# CURRICULUM COMMITTEE MEETING

Minutes

**January 13, 2009**

**7:30 – 9:00 am**

Attendees: Richard Davidson - Chair, Robert Averbuch, Adam Bennett (MS1), Wayne Bottom, Judy Bowers, Christopher Bucciarelli (MS2), David Caro, Juan Cendan, LouAnn Cooper, Paulette Hahn, Heather Harrell, Robert Hatch, Omayra Marrero (MS4), John Meuleman, Dhipthi Mulligan(MS4), Maureen Novak, Glenda Railey, Mohan Raizada, Kyle Rarey, Colin Sumners, Louis Ritz, J.R.Taylor (MS3), Beverly Vidaurreta, Margaret Wallace, William Winter

Recording: S. Sorci

---

Dr. Davidson greeted the attendees and asked for updates. J.R. Taylor reported all is going well with the third year classes and students are enjoying clinical rotations. Adam Bennett reported that first year classes are going well. Chris Bucciarelli also reported that classes are going well and the second year students are getting into clinical diagnosis. Omayra Marrero reported that everything is going great. She said that, beginning this year, the graduating class will start a new tradition of selecting the speaker for their last lecture, which will be followed by a reception in the Founders Gallery.

Dr. Winter reported that the Course Directors will meet this day and will be discussing articles concerning issues of professionalism.

Dr. Cooper reported that the Evaluation Subcommittee will be meeting on January 14th. She commented that, parallel with the process of revising the curriculum, the committee needs to begin considering revision of the curriculum evaluation plan.

Dr. Caro reported nothing new in Jacksonville.

Dr. Novak asked members to inform their faculty of a new program in which otoscopes and otomascopes can be donated.

**Approval of December Minutes:**

Dr. Winter motioned to approve the December meeting minutes. **The motion moved and was approved.**

**Passing Step 2: Requirement for Graduation:**

Dr. Davidson reported that at the last Academic Status Committee it was decided that we will require passing Step 2 for graduation. He said there had been some question about whether or not the Curriculum Committee actually needed to be in on the discussion since the Academic Status Committee sets academic criteria. Drs. Rarey, Winter and Davidson discussed how the Academic Status Committee came to their decision. Members also discussed how if a student did not pass Step 2 in the fall of their fourth year, there would still be time to retake it.

Dr. Winter motioned to support the students passing of Step 2 before graduation. **The Motion moved and was approved.**

**Plus/Minus Grading:**

Davidson: Plus/Minus Grades, another huge issue. We may want to revisit this in the next meeting if it turns out it's going to really slow us down. But having talked to Chris and about discussions he had with his class. Dipthi sent me an email summarizing the feedback that she got from her class with regard to this. I have to say I was amazed at the variability within your class in terms of how they felt about this. The Clerkship Directors are totally opposed too, I wouldn't say totally because I know there's at least 1 clerkship director that favors using minus grades, but almost exclusively the clerkship directors are opposed to changing. It's the course directors, really, that I have the most concern about but I believe that most of those are also in agreement that minus grades would be a negative, in terms of trying to differentiate students. So having this input in this point in time, I thought it was appropriate to bring this up to the Curriculum Committee ----- and pass that on to Drs. Rarey, Dr. Good, for their final decision. Chris, do you want to discuss what...

Bucciarelli: yes, the overall consensus, essentially, not to move towards the minus grades. Also the rationale and to kind of give you a descriptive ----- would be if you think about, just the sheer environment is what the 1st year, 2nd year, and you're working hard, studying hard, and adding in more of those cutoffs, if you think about who's always going to have issues is usually someone ---- is on cuts. And so now you're essentially multiplying that and so you're adding more stress to…you're going to have that one kid that's going to come in yelling about one question, you know, no, I need this question, I want this question. So that was one simple argument. But also the other thing too is when you're starting to cut it down even more and more and more, looking on to also what possibly the future of the curriculum as a whole could be, we -----to see that would be ---- where essentially a lot of the curriculum, I think, is going. So to kind of go to that step would almost taking a step back and then having to retroactively change it as well. So ----- why don't we just find out what's going to happen with the curriculum and then start accessing from there, as opposed to making a change for a semester or a year and then having to totally change it again.

Cooper: I have a question…can we change…we can't decide if we want to change after a year ----?

Davidson: I'm sure we can change whatever we want. The University is given, you know, in the ----- on a new level. I think the thing that impressed me the most about what…there were 2 issues, one was -----evaluations that shows that overall it really doesn't affect things very much in terms of GPA, and secondly, talking to Dr. Duff and other program directors, minor amounts of the GPA have very little to do with whether someone is accepted into residency program and many schools do not even provide a GPA. So, the minor effect that this may have on someone's overall GPA obviously will not affect their class ranking very much, if at all, because everyone will be under the same guideline. To me it appeared the summary of evidence appeared that we probably should go ahead and approve the comment that we will not go with minus grading but I'm ---to discuss this further in the future if we want to do that. We need to make a decision by Summer A for sure.

----- (Ritz?): Are we going to….Is there going to be any shifts in our grading because of the pluses now being shifted from like a .5 to a .33. A B+ is not going to be a 3.5 anymore, it's going to be a 3.33. So does that mean we're going to have to shift our criteria for A vs. a B+?

Hatch: Wasn't that LouAnn's analysis? That if it goes from a 3.5 to 3.3 that virtually no one's class standing changes and the overall GPA hardly drops at all. So that kind of persuaded us we don't have to do anything, we can just accept that change.

Cooper: ----- the average GPA has increased like .07 and if we divide the class into thirds with respect to -----, there are only 4 people from last year's class that changed rank, but only 3 of them went into the next ----- higher of the four, so -----that is how it was recorded.

------: Are you saying in your syllabus though, do you need to outline what's a A+, what's an A, what's an A-….

------: well, you know, let me just tell you what I do, which is probably wrong… I always reserve the right to change the final cutoff in my course, always. Because you have to look at the distribution of grades, and if you have a bad question, or something like that… I have very few tests in my course. I have always reserved…I give a tentative grade cutoff that I reserve the right to change it, as a course director, at the last minute when I have all the grades from my course.

