Minutes: Meeting of December 14, 2005

Present:
Drs. Wendy Coates, Ronald Edelstein, Hugh Gelabert, Theodore Hall, Joan Kaplowitz, Sally Krasne, Shaleen Metten, Mark Noah, Dotun Ogunyemi, Randolph Steadman, Margaret Stuber (Co-Chair), John Tormey (Co-Chair), and LuAnn Wilkerson.
Students: Jonathan Abelson, Aron Bruhn, and Ali Mohammed Khan.
Guests: Pat Anaya, Joyce Fried, Louise Howard, and Meredith Szumski.

Minutes of November Meeting

The minutes were approved as written.

Charges for Clinical Continuum Taskforce & Plans for Undergraduate Clinical Education Retreat

The MEC decided to organize a taskforce to begin thinking about the clinical continuum, looking at all of the clinical teaching throughout the four years. The MEC Executives proposed having such a taskforce work on immediate issues and then organizing a one-day retreat that would serve as a kick off for a larger process of thinking about where we want to go with our clinical training in our medical school. This retreat could be scheduled sometime in June. Dr. Steadman felt that the mission for the retreat should be clearly defined.

Dr. Stuber distributed copies of the taskforce charge for members to review (see attached).

The goal would be to make sure that there is a clinical continuum with greater coordination. For example, faculty teaching in the third year need to know more about what is being done in the first two years.

Dr. Noah felt that making efforts to make immediate changes when there is going to be a global investigation that may change things again may not be very efficient. Dr. Wilkerson suspected that the retreat would produce recommendations and changes that would be implemented five to six years later. She added that this is a hot topic nationally and was something that was discussed at the AAMC.

Dr. Hall commented that radiology might be the first group to have a working model of such a continuum. The taskforce could be asked to focus in on the third year but it should be highly encouraged to look back into the first two years and forward into the fourth year to make the best possible recommendation. Dr. Wilkerson mentioned that there are lots of data regarding the clinical years that need to be reviewed by a taskforce. She would like the taskforce to review the data and focus in on the third year with implications going in both directions.

Dr. Noah thought it would be important to have individuals from various clerkships involved in the taskforce to get buy in as well as people from outside. Dr. Wilkerson was thinking about using the Dean's faculty email list and asking for volunteers. At the same
time, the clerkship chairs and site directors could be asked to make recommendations. Dr. Krasne suggested involving the clinical faculty who serve as co-block chairs in the taskforce. Dr. Noah added that the current third year students should be on the taskforce as well.

Dr. Steadman suggested having the taskforce catalog the clinical curriculum in years one and two, describe whether it is sufficient, and describe the redundancies that occur between the first two years and the last two years. They should also describe any opportunities for a continuum that does not currently exist. Dr. Wilkerson responded that the Dean's Office can provide all the cataloging that is needed through Ilios. She felt strongly that the taskforce should look at the data and look at all the implications. Dr. Ogunyemi agreed.

The charge would be revised and reviewed again at the next meeting.

**Experience and Lessons from Evaluation of Fourth Year Electives - Dr. Steadman**

**Presentation**

Please see attached slides, electives 2003-4 and electives 2004-5 for details.

**Discussion**

Dr. Noah stated that the reason why faculty are doing their own evaluations at their site because they are concerned that they are not going to have teaching evaluations when they come up for promotion. We need to make sure that the evaluations are given to the people who are preparing faculty promotion dossiers.

The members were told that all of the evaluation for courses and faculty are given to the Executive Chair of a department. Faculty at affiliated hospitals can always call up their Executive Chair or ED&R for a copy of their evaluations. Dr. Krasne wondered why a system cannot be set up where each faculty could see their own evaluations on line. She was told that there are thousands of faculty that need individual passwords and that the faculty change year after year. Creating such a system would be very time consuming. Dr. Steadman informed the committee that the timeliness problem has already been addressed where evaluations are being distributed faster now than ever before.

Dr. Edelstein mentioned that Gary Diener from the Evaluation Office has been very responsive to individual requests for evaluation. Dr. Ogunyemi stated that there seems to be a need for more education regarding how evaluations are distributed and whom faculty should contact for their individual evaluation. Dr. Steadman responded that several correspondences are sent to the course directors asking them to distribute evaluations to their supporting faculty.

Drs. Steadman and Baillie and Gary Diener were thanked for their hard work and for making this presentation possible.
Policy Issues: Student Attendance and Makeup Work in Blocks and Clerkships - How strict should we be?

It became apparent again that there is still confusion about the evaluation and attendance policy that the MEC approved a few years back for the first two years. Dr. Tormey made a few changes to that policy and distributed a draft version for the MEC to review once more (see attached).

There are no "excused absences" and students are responsible for making up the work that they missed. Dr. Tormey thought that they should also be responsible for notifying the faculty in advance if absences would occur.

As written in Dr. Tormey's draft, it is stated that the course instructors would assign the students their make up work and make sure that this has been made up in a satisfactory manner. If this were the case, Aron Bruhn felt that some guidelines should be given to the course. Dr. Wilkerson stated that she was opposed to having course instructors specify the make up work, as there are more than 180 PBL tutors; there will be too much variability. She felt that it was the block chairs' responsibility.

Dr. Stuber asked if it should be restated that block chairs and thread chairs should have such responsibility. Dr. Metten agreed that the thread chairs should share such responsibility. She shared that students did not seem to understand the seriousness of attendance. Even though this policy is posted on the web, it needs to be reviewed at the beginning of each block. Dr. Coates felt that the course instructors need to have an understanding of the importance of attendance and continue to reinforce that in their small groups as well. Dr. Wilkerson mentioned that there were some students who missed up to seven, eight sessions in Block 6. The block chairs needs to adhere to the policy.

Dr. Tormey explained that the policy states that if a student misses more than one small group session or more than two lab sessions, then he is liable to fail. Dr. Metten informed the committee that there was a recent situation with a student where Dr. Parker notified the student that he would fail (not liable to fail) since he missed too many sessions and that he would need to remediate in order to pass. Dr. Tormey agreed that if a student does not satisfactorily make up missed work, he will fail. Dr. Metten preferred wording the policy. It should state that students will fail if they miss sessions and that this failure can be remediated. She did not like how it is stated currently, which is that students are liable to fail.

It was agreed that the course chairs would have the final responsibility to decide whether the courses are satisfactorily completed/remediated with consultation of the thread chairs. The document should be changed to indicate that the course chair and the thread chair would determine the make up.

Another change is to state that missing more than one group meeting of either type shall (not may) result in failure until missed work is satisfactorily made up. Dr. Noah suggested changing it to missing any group meeting in a course will result in failure until this is remediated.
Currently, this document is only pertinent towards years one and two. Dr. Steadman suggested having this part of the honor code that students have to sign at the entry of the medical school. Dr. Krasne added that this be reviewed at the start of each block. Dr. Wilkerson mentioned that all of the policies and procedure are discussed at the start of each clerkship in the third year.

Receiving an Incomplete is mentioned throughout the policy when the first statement is clear about having only two grades. This needs to be looked into further about when an Incomplete is used. Dr. Parker needs to be consulted, as he was not able to attend this meeting to comment. Dr. Ogunyemi stated that it is important to clarify the distinction between an Incomplete and a Fail. Dr. Steadman thought this issue really deals with professionalism.

A revised version of this document will be brought back to the MEC for further consideration.

The meeting was adjourned at 6:30pm.