

University of Virginia School of Medicine

Curriculum Committee

Minutes

01.06.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Guest: Claudette Dalton, Debra Reed (secretary)

1. Placement of RX-DX Course in Curriculum. Current placement of the mandatory RX/DX course in the week prior to Match Day has not been well-received by the current class. The Committee endorsed a proposal that it be moved in 2006 to the first or second weeks following period 9 or the first two weeks of period 10 - 3/27/06 to 4/3/06. We will discuss the possibility of a 6-day program with Ruth and Tom. The issue was raised of time for remediation for those not completing the course before graduation. This too should be discussed with Ruth and Tom, but remediation could take the form of a written paper and/or other exercise before graduation.
2. "Becoming a Clinician" ceremony. The Committee discussed a proposal by Marcia Childress that the School of Medicine implement a "Becoming a Clinician" ceremony. The Gold Foundation has funds for schools to hold such a ceremony but the funding is for one year only. This ceremony might best be placed at either the end of the first Clinical Connection session in June or made a part of the transition course prior to the beginning of the Clerkship year. This would formalize the section of the transition course where Dick Pearson, Michael Rein and Bill Wilson talk about professional responsibilities in the clerkships. Having the students dressed professionally (appropriate shirts, slacks, skirts, dresses, ties, and white coats) would set the tone for clinical professional behavior. Chris Peterson was asked to meet with Marcia Childress and assemble a subcommittee to include Allison Innes, Darci Lieb and Dick Pearson to address the feasibility of such a ceremony. This ceremony is not associated with the "white coat" ceremony run by the University of Virginia Medical Alumni Association .
3. Review of Practice of Medicine Course . (John Gazewood, Eve Bargmann) The goals and structure of the course were briefly outlined. In regard to humanism/ethics the issue has become one of integration and fragmentation versus stand-alone and wholeness.

Practice of Medicine course directors are using the 05-06 voluntary decrease in class time as an opportunity to review course goals and evaluation data in an effort to use course time more effectively and will have a schedule by June 05.

The Curriculum Committee suggested that resources of the Academy of Distinguished Educators be used for faculty development in the PoM courses.

4. Second Year Preceptorship Program. (Claudette Dalton) Inclusion and/or placement of the current second year Preceptorship Program in the revised curriculum was discussed. The current placement during Spring Break in the second year is not suitable in the new curriculum since second year classes will end in March and clerkships will begin in May.

Possible suggestions for the Program include:

- Replace with a longitudinal clinical experience in the first/second year
– Patient Clinical Encounter Program Years 1 & 2
- Move to the summer (one of the 9-10 weeks) between the first and second years
- Consider making the experience optional

Dr. Dalton outlined the history and original objectives of the second year preceptorship. Student evaluations of the course have been most positive. Dr. Dalton emphasized that the Preceptorship is the proving ground for finding quality preceptors for the AIM and Family Medicine clerkships. The pool of outside faculty who participate in these clerkships is constantly evolving with 1/5 to 1/6 of the preceptors changing yearly.

Dr. Dalton agreed that the longitudinal experience might be an even more valuable experience, but is concerned with the recruitment of the number of faculty both inside and out to run such a program. For a one afternoon a week or possibly one afternoon every two weeks program, preceptors must be local (within 1 hour). UVA and community practices in and around Charlottesville should be encouraged by the Dean to take students – one student for 1-2 hours per week. While Family Practice and Internal Medicine settings are ideal, recruitment of physicians from subspecialties, Pediatrics and Surgery and the Emergency Room would be necessary and desirable in implementation of such a longitudinal program. The difficulty of contracts and reimbursement to those both inside and outside UVA was discussed. All are well aware of the limitations of clinic space and need for efficiency if first and/or second year students are added to the faculty, residents, clerkship and elective students already involved in the patient's care. Dr. Dalton is very willing to explore the possibility of the longitudinal experience but warned it will take time to organize and develop. The committee will as part of its discussion of PoM objectives and future plans, further define the Patient/Clinician Encounter program physician requirements and work with Dr. Dalton to meet the educational needs of our students within the limits of the working environment.

