Committee on Medical Education Minutes

1. The February 27th Minutes were reviewed and approved.

2. Comments from the Chair

   Similar to last year, nationally there were about 400 graduates with no position after the Match and the SOAP. Congratulations to all the students on the Match.

3. Comments from the Vice Dean for Medical Education

   The Vice Dean expressed her thanks to the Admissions Office for a great Second Look Weekend which featured the largest number of prospective students attending ever.

   The new Health Education Campus continues to progress in terms of planning. The next iteration is coming in two weeks. The project is constantly evolving as efforts are made to bring down the cost per square foot; currently, the cost is higher than expected.

   The Vice Dean also restated that protocol dictates that issues brought up for discussion in a CME meeting will not be approved until the following meeting.

4. Comments from Student Representatives

   Daniel London expressed concern about the email sent to all students after the Match. The Vice Dean explained that there was human error involved and that situation has been reviewed and corrected.

5. Request for Programming Time for IT

   IT has been over responsive to requests for services. A Request for Programming Time form was proposed. This new form will help IT to track its time and to prioritize projects and resources. In addition, the Vice Dean suggested that CME create a process for approving IT requests, with CME or a possible IT Committee setting the priority level for each project. CME will follow up with more discussion of how the IT Committee should be constructed/This issue will also go to Faculty Council.
6. Curriculum Governance

LCME requires a central committee that reports to authority with resources, that contains a process for quality control, and that maintains minutes and records. In 2011 the Committee on Medical Education assumed curriculum monitoring, but now there is a need for more rigorous curriculum monitoring by faculty. In addition, all subsets of the CME will need to maintain minutes of meetings and records.

The proposed Curriculum Governance is attached. This is a work in progress and will not necessarily be finalized at the next meeting.

For both programs, the three clinical sites will report to the Clinical Monitoring Committee, which will report to the Clinical Oversight Committee, which reports to CME. The Clinical Monitoring Committee will be a smaller group tasked with frequently checking CAS, end of rotation forms, student log submissions and ensuring that other detailed activities are completed. The Clinical Oversight Committee has a broader mission and will gather less frequently and deal with the larger issues. For an inexact analogy, CMC will monitor the trees and COC will oversee the forest.

Clinical Oversight and Clinical Monitoring will try to improve communication between sites and clerkship directors. CAS can deliver ongoing quality metrics very quickly which simplifies monitoring. The challenge remains in engaging location specific clerkship directors.

Going forward, there will be twice yearly clinical leader meetings to share best practices in order to keep all clinical directors and core clerkship leaders on track and to be sure that we are assessing students comparably across all sites. One meeting will be a pan clerkship discussion at the spring education retreat and another mandatory meeting the Monday of Thanksgiving week. The group will work toward the expectation of less formal additional meetings once or twice a year.

For the College Track, the CCF CEC will report to the Curriculum Steering Council, which reports to CME.

For the University Program, three committees will report to the CME.

The WR2 Curriculum Committee will oversee the Block Leaders, FCM, and a new and currently undefined Student Research and Scholarship Committee (its mission and membership need to be defined).

The Program Evaluation and Assessment Committee is a new committee and will oversee both the Program Evaluation Committee and the Student Assessment Committee. Please see the attached information on PEAC and its mission and membership.

Finally, there will be a new Educational Technology Committee which reports to CME. Its mission and membership also needs to be defined.
Curriculum Governance will be an ongoing discussion for CME as these committees are defined.

7. Creation of a Curricular Reform Innovation Task Force

Dr. Isaacson and Dr. Padrino suggested the idea of creating a Curricular Reform Innovation Task Force. With luck, this group would begin by this summer. It would be a small group managing the entire process. First, the group would revisit curricular principles as well as establish what principles and guiding questions need to be followed during the process. Then they would host a series of open forums at each hospital and investigating how creative the stakeholders are willing to be to address the capacity issue with the current limited resources. The group would also addressing issues such curricular reform, clerkship leadership, and GME and UME issues.

This effort would be limited and not the beginning of a curriculum revamp.

8. Curriculum Quality Improvement Process

This will be followed up in future meetings. Please see attached.