-----: But would your tentative cutoff include the pluses and the minuses, or just a general scale.

-----: yes

-----: I'm hearing you say we don't have to do anything. I'm trying to understand…I thought a minutes was imposed by the faculty….

-----: No, what's imposed is the fact there'd be scale, the final entered grade will change when it's entered on the hill, so that if we submit a B+, instead of that having been in the past, a 3.5 – it is now a 3.3. we will not submit A-'s.

-----: but it's interesting that they didn't deal with A at all, it's still went 92 to 100, so I didn't see any minus A, A+…

Harrell: ----- conversation, the faculty minutes say that, and correct me if I'm wrong, that each university professor, faculty member, could decide whether they would use the minuses or not. We decided that we'd be better as a college to decide that we all do the same thing. So, does that help us?

Bottom: I presume that imposes on my curriculum committee too.

-----: It'd probably make it easier if you did, but it'd probably be ok if you didn't.

------: As far as I'm concerned, that could be your separate decision. I could just tell you that, especially with the clerkship directors, that trying to differentiate using semi-subjective grades, it's difficult enough to determine a B+ student from an A student, much less filling in an additional cutoff point.

-----: But I think it's interesting that the feedback from her class was much more positive about plus and minuses, maybe for exactly that reason, I don't know.

Davidson: You want to comment, Diphthi?

Mulligan: I was surprised at how many different opinions with the fact that we received. Ultimately ----- I think that people will adapt very quickly, especially since it will ----- classes and they won't know any better. In the end, they're still getting ranked, they're still going to have stresses about grades, so I don't think that spending a lot of time discussing this, especially when we're ----- doing a lot of curricular change and then, potentially then pass/fail, it just seems like a lot of time ----- could change very quickly.

Davidson: Any other comments? Would someone like to make a motion, or do we want to table this for further discussion?

Winter: I'd like to motion that we accept not using minus grades.

-----: I second that motion.

Davidson: all in favor?

-----: Aye

Davidson: All opposed?

**Presentation of Data from the Educational Retreat:**

Davidson: Last year there was a retreat held on Saturday, that many of us participated in, to review the educational principles that we get feedback from students and faculty about them, and to explore new ideas, and I going to ask Maureen to summarize that information as best she can, and if Kyle wants to make some additional comments, he's welcome to as well.

Novak: I think, there are a couple of things. There's a lot went on last spring so to refresh your memory on some of the stuff that went on. When I was acquainted, whatever, to my new position, one of the things I did was sent out an email to students regarding what their thoughts were about the curriculum after discussing with both Dr. Rarey and Dr. Cone, and I just wanted to kind of mention some of the themes that came out of that, and then as Rick mentioned, we then had this retreat which was a Saturday, and many of you were group leaders that was based on the different principles that our curriculum is based on. And really what comes out of it is a couple different things: One is balance, balance, balance that we don't have enough of. The balance comes in all different ways. Balance of the workload, ----- specifically over the first four semester of medical school, and actually I think I might go further though, and ask the second year students, based on their experience, now that they have a little more wisdom, looking back over the first two years, what they think of it, because this is essentially coming from first years ----- not exactly good balance between the first and second semester. And then some of that, from the second years. So balance of ----- The balance of how the courses are perceived by the students, not necessarily by the faculty, but by the students. So we have, as you know, not going back to belabor the grades, but we have some pass/fail courses which are considered to be very important by the faculty, but they're pass/fail, so the students feel that, if I have a (I'm just making this up), an anatomy test coming up and I've got IFH, or I've got pathology, and I've got an EBM test, how am I'm going to study. Well, you know, that's really a no-brainer, these are smart people, I'm going to put my effort into a course that I'm going to get that higher grader in than I am going to be in a course that is pass or fail. So there is definitely that.

A big thing that came up was the, obviously for those who have been through this, is the amount of information, the whole fire hose analogy, in how it's presented. And from that comes how do we present the information that would be understood in a functional way. There was an example of one of the students described how, when they first went into physiology or wherever they do scans, and go in the simulator, and the students had no idea, they kind of understood a little bit of --- but they had no idea, and they said , well ventilate this patient. You know, what did that mean? So some of the functional use of the information earlier on, along with ------ and that is done well in some courses the students feel, and not as well in others. The clinical part of the course comes over and over again ------ and add more clinical ------. Another big thing is how we're going to integrate information technology or however that is, information services, into a new curriculum. It was really kind of cool to hear the (educators?) talk about, this morning very briefly, about the small groups. Wow, you know, we're on our way, small groups are really important. Do we, where do we go to decrease the amount of large lecture time to ------. That's all I'm going to say about that, now.

Davidson: Anybody else want to add anything, that participated?

Rarey: ----- twelve principles that we've had since 2000, 1998-99, that have served us well for a period of time. I think that the 12 principles that our educational curriculum were the ways for us to look where we are at that time. I think as the outcome, as Maureen said, I think everyone wants that curriculum to be, to use the word dynamic. We'll see what more we can do and how we can be better in educating our students to be residents ------.

**<u>Discussion of the Vision of a Future for the COM</u>:**

Davidson: I agree, and that's why in the subsequent discussion you'll notice that there's no mention of our educational principles or what we are doing right now. The idea is to think about what we want to do. With that in mind, actually, I wasn't sure I was going to do this, but I dug out a…. This is from February 10, 2003; this is a retreat that I hosted a couple of months after I took over the Curriculum Committee. I'm just going to show a couple of slides. Again, this is in 2003.