For notes of the previous discussion see the November 18, 2004 minutes.

5. Announcement. Reid Adams announced that Gary Dunnington is giving Surgery Grand Rounds, January 26th. He is a premier surgical educator. The title is believed to be “Motivating and Rewarding Teaching”. 8:00 am in Camp Heart Auditorium.

The next meeting of the Curriculum Committee will be Thursday, January 13, 2005 , at 4:00 in the Surgery Conference Room.

Donald Innes/dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 01/13/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Guests: Tom Massaro, Ruth Gaare, Debra Reed (secretary)

1. Neuroscience Course Director. After discussion, the Curriculum Committee approved the nomination of Heidi Scrable as Director of the Neuroscience Course.
2. DX-RX Course. (Tom Massaro, Ruth Gaare) The DX-RX course is scheduled for 3/7/05-3/16/05. The course objectives are listed on page 10 of the "New Cells to Society Curricular Elements" posted on the web at: http://www.healthsystem.virginia.edu/internet/med-curriculum/Cells_2_Society_2.42.pdf

The general structure of the course will be 9-12 am plenary sessions (see schedule below) and afternoons spent in independent research and case preparation. On Friday 3/11, the class take a field trip to Washington, DC to meet with policy experts in executive and legislative groups. This course is Pass/Fail and earns the student one elective credit.

Topics:

3/7 – The Structure and Financing of the Health System: An Overview (Tom Massaro)

3/8 – The Physician Workforce and Health Care Organizations: New Demands, New Realities (Ed Howell)

3/9 – The Physician and Vulnerable Populations (Norm Oliver and Rafael Triana)

3/10 – The Physician and the Public Health System (Lisa Kaplowitz, Lilian Peake and Mark Levine)

3/11 – Health Care and the Federal Government. Field trip to Washington, DC

3/14 – The Medical Profession and the Legal Environment (Richard Merrill, Rebecca West, Richard Bonnie and James Childress)

3/15 – Health Care and State Government (Secretary of Health Jane Woods)

3/16 – Lessons Learned and Health System Prognosis (Tim Garson)

Each student will prepare two papers (each about 5 pages). One paper is a discussion paper focusing on the case or topic of a particular day and this paper is due the morning of the discussion. The second paper is a research paper on a particular topic from a list of topics on the health care system, and this paper is due on the last day (3/16).

Scheduling rooms at the SOM for the course has been difficult. The Curriculum Committee suggested that alternative sites removed from the

Medical Center such as Newcomb Hall, Alumni Hall or The Albert and Shirley Small Special Collections Library would be an attractive alternative.

Speakers should be asked to keep lectures evidence based, rather than opinion based. All speakers should provide a talking points outline prior to the start of the course for posting on the course website.

A complete schedule should be available soon. This should specify session start and end times, and define the “independent research and case preparation.”

The Curriculum Committee will require evaluation of the course by students and knowledgeable faculty. Student evaluations must be completed as a course requirement (See John Jackson and Jerry Short to arrange for a computer-based evaluation).

The tools for a process evaluation must be developed which will require definition of the goals and objectives for the course and of individual teaching modules. A pre- and post- test format should be considered. Faculty knowledgeable in the topics covered should also be included as reviewers. Along with Jerry Short and John Jackson, Wendy Cohn, of Health Evaluation Sciences, should be consulted for the evaluation.

Reid Adams suggested Scott Jones might be an excellent speaker in the future.

Timing of the course was discussed briefly. A proposal for alternative dates has been submitted for 05-06 as students and faculty have complained that the schedule for 04-05 has been too disruptive to the elective schedule.

