Minutes of the March 12 Meeting

**AGENDA/NAME** | **DISCUSSION/RECOMMENDATION** | **ACTION**
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Minutes of the March 12 Meeting | The minutes were reviewed. | The minutes were approved with one revision.  
Announcements – Dr. Margaret Stuber | The annual Clerkship Conference will take place on Tuesday, June 17, 2008 from 12:30 - 5pm in the Faculty Center’s California Room. Pat Anaya is the event coordinator. | Informational  
CETF Healthcare Systems Work Group Report – Dr. Carl Stevens, Dr. John Chang, Regina Richter | In October 2007, the Medical Education Committee charged the Health Care Systems Work Group with making recommendations for improving teaching of a broad range of health care delivery topics, spanning health care finance, organizational models, quality improvement, cost-effectiveness, evidence-based medicine, and team-based practice. Membership in the Work Group reflected expertise or current involvement with these areas, and drew largely on faculty with active roles in health care delivery or management at CHS and other clinical teaching sites.  
Summary of Work Group Products: The Health Care Systems Work Group produced four important products for | Informational
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| Faculty Development Work Group Report to MEC – Dr. Wendy Coates and Dr. Lynn Gordon | The Faculty Development Work Group was charged to develop a faculty structure that could hold clinical sites accountable for meeting identified graduation competencies, provide on-site educational leadership for DGSOM and major clinical affiliates, and “pay” for teaching beyond a basic level required of all faculty. The work Group focused on the development of a teaching “academy” organization.  

The idea of an academy as a home for outstanding teachers and educational leaders responsible for the clinical education of medical students is based on similar models developed at UCSF and Harvard.  

The Academy would be a school-wide program, but located at the six major clinical affiliates. Each site would have an academy chair and all chairs would form an Academy Consortium. Members would be selected by peer review. Some Academy members would be paid for special educational roles. | Discussion: The issue of membership for basic scientists was raised. Since the charge was to improve clinical teaching, this question was deferred for future MEC consideration. |
By accepting payment for specific duties, the School of Medicine could hold those faculty who received support accountable.

Compensation to these educational leaders would be a key component for a successful Academy. Once it was established, the Academy should be able to support innovations in medical education, provide faculty development opportunities for all medical school faculty, fund projects that would improve the educational mission, and support educational scholarship.

Each site would have an identified chair who would be selected with input from the MEC, the Dean’s Office, and the existing leadership at each institution. Each site would then determine how best to meet the overall goals of membership selection, faculty development, learning outcomes, and other projects unique to the site. The benefit of this model is that it enables each site to meet the common goals within the framework of specific institutional culture.

Each site would have a membership committee that recommended members to the Academy Consortium. It is likely that some standard guidelines for membership would be enacted across all sites.

Once formal membership criteria have been determined. Membership could occur at three levels:

A. Founding Fellows would be appointed via discussions among leaders at the site, department, MEC, and Dean’s Office. These would consist of Academy site chairs and one to two senior educators as needed for program planning and initial implementation.

B. Fellows of the academy will be selected via peer review as educational leaders and mentors. They should have attained the academic rank of associate professor or higher. They should be active in medical student education in particular and have had experience teaching for at least 5 years. Their compensation would be the same as the founding fellows.

C. Associate members of the academy should have a faculty appointment and have a proven track record of two or more years of teaching excellence. They may be self, peer, or chair nominated, but their acceptance into the academy would be reviewed by the consortium membership committee. Their primary role would be to serve on the teaching corps at the sites. Membership at this level would be for an unlimited number of renewable 3-year terms, if criteria for membership were maintained. It is likely that they would
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| Drew Research Colloquium and Match Day Results – Dr. Daphne Calmes | **apply for fellowship status when they become eligible. Academy members would be eligible for all Academy programs of faculty development, could apply for grants to develop innovations in curriculum and scholarship, able to fund their travel to share these with the academic community. Academy membership would be a prestigious accomplishment in the academic promotion process.** Proposed Next Steps  
  - Develop a budget based on site productivity in student education  
  - Secure SOM approval  
  - Achieve “buy-in” by sites  
  - Determine membership criteria and selection process  
    - Selection of Site Chairs  
    - Selection of Founding Fellows  
  - Secure Funding  
    - Institutional support  
    - Philanthropy  
    - Grant Applications  
  - Develop specific programming  
  - Select fellows and Associates | Informational |

Dr. Calmes reported on the successful Drew research colloquium, and thanked those who participated. Judges included Drs. Craig Byus, LuAnn Wilkerson, Hy Doyle and Christian DeVirgilio.

Regarding Match Day results, Harbor/UCLA and Cedars-Sinai will receive the largest number of Drew students. 68 percent will go into primary care, (family medicine, pediatrics, medicine, and OB/GYN). 32 percent were non-primary care, including urology, vascular surgery and psychiatry.