The Curriculum ----- gradually declines and dies. This is from ----- in Kentucky who was actually the guy who came up with moving the graveyard comment about changing the curriculum. Motivations for change – changes in societal needs, changes in resources, clinical practice, learners, program evaluation and feedback. Societal needs – aging population, increasing healthcare costs, medical errors, care of 45 million uninsured and bioterrorism, which was a very big topic at that point in time. Changes in resources, state budgetary struggles, increasing class -----, decreased teaching time, does this sound familiar? Changes in clinical practice, evidenced based practice, cost effective prevention, shift to -----practices, knowledge of healthcare system, managed care issues, variability in clinical practice, changes in learners. The term lineal was not available at that point in time or we would have added that. Professionalism, humanism and general professional education. So I thought that it could be interesting to look at that. For various reasons, our curriculum, as far as I'm concerned, has been relatively static, and it's now coming to talk about moving beyond that. What I want to do today… I'm going to go through a bunch of slides and them I'm going to save some time at the end to initiate a discussion. I'm also, I think it's worth addressing, I've already had two faculty come by my office and talk to me about this, when we shopped about curriculum revision, and the issue came up, what's your evidence that a different curriculum is going to make a difference, and I think that's always a, an evidenced-based medicine person, I think that's always a good question to ask. And as I said last time, and as people will reiterate, the amount of information in the literature definitively proves that this makes a difference that's relatively small. There are a multitude of issues that suggest it will improve our patients' preparation for clinical medicine, to have integrated curriculum and another major issue is the change in accreditation examination that's going to take place in terms of it's very likely there will be one test, it will not emphasize basic science, but will probably be more clinically oriented. And that's notwithstanding the fact that already high-level medical schools have gone to an integrated curriculum. That doesn't necessarily mean we need to, but it's certainly worth the discussion.

Winter: Can you define integrated?

Davidson: We will define integrated over the future. Right now, ----- why we need to do this now? I think we need to work on the vision and the mission first because the curriculum really defines our education ----- and we can't define that without a vision of what we want to provide to our graduates, what we want our graduates to provide to the healthcare system in the future of medicine. I don't think that we can develop a curriculum without a vision as an institution of what we want to do, because otherwise we're going to be disappointed.

Novak: Can I ask a question?

Davidson: Yes

Novak: Who defines that vision…of what our product is? I know that we're not going to able to…the outcome measures are difficult, but

Davidson: You mean, how do we define it, or who defines it?

Novak: No, who?

Davidson: Well, that's what we're going to talk about.

Novak: So we do.

Davidson: Well, I think we're going to make a stab at it.

Novak: Ok. Not the -----, I'm talking about the product.

Davidson: Well, I think they're tied together.

Davidson: So, at the beginning of the year I said we were going to do some work this year and we are. What I am going to do is appoint two totally independent task forces, composed primarily but not exclusively of people on this committee, and you're going to have a schedule. These task forces will work totally independently of each other and each will develop a vision statement, a mission statement, which verbiage is not important. Ok? The content is what's important. I'll show you multiple examples of mission statements and vision statements later on in the discussion. These task forces will be totally independent and I will just tell you by definition by the LCME, this committee represents the faculty and the students, so please solicit input, although this, by no means, will be the final result that we come up with. There will be a third task force that is called the Synthesis Task Force. I would like these two presentations to take place at the March Curriculum Committee meeting. The Synthesis Committee will meet and try and combine those and present them at the April meeting. After discussion and approval by the Committee, it'll be presented to the educational leadership that Drs. Rarey, Good, -----, the Faculty Council and Executive Faculty for input.

This is the first Task Force. I have spoken to the chairs of the task forces to make sure they were willing to do this. And I tried to get a mix of students, basic and clinical sciences and scientists involved in each of the groups. This is the first task force. And you'll be sent a copy of this presentation, so that you'll know. Susan will be available to help you set up meetings and to help find rooms, if you need to do that.

This is the second group. As you can see it's -----. I'm going to leave it up to you guys to determine how to get input from David and Judy since they are in Jacksonville and we want Jacksonville's participation. I think it's very important. If you'll notice, I've got Colin in one group and Steve Hsu in the other group because I want representation of the research base, the basic sciences, clinical sciences and students on each of these task forces. These presentations

will be brought to the Synthesis Task Force, who will be chaired by Heather, and it will include Lou, myself, Frank Genuardi, Wayne McCormack, Omayra, Nitesh Paryani. I've spoken to Maureen, Rob Hatch, and hopefully, a representative of the Faculty Council.

-----: There are three Princeton graduates on there -----.

Davidson: We're going to change that -----.

Davidson: So let's…. You have to be ----- the Princeton graduates, you went to Harvard.

-----: So the first two groups have exactly the same tasks.

Davidson: Exactly the same tasks.

-----: Because in the paper you assigned, it talked about two very different…..

Davidson: UCSF had two different charges to their two groups: one an idealized, and one not. I really think this is before that, because we should have a vision statement that is irregardless of the curriculum. The goal of this is not, I repeat, the goal of this is not to talk about should the curriculum be integrated, or what courses should be involved, or the timing of those courses or anything like this. This is a broad vision statement similar to what I'm going to show you from other institutions. It should describe what we feel should define our educational program now and in the future. A vision statement and mission statement are used frequently… they coexist with each other. To my way of thinking, a vision statement is a goal to which a mission statement ascribes. A mission statement is a way of trying to reach your vision as an institution or as an educational program. The format of your presentation is much less important than the content, should be brief and yet provide guidance for a vision.

Now what I did was I just broke down some vision statements and mission statements from some different institutions. I have not included ours, the same way I'm not going to raise issues about our educational principles because I want us to be independent from our past and see what we're thinking and what we can come up with.

This is from UCSF, from the paper that most of you have read. The vision that emerged from these task forces is a student-centered curriculum that would use case-based instruction and educational technology, small-group collaborative learning, etc., etc. I'm not going to read through each of them, but this is an example of their vision at UCSF.