3. Library Exercises. Linda Watson expressed concern about the revised Molecular Genetics course abandoning the Med Line portion of the course due to time constraints. The Committee suggested this portion of the Information Management and Critical Thinking curriculum might better be integrated into other courses in the Fundamentals of Medicine and Core systems, or the Transition course, or as first Clinical Connection session (June/July). The Principles of Medicine committee must factor in the Information Management and Critical Thinking curriculum.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 01/20/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Debra Reed (secretary)

1. DX-RX Course. E-mails have been sent to Tom Massaro and Ruth Gaare emphasizing the Curriculum Committee's recommendations from 3/7/05.
2. Library Exercises. Linda Watson has been asked to provide the Curriculum Committee by the week of 1/27/05 with a "concrete" set of programs or "integrations" similar to what was done with the "Professionalism" curriculum - which "lists in sequence through the four years, best-matched behaviors with activities, content and evaluation methods for each, thus effectively creating a curricular content, sequence and schedule map."
3. Exploratory Program. Don Innes has been working with Mo Nadkarni to develop an Exploratory Program, especially in regard to the Community Service component and should have something to report to the Curriculum Committee in a couple of weeks.
4. Principles of Medicine. Eve Bargmann reported that a group course directors, interested faculty and students have met and will meet again next week to discuss integration of the "preceptorship" program into the PoM1 and 2 courses. The Committee agreed with Dr. Bargmann that this should not replace the small group sessions already in the course but rather supplement them. Selected topics in the courses are best be covered via Web based instruction rather than lecture. Dr. Bargmann also noted that in reviewing the course, reapportionment of time devoted to certain topics was needed.

The Committee suggested that in reviewing these courses, the group should also look at proper placement of topics – i.e. topics covered in PoM1 might be better placed in other courses. The Committee agreed with Dr. Bargmann that it is difficult to define reinforcement versus replication in the Curriculum. Some topics merit reinforcement over all four years of the curriculum.

5. Afternoon class time. Students have complained about the number of afternoon activities during second year in the January-May semester. It

appears not to be the number or quality of the activities but that they are on separate afternoons leaving few blocks of uninterrupted study time. The Committee will ask the courses involved (Psych/PoM2) to look into whether arranging two activities in one afternoon each week might be possible (freeing one afternoon for study). It is also thought that the new curriculum beginning in 05-06 will help alleviate this problem.

6. Student Evaluations. The Committee discussed comments from some students that because they are required to do the course evaluations on line prior to receiving their grades, they do a cursory review. Most course directors at the meeting felt that the web based evaluation system provided much more and clearer evaluation data that was received previously. The Committee questioned whether it is possible to tell how long each student takes to do an evaluation and how many do/do not enter free text comments. This will be looked into.
7. Future Agenda. In February, the Committee will hear more from PoM; discuss the assignment of Honors for the Basic Science courses; receive a report from a group looking into the GTA program; and Linda Watson will report on the Information Management portion of the curriculum. On 2/17/05 the Biochemistry course will be reviewed by the Curriculum Committee. Jerry Short will assemble evaluation data on the course to the members of the Committee prior to the 2/17/05 meeting.
8. Announcement. The Academy of Distinguished Educators will host a reception in the Library on February 21, 2005 from 5:00-7:00 pm to showcase posters describing faculty research in medical education. The posters will remain up until February 24th in the LINK outside the Library. On February 23rd, the Library is sponsoring an "Info Fair" to highlight new trends in information technology and health system projects that use such technologies.

The next meeting of the Curriculum Committee will be Thursday, February 3, 2005 in the Surgery Conference Room. There will be no meeting on 1/27/05.

Donald Innes
dmr

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson (Acting Chair), Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Debra Reed (secretary)

1. Biochemistry Review is scheduled for February 17. The Committee would like the following materials from Joel Hockensmith/Selina Noramly/Jerry Short prior to the Biochemistry review.

Jerry Short - student evaluations and reports from the Dean's meetings with students (all 4 years and 1st year alone) and longitudinal data (over a number of years) on overall course grade in relation to other basic science courses.

