

# **CURRICULUM COMMITTEE**

## **Meeting Minutes**

**February 10, 2009**

**7:30 – 9:00 am**

Attendees: Richard Davidson - Chair, Robert Averbuch, Adam Bennett (MS1), Wayne Bottom, Judy Bowers, David Caro, Robert Cook, LouAnn Cooper, Margaret Duerson, Frank Genuardi, Paulette Hahn, Heather Harrell, Robert Hatch, Michelle Jacobs, Omayra Marrero (MS4), John Meuleman, Maureen Novak, Troy Pashuk (MS1), Richard Rathe, Louis Ritz, Beverly Vidaurreta, Margaret Wallace

Recording: S. Sorci

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Dr. Davidson called the meeting to order and asked for updates from various members.

Troy Pashuk reported that first year students are doing well. Omayra Marrero reported that the Blue Room will be complete by July.

In an update from the Clerkship Directors Committee, Dr. Hatch said that though the CSE3 is effective in evaluating students' skills in taking history or performing a physical, the directors have been asked to come up with a way to better evaluate how students process information as in progress notes.

### **Curriculum Reform**

Dr. Davidson reported that the two Task Forces charged with creating a vision statement have each met and will report at the March meeting.

### **Macy Report**

Dr. Davidson gave a brief overview of the Macy Report; a summary of a 2008 conference titled "Revisiting the Medical School Educational Mission at a Time of Expansion" which was convened by the Josiah Macy, Jr. Foundation. Among others, the conference participants included Darrell Kirsh, Deborah German, Cam Enarson, David Irby, Steven Wartman, Michael Whitcomb, and Jordan Cohen. He stated that their document is very telling and its concepts could be very useful in our discussion of curriculum reform. He said the initial part of the document points out some major issues including, as quoted from the summary, "The overarching theme that coursed through the discussions was the urgent desire to bring medical education into better alignment with societal needs and expectations. [Notable examples include] the accelerating pace of scientific discovery; the determined calls for more public accountability; the unsustainable rise in healthcare costs; the well-documented shortfalls in healthcare quality; the unconscionable racial and ethnic disparities in health and healthcare; and the inexorable increase in the burden of chronic illness and disability."

Related to the topic of chronic illness, Dr. Davidson said that he has asked Alison Hall, faculty member in Public Health and Health Professions, to speak about the chronic care model at an upcoming meeting. He stated that when you look at the distribution of healthcare expenditures a lot more money is spent on taking care of patients with chronic illness than of those who are in the hospital, but 95% of our time we are training students how to take care of patients in the hospital. As pointed out in the Macy report, chronic care will be increasingly important as the population ages. The chronic care model was developed by Ed Wagner while working with the Institute of Health about 15 years ago and has been implemented in grant programs. It is something that we should be knowledgeable about as we plan a new curriculum.

Dr. Davidson asked the group for comments and discussion.

Dr. Ritz expressed that since we are a health science center we should emphasize health and wellness and our students should be able to teach wellness to their patients.

Dr. Caro commented that though developing teaching and mentoring skills to the faculty is listed last among the tasks identified for medical schools in the Macy report, it should be the first thing to do in order to implement this. Dr. Davidson said that there will be more discussion of that when we get to recommendations in terms of faculty and the importance of providing faculty with skills and the time they need in order to educate.

Dr. Harrell stated that the practicality of implementing the tasks listed will be quite earth-shattering and very disruptive. She said that, for example, we already hear the controversy surrounding the idea of re-defining the science that is the foundation of medicine in the threatened changes to the USMLE. Referring to the next task listed, she said we still have a very traditional model in problem-solving and self-directed learning. We do a great job in preparing students, particularly in things we are currently looking at, but there may be a huge gap to what societal needs are. She said that while our students are wonderful, empathetic, bright, and hard-working, what we do to prepare them is getting broken because we haven't kept up with society's needs.