From UCLA, "seek to prepare our graduates for distinguished careers in clinical practice, teaching, research, and public service…in an environment in which students prepare for a future in which scientific knowledge," etc., etc. These are very flowery and very idealistic and really not very definitive in terms of how these institutions might delineate and define themselves, in spite of the fact that some of these institutions have clearly defined roles. Hopkins, "educate medical students, graduate students…in accordance with the highest professional standards," etc., etc. "The aim of the pre-doctoral curriculum … is to produce leaders in medicine who will take the foundation of a broad education I medicine to improve health through patient care,

research, and education." Duke, Duke is committed… I'm going to go through these and send you the lists so you can read them because I really don't see much time in reading each of them. Look at ECU's, however. "The Brody School of Medicine … is a …we have a graduate of EDU, actually, here in Paulette Hahn… threefold mission…or I guess you did your residency… you did your residency… A threefold mission: to increase the supply of primary care physicians to serve the state; to improve the health status of citizens in eastern North Caroline, to enhance the access of minority and disadvantaged students to a medical education. There is a mission statement that defines a clear vision for what they intend to do. John?

Meuleman: But that's for the whole school, not just teaching students, I mean like, the second bullet there, ----- come thinking they're talking about their whole enterprise. Are these, I know I wasn't paying attention, on the previous ones, are they talking about their vision for their medical student teaching, or their vision for the Hopkins...

Davidson: What I did with this was I looked to see if the educational program had a specific mission for the educational programs, per se. If I didn't find one then I looked for an educational mission, for a mission statement for the college of medicine. And some of them are directed more towards research enterprise and don't impact that directly on the curriculum. What I'm trying to do is really show you mission statements and vision statements. We are interested in the educational programs and that's what you should be working.

I thought it'd be interesting to look at some from within the State. FSU actually has both a vision and a mission statement on their website. "The FSU College of Medicine will lead the nation in preparing compassionate physicians, etc." And then their mission "…will educate and develop exemplary physicians who practice patient-centered health care" etc. "especially through service to elder, rural, minority, and underserved populations." The University of Miami…"Provide our students with a learner-centered, humane and contemporary curriculum that prepares our graduates to pursue successful careers". Again, not very clearly defined what their… FIU which, of course, has not happened yet. "A special emphasis in our mission is the focus on community health in our metropolitan region with a curriculum designed to educate physicians for medical practice in South Florida. This emphasis includes the study of culture and society in the region in relation to personal and community health." UCF… I'll let you look over this. "…will be a national leader in medical education and research, recognized for supporting and empowering its students and faculty." And they have a mission statement as well as a vision statement.

So, from my perspective, we can develop a mission statement based on a vision that we have for what the educational program should look like, and from our mission statement we can then begin to develop a curriculum. It seems to me to be a rational way to do things but I'm open to other suggestions. These are some questions that I would like each of the groups to think about and we're going to start discussing them today as an entire group because I think these are issues that should come into consideration when we're thinking about what kind of educational program we should have in the future. Comments? Wayne?

Bottom: I heard one of the senior administrators say at lunch yesterday that ten years ago 2/3 of the legislatures were at UF ----- no matter what their discipline. Today we're less than a third

represented by the body who generates the money for this medical school to run. I know we're only 7% State, but that's a dramatic drop, given the emergence of these other three new State schools. That certainly is going to impact, I would think, is going to come out away in the way of….

Davidson: I agree totally and that's what I have, what the future of medical education looked like in the state of Florida on this list. But I will tell you that private institutions support educational programs with no state funds.

Bottom: probably because the ----- off of tuition.

Davidson: It can, it can be well, and that's something that we need to concentrate. The fact is, as you point out, although we complain bitterly about having only 7% of our budget come from the State, in times of emergent crises like we're in right now, we couldn't be better suited for that situation. Now, these are decisions that are made at a much higher level than the Curriculum committee. The determination of, if we lost all state funding, how would we support the educational program. I think those are discussions that need to take place at a different level than we are at. What we do, as representing the faculty and the students, is develop a vision for what we think the educational program should look like. If it is unrealistic and cannot be funded, then that's a decision that, you know, will take place. But we need to address these questions, I think, in order to develop that vision. I'm not saying we need to ignore the State legislature, but they don't have a role in determining what we think our students should look like when they graduate. They shouldn't have a role.

Bottom: But just one other comment. The remarks that the president-elect is making just amazed me, the repetity of his comments about primary care and about education, the preventive medicine, and one wonders if the entire world of federally supported patient care dollars will not drive every medical school in America to change, such as electronic records…primary care...I've never heard that word mentioned so many times in three months as I have heard out of the words of Obama. And yet we close residencies, and appears to be a dying breed. That doesn't sound like that's solely the new interest in Washington.

Davidson: Well again I'm not sure we can draft that as a curriculum. I think we need to look at our strengths and weaknesses at this institution, determine how to position ourselves and define ourselves within the state and nationally, and then do the best we can to define what we think the program should look like for the educational leadership.

Hatch: You have up there, sort of, weighing the needs of the State. Yeah, yeah, so I think that should help guide it a lot. What does Florida really need that we're uniquely situated to provide, and what kind of niche can we really define and do well? I think we can do a lot, and we're doing great primary care. We can do it better. I think there's going to be funding and we want to put ourselves in position to be able to take advantage of that. And we do great research -----. You want these discussions later, then I'll stop.

Davidson: No, I don't want them later actually. I think we ought to start them exactly now, and talk until we run out of time today, and then let the task forces take this up on their own and see

what they can come up with. I am going to go forward one and then back to this. ----- This is not going to be easy. This is not going to be easy at all. We will face many challenges in trying to do this, some of which are already becoming evident.

Wallace: Do we know the percentage of UF medical schools' graduates who actually ultimately stay in the state as physicians?

Cooper(?): We have data on residents. I don't know if we actually have ----- on alumni.

Davidson: I have it from 12 or 13 years ago when I did a study of the PIMS program and compared it to our program, which was never published because of the politics involved at FSU Medical School. At that point in time, around 40% or so of our medical students ended up in Florida and about 65% of our residents. But that was 12 or 13 years ago. I have no idea what it is now.

Harrell: I really ----- back to Maureen's comment earlier because when I look at what are our strengths in the educational -----, the overwhelming first thought that comes to my mind is our students, and I think thought when we're talking about a vision statement, it is such a broad thing not getting into nitty-gritty of curriculum that I think it's very helpful to think about this is what do we want our physician product to look like. What kind of doctors do we want to produce vs. getting into the nitty-gritty of the curriculum? That's what's really helpful to me in thinking about this.