Joel Hockensmith - statement of the Biochemistry grading policy and grade distributions for the last 4 years with notation of which (how many) students failed the course each of those years

Self-assessment of main issues of concern to the director and the new course coordinator, Selina Noramly <sn8d@virginia.edu>

Plans for coming 2005 year

2. ED-2 developments - plan for July 2005. Bill Wilson will be meeting with the Clinical Medicine Committee on Thursday, February 10, 2005 to develop a plan of action. The most difficult aspect will be monitoring compliance and how the clerkship adjusts to the needs of the student. Expectations must be clearly delineated and plans for midclerkship corrections must be outlined. Questions regarding whether types of disease or types of symptoms need to be recorded and how best to track and monitor these items will need to be resolved. Gene Corbett mentioned that AIM has a (computer) system in place that might be a model for this and/or modified to fulfill the ED-2 requirements. The LCME has stipulated that log books will not be sufficient. Tracking for ED-2 will need to be in place by July, 2005. It is important that we note that expectations for the clerkship are not limited to ED-2 requirements and that multiple agendas for the students will need to be in place.
2. Elective credits: The Committee discussed whether there should be some guidelines on clinical patient care electives versus non-clinical (Mulholland

report, education, humanities, admissions)? The Committee will ask Meg Keeley, Electives Director, for data on numbers of students selecting non-clinical electives to determine how often, if ever, abuse occurs. The Committee thought that the Electives Director should stipulate the maximum number of non-clinical elective time allowed. The extended elective period in the new curriculum and the requirement of the ACE electives should increase clinical elective time. It was proposed that the Curriculum Committee consider increasing the requirement from 1 ACE elective to 2 ACE electives as there is concern as to the adequacy of clinical experience in the elective period.

3. Summer Research Program. A question was raised as to whether medical education research projects are reviewed fairly when seeking approval as a summer research activity. The Committee thought the Academy of Distinguished Educators (Bob Kadner and Karen Johnston) might be the appropriate group to look into this. Non-funded projects may be the unwritten issue.
- 4) Clinical encounters in pre-clerkship period - John Gazewood - 1-2 hour experience weekly or every other week - connect to anatomy, physiology, etc. Concerns from Student Affairs that students have will have too many afternoon sessions are being addressed.
- 5) Clinical Skills Education status - Brian Wispelwey, Michael Rein, Gene Corbett. A meeting will be organized in the next week with Don Innes to begin implementation of this program.
6. Future Agenda Item – Brian Wispelway would like to add a discussion regarding increasing HIV education in the curriculum (at present one hour lecture in Microbiology and one hour session in PoM2).

William G. Wilson
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 02/10/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Debra Reed (secretary)

1. Dx & Rx: US Health Care update. Linda Watson reported that the website for the course is in development. Since the course begins in about a month, final materials (curriculum, schedule, learning objectives, reading materials) for the website are needed by 2/17/05. All members of the Curriculum Committee should have the most recent distribution: the DX-RX Health Care System: 4th Year Medical School Course syllabus. Other materials will be made available to the Committee as soon as they are ready.
2. Biochemistry Review. Course evaluation data from Jerry Short was distributed to the Committee and will be redistributed at the 2/17 meeting.
3. Clinical Skills Education update. Don Innes met with Michael Rein to begin development of the Clinical Skills Educator Program. Dr. Rein will meet with Drs. Corbett and Wispelwey to pilot this program prior to July 2005. The curriculum will focus on the history and physical examination with extensive critique by the faculty mentor. The class should be notified that because this is a pilot, not all students in the class will have the opportunity to participate at this time.
4. Clinical Connection Review. A date in March, 05 will be arranged with Course Director, Reid Adams for the Curriculum Committee's review of the Clinical Connections program.
5. Medical Education Building Committee. Bob Bloodgood gave a brief update of the progress of the Building Committee. The budget for the building has been increased as plans for the new medical education building will need to develop quickly to avoid inflationary building costs. At this point in the planning process, six floors are planned with the sixth floor temporarily unfinished. Negotiations with the Life Support Learning Center to share some of the space (and cost) are being considered. An architect may be hired as early as Fall, 05. At this point two large auditoriums are planned – one traditional and one flat with movable partitions that could be divided into small group space.
5. P/F practical and philosophic questions. Assignment of cumulative honors for the basic sciences in future years was discussed. For the P/F pilot, honors designation will be determined by averaging all grades in the first two years of medical school. The top 20% will be selected for honors recognition. This designation will be noted on their transcripts and in the Dean's letter. The current policy is that honors are to be calculated by the top 20% rank in all courses at the end of 2 years. All courses use the same 0 – 100 grading system. The unweighted rankings are combined to give a class rank for the purpose of determining honors.