Attending:

Dr. Patricia Thomas, Vice Dean of Medical Education
Dr. Keith Armitage, Chair
Dr. Mark Aedar
Dr. Devra Becker
Dr. Kim Gesci
Dr. Alan Hull
Dr. JH Isaacson
Dr. Susan Nedorest
Dr. Ronda Mourad
Dr. Susan Padrino
Dr. Kent Smith
Dr. Susan Stagno
Dr. Amy Wilson-Delfosse
Dr. Kristine Zanotti
Kathleen Blazar
Siu Yan Scott, Registrar
Charlie Dai
Alok Harwani
Daniel London
Gloria Tavera
Connor Wathen
Stuart Zeltzer
Yifei Zhu
Bart Jarmusch, Recording Secretary
Programming Time Request (new applications, updates, additions)

Academic Computing

Case School of Medicine, CCLCM, Dental School of Medicine

Form is intended for projects that will take more than 75 IT hours or have a School-wide impact.

Date submitted:___________________

Department Name:______________________________________________________________

Requestor Name:_______________________________________________________________

Network Case ID:____________________________

Phone:________________________________________

Application Name (existing project):_______________________________________________

New: Yes___ No____

Why is the project being done (how it will benefit School of Medicine):

Description of what needed:

Number and Type of users affected:_______________________________________________

How success will be measured:_______________________________________________

Proposed Due Date (completion of project by IT team):______________________________

Signature of Requestor:________________________________________________________

Signature of Supervisor:________________________________________________________

Signature of Academic Computing Director (Academic Computing signature confirms understanding of project and request):_______________________________________________

Approval of IT Review Committee:_______________________________________________
To be completed by Academic Computing before starting project:

Estimated time (# of hours) to complete the project:______________________________

Estimated annual cost of hours to maintain project once implemented:______________

Additional expenses (sw purchase...):___________________________________________

Programmer(s) working on the project:__________________________________________

To be completed by Academic Computing after IT project completed and implemented:

Actual Date Project completed by IT and requestor notified:_______________________

Start Date of using this project by user:_________________________________________

Actual time needed to complete this project:____________________________________

Reason for delay (if any):

To be completed after IT project completed and implemented by user:

User feedback (is this project achieved its goal):

Is additional work required in future?
Program Evaluation and Assessment Committee (PEAC)

Purpose:
The role of the Program Evaluation and Assessment Committee is to provide quality control and improvement for the curriculum, through careful monitoring of program evaluation data and periodic review of courses, clerkships, blocks and years of the curriculum. PEAC will report its findings and recommendations, including recommendations for policy, to the Committee on Medical Education.

PEAC internal review of the curriculum will include:

a. Logical sequencing of the various segments of the curriculum, ensuring the developmental progression of content delivery.
b. Content that is coordinated and integrated with and across the academic periods of study (horizontal and vertical integration).
c. Methods of pedagogy and student evaluation that are appropriate for the achievement of the school’s educational objectives.
d. Review and update policies related to curriculum and student assessment.
e. Evaluating program effectiveness by outcomes analysis, using national norms and accomplishment as a frame of reference.
f. Monitoring content and workload in each segment/block/course/clerkship, including the identification of omission and unwanted redundancies.
g. Reviewing the stated objectives of individual courses and clerkships to assure congruence with institutional educational objectives.

Membership:
(Insert membership of the Program and Assessment Committees)

- Chair appointed by the Vice Dean for Education
- Director, Office of Assessment and Evaluation
- CCLCM representative
- Two at large clinical faculty members
- Two at large basic science faculty members
- Student Representatives (2nd, 3d and 4th year)
- Associate Dean for Curriculum, Assistant Dean for Basic Science, Assistant Dean for Clinical Science and Assistant Dean for Medical Student Research should have non-voting membership.

Meetings:
Meetings will occur 1-2 x per month as determined by the Chair.

Communication with Other Committees:
PEAC will report monthly to the CME, including new reviews and follow-up of previous recommendations. CME will vote to approve, modify or not approve recommendations from PEAC and record these votes in the minutes of CME.
The Chair of PEAC will have membership in the Curriculum Committee as well as the Vice Dean for Medical Education Leadership Council.

**Changes to these Bylaws:**

These bylaws may require future modification; if so, changes to these bylaws should be presented to the CME for approval.