Davison: Comments? Please.

Cooper: Can I answer the cathedral question? Are we talking about doing a mission statement for the college of medicine to include graduate education or strictly undergraduate medical students?

Davidson: I have anticipated this being direct at medical students because I think the issue that the differences in the issues are significant in graduate students. That's my interpretation.

Raizada: my view's kind of a little different. You may not want to ignore it totally because there is something ----- in training and teaching and -----.

Davidson: I think that's a good point. Our efforts here are toward a medical school curriculum but in that division affects graduate students, I think that, if it does affect graduate students, then that is so designated then that's a strong consideration.

-----: ----- try developing into whatever goes toward that position ----- than it does -----.

Marrero: As you were going through the slides earlier, one that caught my attention and I mentioned ----- and it said a humane curriculum, it reminded me of what I was reading in the Alligator yesterday when they were commenting on the fact Glover was at…you know, he told everyone else to be on campus last Friday, but he himself was in Miami and so were ----- administrators. We have to be careful about the hypocrisy, you know, you're saying this but

then you're doing that. Humane curriculum, yes, yet we have the fire hose analogy. I think that's something we need to pay attention to. If our end product is to be a humane physician, are we providing a humane curriculum towards that end?

Harrell (?): I think that that's the bit that when people ask how can you measure whether a curriculum change makes a difference. To me it's your experience through the curriculum that impacts at the individual level. I don't know how you would measure that, but I can't help but believe that if you come through and have wonderful role models and have a vision of ….have experience in serving the underserved, that doesn't impact the kind of physician you are vs. if you have a very different experience where you're told one thing but see another, you can't help but become cynical. How you measure that, I don't know but I think that….

Cooper: I think we have a lot of rich qualitative data that we don't pay a lot of attention to. It's kind of depressing to me when I see that we have a 96-question end-of-the-course-year evaluation that I didn't even know we did, until recently. And we have students who have literally taken, probably, half an hour to an hour to fill this thing out, leaving very invaluable direct comments about our curriculum, and yet, I don't know that we pay a whole lot of attention to them.

Marrero: I was just curious of ----- we want an ----. They were all future tense and that bothers me because ------ something we're trying to do in 10 years what we want to do right now. So I would just say semantics, yes, but it's… what is our mission today? Because it's funny if you look at your slide from 2003, everything is future tense and we're still not doing it six years later. ------ And I think we should be. But ----- talk in the present tense as to what ---- want today. Like if we were to define our mission as we see it right now, and go through these questions, how would we answer the questions today, and then how do we want to change them for 10 years down the road?

-----: I don't see where you're saying that they're all future. I thought…

Marrero: ----- the missions that Dr. Davidson showed.

(Talking over one another)

Marrero: ----- how do we answer the questions right now, and how do we want that to change? Because we could say right now yes we have a ------

Davidson: ---- FIU and UCF do not exist yet, which is ----- to identify their current ----, but your point is well taken. We are an existing medical school that's been here for a long time and we do have strengths and weaknesses and that's what we need to emphasize.

Viduretta: Just a suggestion…As you delineated the groups that will be discussing this, there's one significant group that doesn't have a voice on there and that's the house staff. I'm wondering if perhaps we can tap into a couple of our alumni who are around and perhaps can come to a couple of meetings and can give some input.

Davidson: Ok, so you want their input into our strengths and weakness, not anything about their residency ----.

Viduretta: correct. ----- graduates, know what I'm saying, -----.

Raizada: what's the current ----- statement? Is there anything wrong with it?

Davidson: I have not included it on purpose, although it's on the website. ----- well written mission statement that looks much like some of the other ones that were up there. I don't think clearly necessarily defines our mission and I didn't put it on here on purpose for the same reason I don't want to talk about the educational principles because, to some extent, I would rather see what we can come up with -----. It's not that there's anything wrong with it, but we may want to change things. I think we've got a better chance of doing that if we read this x-ray blinded, to use a radiology analogy. John?

Meuleman: Of the six or seven ones you showed us, do you think, would you like to see our vision statement less broad and more specific than those? You kind of used the term broad a second ago kind of -----, kind of like, these are broad. So you have a vision, an idea of a vision statement, that's more?

Davidson: I think that that's up for the groups to discuss. I personally think that given our current situation, this is only my personal opinion, and having discussed it with some other individuals in leadership roles. I personally think that the current situation in the state is such, not just based on financial issues, but on many other issues, that it is important to us to attempt to define ourselves in some way as different from FIU and UCF and FSU and USF. Now, that's a ----- personal opinion.

Meuleman: ----population of south Florida… so in a way I'm hearing that you kind of liked that because that identified something specific about that…

Davidson: I think it helps develop a curriculum…It helps give you vision for the development of the curriculum.

Sumners: Also, why does a student come here as opposed to going to FIU or UCF…what sets us apart, what makes us better than those places, or more attractive?

Davidson: Exactly.

Harrell (?) And that, I think, the thing that strikes me about a lot of the vision statements that we saw briefly that I don't like is they're so unmemorable. To me, a vision statement is something that everyone knows and internalizes and takes pride in and there's just…your mission statement, your curriculum, that can get into all the nitty-gritty details, and so think I'm echoing what you're saying is that I hope our vision statement will be something that we don't feel like it has to be so all inclusive of everything. We don't want to alienate any one group, or hurt… But it is a vision that we can all know, and cite, and even the business ----talked about, the ones that

truly succeed, they all know what their mission statement is and it's internalized and it's very focused.

Bottom: you would have an interdisciplinary piece in the freshman year that you've very hard on through the years with two or three different colleges and we've ----- that. There's ----- none of that in the third or fourth year, and yet I speak for the only graduate level PA program in the state of Florida, funded by the State of Florida, and this is the only medical school ----- and we're not even ---- of one the discussion groups. I happen to think, personally, when there's trouble on a ward, nine out of ten times, it's a resident who trained in a medical school that has no idea what a PA is, and that that must have been learned by our resident in medical school, that how they work with medical students and residents. So I think that is a uniqueness that I am the only one in the state at the graduate level…I would hope that we would ---- and integrated.