The rankings are unweighted. Although one might put more effort into one area of study than another to achieve competency, it is the degree of competency that is important, not the amount of work it took to get there. A few faculty and at least one student have raised questions regarding the weighting of course grades. Whether or not course hours or length of course should be a factor in averaging the grades was considered. The argument that all courses are important in medical school and should be weighed equally was made and that weighing courses might also send a message that one course is more important than another. A physician must be as competent in interview and physical exam skills, and human behavior as in biochemistry or physiology; just as competent in pharmacology and pathology as in psychiatric medicine or microbiology. A true honors medical student will excel in all areas of study.

If courses were to be weighted, by what measure would they be weighted – course length in weeks or hours, hours of study required, number of exams, or perceived difficulty by students or faculty. There seemed to be general agreement that if the policy were to be revised that we should move to a straight P/F without honors.

In the research data that is available, grades in the preclinical years is ranked at or near the bottom for residency selection. The Curriculum Committee will view the evaluation data on the P/F pilot in July/August, 05 before changing future policy.

6. Human Patient Simulator. A new human patient simulator (HPS) will be displayed on Monday in New Jordan Hall in conjunction with the Life Saving Techniques Laboratory. Committee members were invited to come by and take a look.
7. Medical Education Research Day. Bob Bloodgood invited the members to the reception in the Claude Moore Library from 5:00-7:00 p.m. on 2/21/05. Forty abstracts have been received and 28 were selected. The posters will be on display both in the library and outside in the hallway from 2/21 through 2/23.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 02/17/05

Surgery Conference Room, 4:00 p.m.

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1. Review of the Biochemistry course. Drs. Hockensmith (Course Director) and Noramly (Course Coordinator) met with the Curriculum Committee to discuss recent evaluations and adjustments to the Biochemistry course. Dr. Hockensmith reviewed the previous 2-3 year history of the course and detailed changes he and Selena Noramly had implemented.

The feedback from the 2004 student evaluations was discussed in depth.

New faculty participated in a Teaching Resource Center workshop prior to the start of the course and faculty were encouraged to tape at least one lecture for critique by the Teaching Resource Center. Further adjustments to these lectures will be made before next year's course.

The course content with minor adjustments such as adding the clotting cascades and nutrition is believed to be appropriate.

Work will continue to improve lecture notes for a more consistent format - all to have an outline, objectives, and updated figures. All notes will be reviewed in depth prior to the course next year.

Much discussion focused on the grading policy and will be further discussed later.

The knowledge base of incoming students varies substantially. Approximately half the class has had undergraduate Biochemistry and the other half have not. The students with the lowest grades in the Biochemistry course usually have little or no biochemistry background prior to medical school. Undergraduate biochemistry is not a prerequisite to be admitted to the University of Virginia School of Medicine.

Examination questions will be reviewed this year. Selina Noramly will be attending a workshop this summer on writing good exam questions.

A select group of students next year will be asked to complete an evaluation form on each faculty and meet with Selina to discuss them.

The Curriculum Committee will meet to discuss the Biochemistry course review and a letter will be sent to Dr. Hockensmith outlining recommendations for the course.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 03/03/05

Surgery Conference Room, 4:00 p.m.

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1. Cells to Society (Post First Semester) Evaluation. (Chris Peterson) The Cells To Society course focuses on and connects the patient to all other aspects of the Foundations of Medicine curriculum. It is intended to inspire and motivate students to learn the knowledge, skills, and values needed for the practice of scientific clinical medicine. The program seeks to demonstrate to first year medical students how the care of a patient raises questions across multiple domains in addition to clinical medicine, especially: Biomedical science, Society, Culture, Economics and to introduce the UVa SOM "Competencies Required of the Contemporary Physician."

The evaluation scores immediately after the program in August and post first semester scores are as follows:

Date:	August '04 n= 109	January '05 n= 107
Grade:	3.43 +0.64	2.89 + 0.91

In response to questions from the survey, 34 comments were received – 8 positive:

"Did C2S motivate you or increase your desire to learn material in 1st semester courses?" comments included:

- Most: little connection between C2S and courses; already felt motivated.
- Some students felt it delayed getting to the basic sciences; others felt it didn't present enough clinical or societal material

"Did C2S raise questions across multiple domains?"