Dr. Genuardi commented that we should probably stop thinking about 'more' things [to implement] and focus on 'which' things are most important. Dr. Davidson stated that we do a great job in teaching the things that we identify as important to teach but, as the document points out, those things may not be what the average practicing physician needs to know. He said the issue really is priority, since there are a limited number of hours in the day.

Members discussed the need for residents to have a more balanced knowledge base, more experiential learning, and developed critical thinking skills. Dr. Harrell suggested that a consistent core group of people who mentor – who observe and offer feedback would make our current system more efficient. She suggested that asking the students what has helped them learn most effectively might give us more insight of what works.

Dr. Davidson said that though documents like the Macy Report offer many recommendations, we want to differentiate ourselves and the way we might do that is with more flexibility in our curriculum than we have had in the past. One of our major decisions will be to decide how much

flexibility to build into the curriculum to allow differentiation of students; i.e. allowing more flexibility in the third year and fourth year, allowing students interested in becoming researchers to have more time to do that, allowing more time for students who want to become clinician-teachers to do that, etc. He pointed out that many top-level institutions do have concentration programs for first and second year students.

Dr. Davidson spoke of an article that was sent to him for review regarding the positives and negatives of implementing required vs. elective research into the medical school curriculum. He said it pointed out issues about resources and curriculum – that there is no LCME requirement that students learn anything about research and there are many LCME requirements that students learn lots about other things, so if the decision is made to have a required research track, it is then decided to remove something else from the curriculum to allow that track. He said if there are a large number of students on a research track, then there needs to be resources to support the faculty who mentor those students.

Dr. Harrell mentioned Stanford's continuum approach – Dr. Davidson said that one of the recommendations (of the Macy report) is to have a continuity plan for preclinical students. He said that we currently model critical thinking in the third year, beginning on the wards. If students were working in clinical settings half-a-day a week throughout their first two years, it would be expected they would be much more able to develop critical- and clinical-thinking skills.

Dr. Novak stated that though she is in full support of early integration, she wonders if putting them in that situation will really improve their critical thinking skills.

Dr. Harrell said that a study at the Cambridge program showed evidence of that type of program improving skills like empathy and humanism. She said the Harvard program initially had eight volunteer students who, with a mentor, followed a panel of patients across two years and be with them as the patients experienced a variety of illnesses, pregnancy, etc. The patients did as well on core exam measures, etc. and also showed less erosion in values.

Dr. Davidson pointed out that the program seemed to work well with a sample of eight students who had one-on-one faculty time but that the program might not have the same results with 130 students, considering there is less faculty support available.

Some conclusions of the Macy paper, Dr. Davidson summarized, were of the crisis in healthcare, the number of uninsured, increase in costs, and the state of medical education.

Some recommendations of the paper involved institutional leadership in government, changes in admission policies, clarifying teaching missions, integration, and increase in diversity with less specialized workforce.

Dr. Davidson posed the question “What do we have here at our medical school that's unique and that we can offer to the state and to the country that other institutions may not be able to provide?” He said that compared to other institutions in the state, we have many more resources in academic medicine, whether defined as research or clinician-teacher faculty.

Other questions regarding continuum of education included: what do we need to train fourth-year students to do to prepare them for residency; and what do trained medical students need to have to best prepare them for their exit from medical school; what do residents need to know in order to become faculty; what do they need to know in order to become expert clinicians?

It was stated that faculty needs to be diverse, be professional in values and competencies, and be provided with professional development. Faculty must be assured that they are rewarded and recognized, financially and otherwise, and that career pathways for medical educators are supported.

Concluding comments from members included topics of budget; evaluation, which will become more detailed as our vision is defined; and change in admissions criteria.

Dr. Davidson thanked members for their participation in this process of change.

Since March's meeting is scheduled to fall during spring break, members will be polled for their availability and preference of meeting dates – March 10<sup>th</sup> or, alternatively, March 24<sup>th</sup>.

Meeting adjourned at 9:00 am.