Davidson: There is a list of topics which were not shown at this, but which I am going to send to the task force chairs and it's just a list of issues such as interdisciplinary education, public health, ---- medicine. Those are not issues that I wanted to get into in this discussion, but I think that they're things for the task force chairs to keep in mind as they're monitoring this discussion because it may be that people just hadn't thought of interdisciplinary education or population health or evidenced based practice or … Again, that's a little more specific than I wanted to get into at this one. And there are other people, by the way, that have not been assigned to task forces which does not mean that you will not be asked …

-----: so is the PA program under the guise of culture medicine?

Davidson: It has.

-----: So will our vision statement apply…

Davidson: No, because they have a separate curriculum…

Raizada: so let me ask of the group…research is one of the things which sets us apart from the other medical schools…our ----- research. What is the group feel about using that in some way in the vision statement?

-----: I agree.

-----: We also have an MD/PHD program. Do the other schools in Florida?

Raizada: -----not one we're using, but that certainly sets us apart from other state schools.

Hatch(?): well, my thoughts on that…I'd like to see our mission embrace training future active ----- and so sometimes it's going to be 10-year research tract, sometimes it's going to be clinical teaching tract, but I'd love to see that be one of our focused goals.

[Tape runs out….new side:]

Davidson: you want to address that because I know you've thought long and hard about this, ----

Sumners: I'm in complete agreement with what's been said. I also think that there should be, I think what we do now in terms of research medical students is ----- advertise it. I think that we give them opportunities to do things, but we don't…they don't have the opportunity to follow through and I think that if our vision down the road is to set ourselves apart, you know one natural way is to at least develop physicians, increase what we do in the development of physicians. ----- 135 as physician/scientists, but we can at least expose them to ----- categories discovery, research, or give them opportunities throughout their curriculum to explore things outside of clinical medicine. So yeah, I'm fully on board with really making a dramatic change in the curriculum in terms of allowing our students to have an exposure to discovery.

Davidson: and I think, well my only comment about that is that with one of the things that you've done, in particular, is that you have been open to research in a very broad term, and that includes health policies… it could also include community-oriented primary care research…it could include -----research on the underserved,

-----: international research…

Sumners: I've been very open and I think that that's important and the discussions I have had with Kyle and we talk about discovery of such that, yeah, we don't bloody mean ---- clinical research, ----- research or -----. You know, we give them opportunity to help policy, we give them opportunity to ----epidemiology and I don't know what the other areas that could ----- but I think that as long as the students have some type of exposure and we can't use the discovery as an actual phrase for a part of the curriculum that would capture -----. The only way to do that, though, is to make a dramatic major change in curriculum ---- because the issue here is that we can't just do 10 weeks or 2 months. It has to be a longer period of time to be meaningful.

Raizada: and then, seriously, if you think about it, that the way of the future of practicing medicine for a non-physician, you have to have the ability to sift through all the information, research-based information, which comes through your desk I order to make some sense out of it. So if we don't give our students the tools to evaluate that kind of research information, then….

-----: Can physicians really do that, I mean. I don't know, but do mature physicians….

Raizada: …my physician, when she has a question, she goes on the google right in front of me….

(Talking over one another)

Ritz: Looking up information is one thing, but analyzing research is another thing.

-----: …at least be able to evaluate what information is significantly valuable

-----: don't we already get that. I mean I already know how to look through ----

-----: but you lose it….

Taylor: …you know, in our medicine clerkship, what we do in EBM based paper and we do evaluations and stuff like that, it's not like…. I go to Pubmed all the time…I go to Pubmed for my kidney because my wife said that, you know, baby powder can cause lung problems, so what I do, I go to Pubmed and I look it up. You know, that type thing.

-----: but your question is for knowledge translation, right. Is from the bench to the patient, does that actually make it to the practicing clinician's practice is what you're asking, is that correct?

Ritz: I want to know if practicing physicians really analyze research, like statistically and really look at it.

-----: in general, no. In general, no.

-----: but isn't the understanding that as the future more and more patients become googlers and do their own thing, I mean, you're either going to have to, or if you don't, you're not going to succeed; your patients are going ------

-----: I guess the question is are you going to analyze that…Are you analyzing or are you just going and looking stuff up?

-----: ----- get out there and find the information but to analyze the research ….

Harrell: I think there's degrees because I think that what ---- is saying about our patients bringing stuff to us, there's a lot of trust that goes on at the clinician level of journal editors. If I trust the editors at the New England Journal, and when I'm part of the review process, it adds to my trust that they've got statisticians, or they've got …. I don't need to figure out did they do the proper test that way. But I have to understand enough of research design so when my patient brings me some weird thing off the internet, I can actually answer reasonably why… well this doesn't actually make sense, or there's a lot of bias introduced to this, the more broad level is not the degree that you all are talking about, I don't think, but it does require training in the process in order to be able to do that. But yet for looking up articles, no, I don't have to sit there and do that.

-----: I think that ----- that thinking is also into residency programs where we're really encouraged to look at the literature. And it also happens, I think, in national ----- professional ----provide the opportunity for ----- literature -----

Davidson: I just think this is the future of medicine, whether we like it or not and much of it has to do with liability and costs and a variety of other issues. Evidenced-based practice is going to be very important in the future. Our students...I could show you the slide of their performance, but it's the one content area of Step 1 that's ever in history the error bars have been above the national mean. The last time we got information back about that…our course emphasizes critical appraisal of the literature, it teaches research design, it teaches elementary biostatistics to the

point where they ought to able to recognize gross abnormalities. The ----- journal has statisticians on board, many journals do not. And this year, Bill, -----, Eric and myself are doing a 2-hour session on ----- how you'd actually integrate evidenced based medicine in the clinical practice situation given time constraint. So I think that, in my opinion, physicians do not do what you're saying, Lou. They're not practicing …..