- 75%: excellent or good
- Helped us see forest before we got lost in the trees.
- "I struggle – how does all this basic science actually affect how I will care for patients?"
- "Lessons of C2S hard to parlay to basic sciences"

- The idea...[that] medicine is a discipline that spans all levels of society...should be a guiding principle for the entire curriculum.”

Recommendations:

Invite the PhD faculty to the program so they get to see what we really want to know about and help them understand we are medical students not graduate students.

What the directors learned from the evaluation process is that the students would prefer to see the thread of patient care developed in Cells to Society run throughout the first year. The Curriculum Committee would also like to encourage directors of the Basic Science courses to include/enhance clinical aspects whenever possible. Perhaps a 5- minute clinical vignette at the beginning of each lecture might be helpful. The Course directors hope to have more Basic Science professors involved in the Cells to Society program. Basic science directors could arrange for clinical faculty to sit on some of the lectures and offer input as Microbiology has done. Creation of an on-line database of brief clinical vignettes was suggested.

The Cells to Society Introduction schedule for next year was distributed to the Committee. The program will remain similar to the pilot program with a few modifications. A brief introductory lecture on diabetes has been added. The organizers plan to bring in a patient for each of the small groups to interview. Faculty mentors will be asked to attend a faculty development session. A letter will be sent from the Curriculum office stressing the importance of mentor participation in the development session.

2. U21 Initiative. UVA has been invited to participate in a pilot study to provide telemedicine support to a designated under-served hospital utilizing U21 consultant grade medical staff and U21 medical students. The Committee was concerned about the safety of sending students to Sri Lanka and the ability of the program to provide a sustained impact in Sri Lanka. The Committee felt that the University of Virginia School of Medicine would best focus it's resources in the global health program directed by Dr. Richard Guerrant.
3. Biochemistry Review. The Curriculum Committee discussed the 2/17/05 Biochemistry review. Recommendations and proposals for the 2005-06 were reviewed. The committee will formulate a communication to the course director.
4. Suggestions for subsequent Curriculum Committee meetings include a report from Anita Clayton on the Women's Health in the Curriculum grant results and a review of the services provided by the Teaching Resource Center.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 03/24/05

Surgery Conference Room, 4:00 p.m.

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1. Basic Sciences for Careers (BS4C) – A reorganization proposal to create a steering group of basic scientists to organize the plenary portion of the BS4C program was discussed and approved. With this reorganization one director would oversee the entire course organization and work with the basic science steering group on the plenary sessions. All the other basic science contacts for the career groups and selectives are best made through the clinical departments and under the supervision of the Director. The planned plenary sessions or mini-symposia on basic scientific principles as applied to medicine, career groups in which one or more students focus on scientific advances in their chosen discipline, e.g. Internal Medicine - signal transduction inhibitors in the treatment of malignancy, Neurology - diseases of mitochondria or Surgery - extracellular matrix proteins and wound healing, and selectives chosen from a menu of topics in major disciplines, each focused on application of scientific principles to clinical problems, remain unchanged.
2. Review of the Clinical Connections course. (Reid Adams, Jann Balmer) Drs. Adams and Balmer met with the Curriculum Committee to discuss recent evaluations and adjustments to the Clinical Connections course. Dr. Adams reviewed the design and history of the course. Topics are chosen to meet educational needs, specifically targeting subjects that are not otherwise taught in a cohesive fashion. Topics include: Medical Information Technology, Pain Management, Geriatrics, Moral Distress, Sexual Dysfunction, Disaster Medicine, Living with Diabetes, Complementary and Alternative Medicine, Medicine and Law, Multidisciplinary Approach to patients with Acute Coronary Syndrome, etc. In the past year nursing students have been invited to participate. Student evaluations have been good, averaging a score of 4 out of 5. The Committee's initial impression of Clinical Connections is positive.

