aside.

Dawn Ogawa thought that it would be great if this time could be flexible time. She felt that students would feel more comfortable having 6 weeks of study time rather than four. She informed that most of her peers took three weeks to study and a week or two for vacation before starting an intensive third year.

Emily Dossett suggested the following:
- 2 weeks – vacation
- 6 weeks – block that would be part time and include clinical skills review, Board review and study time
- 2 weeks – vacation

Dr. Slavin added that if a student did not opt to study for the Boards the entire time, then he/she could take an early rotation, adding that more flexibility is a positive. Dawn Ogawa commented that something similar to PPD Case Studies at this time would help pull everything together. Most members seemed to be in favor of having a combination of the integrated-case based sessions and time for independent study. Dr. Tillisch felt that having a clinical focus would make the sessions more attractive to students.

Dr. Wilkerson explained the Rochester model to the group, adding that integrating similar assessment with the case study small group sessions would be wonderful. In a two-week period, students at Rochester see eight undifferentiated patients that could become the basis of a small group case discussion. Prior to one patient encounter, students do a pre-encounter exercise of a literature search to inform their task of counseling a patient facing a complex decision. They do post-encounter probes, which might be multiple choice, short answer, brief essay questions, write ups, etc. They take a practice Step I exam and get detailed feedback. They do a simulator exercise on which they are evaluated on teamwork and complex problem solving skills. They do computer exercises where they have to identify dermatologic lesions. There is a peer assessment exercise in which 15 classmates are selected to evaluate them on their teams. They take all of these exercises and create an individualized learning plan. A modified version could be done.

Dr. Byus commented that the group should first determine how important the Boards are. He felt that independent study time is best for students to prepare for the Boards. He suggested that since Boards are very important, and that students be given maximum time to study independently. If students do not need the entire time to study, they can take
early rotations. The students will worry whether the new curriculum will translate into high Board scores and may tend to overcompensate.

Dr. Sofroniew felt that it would be nice to have an extended period of time where there was something in the morning or afternoon to review cases in a group context and where there is feedback and interaction with colleagues. The remainder of time could be used for independent study time. Dr. Slavin favored providing students many options to fit their personal needs, especially during the implementation phase. Dr. Stangl felt that there should be something offered to the students, even if only for two weeks to pull everything together, possibly with selectives after that. Dawn Ogawa suggested two weeks of integration. This would be useful for the Boards as well as a helpful transition to the clinical years.

Dr. Wilkerson recommended ending the year with a two-week integrative experience including some testing and feedback, case studies, and clinical skills. Electives or selectives could be offered during the remaining weeks. Possible elective offerings could include Spanish, studying for Boards, early clerkships, research, remediation, vacation, etc. The electives/selectives list should be discussed further.

Dr. Tillisch was not convinced that early clerkships would be useful for students. Dr. Wilkerson informed that Dr. Parker may recommend another assessment of the third year, and a taskforce may be charged with this task. Dr. Tormey wondered if a final decision about the transition block from the second to the third year should be postponed until decisions are made about the third year. Dr. Wilkerson felt that the MEC should decide on a general structure of what can be done in that time period and leave the detailed planning for the future. This was the consensus of the group.

*It was moved to have a two-week block of integration and assessment that would end the second year and help students prepare for USMLE as well as the third year and an eight-week period of flexible time during which electives could be offered. Some possible electives include Spanish, studying for USMLE, early clerkship rotations, research, remediation, vacation, etc. A subcommittee should be organized to design the structure more specifically. The motion was seconded and unanimously approved.*

**Student Involvement**

There was consensus that student involvement in curricular development should continue to be encouraged. The MEC student representatives were encouraged to contact the Block Chairs. Students who are interested in joining the monthly Block and Thread Chairs Committee meeting should be invited to do so.

Dr. Slavin informed that the Primary Care College is considering offering this type of involvement as a longitudinal experience that students can receive credit for. He commented that a number of students had expressed interest.

**New Agenda Items**
The members suggested the following items for future MEC agendas.

- Electives vs. Selectives in the New Curriculum
- New Format of Dean’s Letter and Clinical Narratives

The meeting was adjourned.