Ritz: Let me clarify. I think what I was responding to -----. But I'm not convinced that we need to cut out a big block of time for all students to do research. That's really what….

(Talking over one another)

Ritz: …wanted to do research, I'm all for it.

Raizada: what we're trying to figure out is if that should be part of our vision statement. How you go about doing it is a different issue.

(Talking over one another)

Sumners: is it important ----- how are we going to do it. I've looked to certain models and, for example, Emory, who have carved out this, it seems to be a moving target in terms of research or discovery, five months, six months, eight months or whatever. But when we talked to them about it they were pretty diffusive about what they were actually going to put in there. That would have to be defined; we would have to ----- for all students, or….

Davidson: I think Heather came up with the word and it's actually a word that's on the list of topics, and that's flexibility. And, if you read Albanese's article that I sent out this week, admittedly it's a little over the top in terms of the -----, but one of the major issues in that article about the four horsemen is a student responsibility for their education and flexibility in the educational process. And this will bring up at some point in our discussion the issue of tracts or concentration areas. So there are ways of doing it like Duke, like Emory, where there is a set aside portion of the curriculum for discovery and there are alternative ways such as at UCSF and other institutions where there are flexible tracts that are available to allow specific students who have an interest to pursue them.

Bottom: But given the discussion they're doing with exposure of really medical students to research, it seems to me that there's still a basic question in the vision do you want labeled yes or no, I think is important, whether the University of Florida aims to prepare academic physicians. If you don't want that and you want to blend into the mix of ----- another medical school, that's fine, but I know that in the department of medicine, as far as the residency goes, there's a lot of talk about going after residents who desire an academic career, and the curriculum goes, I presume, accordingly. I think that that's not a by-the-way footnote. Don't come to this medical school if you have no academic desires to teach.

-----: I'm not sure that I would ever phrase our mission statement like that. We have examples here in the health science center, one being the college of medicine. I mean our college of

nursing is…their primary goal is put these academic and nursing leadership, and not ---- and they are right up front in saying that. They don't see that as their goal.

-----: -----

Davidson: Well, I think they're pretty successful at getting a lot of funds.

-----: Not ---- insurance of their product.

Davidson: I don't know the answer to that.

-----: ----- I really think we need to decide what our, what we wish our product is and that will actually be an outcome issue.

-----: Until we have any data on how many, or what kind of students go into academic medicine…

-----: I thought we did ----- above average…

Davidson: yes, I know we ---- a high number of people ----- that number is probably misleading. We did have, someone had a number at one point, about the percentages of students that went into academic medicine, and it was higher than the national average, I believe.

-----: ------ still by minority. Why should that be our focus ----?

-----: If you also have an, students, you know, graduates who are committed to service. We have tremendous service-oriented graduates, so…. We have a bunch.

-----: that does ----- alienate a large portion.

-----: I think career development then becomes an important part ----- curriculum and that's just one aspect of career development.

-----: But then you lose the UF identity as opposed to the identity of other schools.

Meuleman: Can I change the ….

Davidson: Absolutely.

Meuleman: Well, you, I think at the last meeting, you sent us several articles and I thought we were going to talk about them. I brought them because I marked them up and maybe I can just bring up a couple of things that I kind of …point-counterpoint maybe to get people thinking for next time. I think one of the things was Kirsch's talk, which I think Heather had heard. ----- just as I get it, you know, there's this explosion of knowledge and you know, we can't just kind of the fire hose approach, the quote I wrote here because I disagree with it is "future MD's will have medical facts at their fingertips mitigating need for vast memorization". And then a couple

of sentences later it says "there needs to be an absolute reliance on teamwork", so kind of inside of that paragraph was, you know, you don't have to know everything because the pharmacist and the other people on your team will know and, you know, we need to get away from this… There're so many things at your fingertips that you don't have to memorize nearly so much. I don't agree with that as a practicing physician. I think we work in hospitals where we have up-to-date on the computer, I mean it's one keystroke away and I see house staff …. They don't know enough to go to look it up. You know if you don't know what you don't know, you don't look it up. And they wait for the pharmacists to bail them out in situations and when you ask them on Monday morning, why did you do that, and they're like, I don't know, nobody caught it. What the implication is, well during the week, there's somebody here, a dietician, a pharmacist that looks over my shoulder. I understand what he's saying but … as opposed to this other article which by ----- are the two first years of medical school really relevant, and the two sentences I quoted here was "the real issue is that the content of medical knowledge has undergone not just a quantitative change in the past 20 years, but a qualitative one, much as the advances of the first half century where the arena of organ and system physiology in contrast the explosion in the last 20 years has been in informal, arcane and technical arenas". An so, they're not exactly dove-tailing but I think the idea is that we, as we think about our vision and about how we would frame, you know as much as the first two years of medical school, how do you balance the need to not have a vastly increased amount to memorize but on the other hand, a lot of what's come out in the last 20 years is clearly arcane and technical, and that's where there needs to be judgment about … we don't have to teach them the latest research technique, or the latest way to isolate a gene because two years from now there will be a different way to do it. But I do think that there is this mindset that we don't have to really sit there and really crack the books and really study and because, we'll work together as a team, and it's like kumbaiya kind of stuff. I don't see it working that way in my rounds, or in my clinic.

Harrell: I think what you see though is the symptom of the fact that we don't know how to teach this properly. I think what you see is the product of us doing a prior ---- amount of memorization of a lot of minutia that, I think we'd all agree, that you don't use in clinical practice. So the baby gets thrown out with the bath water because of the first or second year student, you memorize all the detail, then you walk the wards, and people tell you, oh, you don't need to know all of that. And so, there is a lot you need to know. One of the things that I remember that struck me in that retreat was that a comment a student made, and I've heard this comment many, many times, of we quickly learn, don't try to understand the physiology, don't try to understand it, just memorize the material because you don't have time to try and understand it. So I think that you then, and what I see on the wards, are the result of that, and where there is not an understanding to know when to ask for help, when you need to know something, how to work through a problem, it just becomes this throw your hands up and …. So I think that we are seeing bad behaviors, but ----- because our current educational system is not teaching students the proper way to work in a team. The proper teamwork is not just taking no responsibility and just relying on everybody else to bail you out, but it's recognizing what your role is, what you contribute and when to get help. I think we're struggling with how to teach that, so I don't necessarily….

Meuleman: I like Kirsch…He did say toward the end, an exercise would be for the curriculum committee to add each of the first 2-year courses, where to cut 25%, 25…..

Harrell: That's not Kirsch, that's me. That's mine you're reading, that's not Kirsch. I was quoting… Those things are me, so don't… Kirsch is much more ----

Meuleman: Was that you I'm quoting about future MD's will have medical -----

Harrell: that sounds like something I would say, ---- based on Kirsch's comments about the -----

Meuleman: I think that they're being asked to memorize things that are now maybe somewhat too arcane and technical. I think that's been the ----- of the last 20 years. But on the other hand, this who idea that you kind of sit around in small group and you discuss a case and if you don't know it, your partner there will know it, and that's how you come to a, you know, a synthesis on how to manage a patient. And that Ok, in the real world, that's also going to work that way. 99% of medicine, in my perspective, goes back to self-directed learning, self responsibility and I would like to see our vision somehow reflect that. Anyway, I didn't know if we were ever going to talk about these things, but I thought they were pretty good. You sent these around and we really haven't had a -----

Davidson: I did really think we'd have enough time to get to them, and maybe we will in the future. Let me just make a comment and then Bill… What you're talking about, in terms of your practice, is, I mean it's systems-based practice. It is a competency, it's an ACGME competency. I'm a little surprised to hear you say that, simple because in your practice, for instance, most geriatric practices, there is a significant amount of teamwork involved.

(Talking over one another)

Meuleman: ---- I work in the most team-based practice of anybody around here. The fourth-year student will work with us to learn interdisciplinary care and I work with a resident, two interns this month who just don't get it because they see all these people and they are like not putting out the effort because their ------ somebody else is going to save their butts.

------: From our medical school?

Meuleman: No, these are -----…. I like what Heather's saying, is you have to teach people, in the efforts of teamwork isn't to defer to the team or to… but that is tricky.

------: Not to interrupt, but you're basically saying that these people don't know how to lead and don't have any leadership skills. I mean if you're given a team of 5 people, I mean fortunately I can do that, but I can tell there are a bunch ----- in my class that can't do that. You know they don't know my span of control is 3 to 5 people and ultimately I am responsible. If what you're saying is 99% comes back to me, yeah, I'm responsible, but at least I know that as a tool I have a pharmacist when I don't know the therapeutic levels of -----mycin was ---- adrenal insufficiency. Sure I could look it up and go back, but if I use that tool and know how to implement it, then that's the best thing for me. It's usually going forward, or basically saying we're not teaching people to lead and properly utilize the members of their team, and know that ultimately the responsibility lies with us. So if that patient ultimately dies we ----- their kidneys, that's on me, it's not going to be on the pharmacist. That's on me.

Meuleman: But I'd be afraid of absolute reliance on teamwork…has a person worked on a team every day outpatient, inpatient…I love my teams. I do not have an absolute reliance on team; I have absolute reliance on myself, working with the team.

-----: But you just said that you work more in teams that anybody else, so isn't it a bit of semantics as to what they mean absolute reliance…what do you mean by absolute reliance?

Meuleman: whoever the author was.

Harrell: That doesn't sound like me…they used the word absolute, but it might be.

Davidson: Bill?

Winter: I just wanted to comment that I doubt that most basic science courses ask students to memorize without understanding. I can certainly talk for pathology and if students haven't heard me say it once, I've said it at least one and a half times; memorization is doomed to fail you. I think what happens is that, and I'm at fault for this as well as other faculty, we ask the students to understand so many things, that may times they revert to memorization because it gets them through. And that's where I think we have to look at how much we've got in the curriculum. But I can't believe that our students well just because they can memorize well. And they do well, not only on standardized tests, but on national, or when they go out on their residencies. And that's got to be application. So I think memorization comes as the fact that we got to look at how much we teach and how we can focus more on problem-solving and using the information that you've got. I guess the last thing I'd say is that I think the internet's a great thing but when I try to find specific information, many times I fail. It's not very organized and it's very hard to find exactly what you want sometimes. You don't know the right search terms.

Davidson: That's a branch of education, that some people call it, information master. It should be a larger part of our curriculum. I do several sessions on it in my course but we have some library people involved. I don't think George is here today. George Hack, who's the Curriculum Committee representative from the library I put on one of the task forces. But I think that information management is an issue, whether or not it needs to appear in our vision statement, it certainly needs to be a curriculum issue.

Ritz: I want to bring up one other point, I think everybody knows this here, but it hasn't been specifically mentioned. I was talking to a first-year student the other day and she went to Emory as an undergraduate and I asked her if she applied to medical school at Emory and she said no. She says they're only interested in minds; UF is interested in the whole person. ----- To me, the whole person embraces students who are interested in humanism in medicine. And that's what drives me to teach the medical students. I'm passionate about my interest in neuroscience; I'm more passionate about my interest in humanism and interacting with the students in that capacity.

Davidson: I think that one would have to include our humanism programs as a strength of ours.

Ritz: It's a strength that this get fully promoted.

Davidson: We haven't talked about weaknesses, and we're pretty much out of time, in fact in overtime. But I would ask that people reflect on our weaknesses because we actually do have some, in my opinion. Although I know it's hard to believe. So…and these other questions. Susan will send out handouts from these presentations so you can look over these vision statements. As I said, I'm going to send a list of just trigger topics that the chairs of these task forces. I appreciate everyone's involvement in this and participation and getting feedback from your colleagues. What we come up with will not be the final form. It still has to go through several ------ and several leadership steps, but I think this is probably a rational way to begin what is going to be a long process. Thank you very much for your participation.

Meeting adjourned at 9:05 am.