Drs. Adams and Balmer provided a self-assessment review packet. Copies were distributed at the meeting and will be sent to those members not in attendance. The packet should be read prior to our April 14 meeting for further discussion.

3. UTA/GTA – Placement of the GTA/UTA in PoM or the clerkships was discussed, with the clear finding that the UTA/GTA should be in the preclerkship period. Further discussion with valuable input from Anne Chapin, director of the standardized patient program, resulted in several suggestions for improving the GTA/UTA experience.
 - Make available by web or video a summary of the lecture with demonstration to allow students review the examination immediately prior to the standardized patient encounter.
 - Obtain good anatomic models for practice, allowing the student to practice the “mechanics” of the examination, before having to deal with sensitive patient relationship issues.
 - Develop a program to identify students who need additional GTA/UTA practice and provide remediation.
 - Develop an observational model using faculty (physicians, nurses) to provide formative evaluation.
 - Programs with methods for teaching good clinical GTA/UTA skills are needed. Educational research in this area is desirable.

4. "Dx & Rx: The U.S. Health Care System" appears to have been successful based on initial comments of students. Thanks were extended to Drs. Massaro and Gaare for undertaking the huge organizational task of designing, developing and implementing the "Dx & Rx: The U.S. Health Care System". The Curriculum Committee will arrange a meeting with Drs. Massaro and Gaare for a full review.

5. Congratulations from the Curriculum Committee were extended to Drs. Meg Keeley and Gene Corbett for winning All University Teaching Awards in 2005.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 04/14/04

Surgery Conference Room, 4:00 p.m.

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1. AAMC meeting. UVA was represented at the spring AAMC meeting presenting three posters at this meeting: 1) GTA exams (Yvonne Newberry, Chris Peterson); 2) Praise/Concern Cards (Allison Innes); 3) Professionalism (Don Innes). Information learned at the meeting was relayed to the committee. Two new posters for internal use are now in development: 1) Cells to Society - A Curriculum for Modern Medicine and 2) Cells to Society - Contemporary Clerkships, Selectives and Electives. These were circulated to the members.
2. Decreased numbers of faculty for PoM2 course. Brian Wispelwey reported that the PoM2 course is having difficulty recruiting enough faculty to teach in their small groups. Reasons stated by faculty include: not enough compensation, departmental revenue quotas, and too many patients and other required activities.
3. "Becoming a Clinician" Ceremony. (Chris Peterson)
This ceremony would take place Thursday, June 23, 2005 (Day 4 of Transition to the Clerkships Week, "Clinical Connections" day) between 3:30-5 p.m. in the Jordan Conference Center Lobby and Auditorium
Events:
 - 1) 3:30 to 4:00 - **Reception for Class of 2007**, their significant others, selected faculty (Deans, Clerkship Directors, Pre-Clinical Course Directors, Academy of Distinguished Educators, Alumni Association officers).
 - 2) 4:00 to 4:15 - **Inspirational keynote speaker** [4th year student or UVA resident who is a graduate of UVA med] on professionalism in clinical settings as one embarks on clinical work: **"Reflections on Becoming a Clinician."**
 - 3) 4:15 to 4:20 - **"Hand off" of students from Preclinical Course Directors to Clerkship Directors** and announcement of residents voted to be the best exemplary teachers and humanistic clinicians (presentation of awards to be held during 4th year student assembly the next day).
 - 4) 4:20 to 4:30 - **Recitation of a covenant** among students/faculty/public, containing elements from the first-year Convocation covenants, the Baccalaureate covenant, and the Hippocratic Oath.
 - 5) 4:30 to 5:00 - **Presentation of gift to each class member**: a specially designed, pocket-sized blank journal with page headings that serve as prompts for writing about reflective topics likely to be encountered during clerkship year: birth, death, suffering, healing, fatigue, frustration, elation, moral quandary,

satisfaction, etc. Page headings will also map points in the students' progress and development through the clerkship year.

Research

Hypothesis: Students provided with both a journal and faculty and peer support will differ in both quantity and quality of reflective writing (about clerkship experiences and their own professional formation) compared with students provided with only the journal. Students who write regularly will use the writing as a way to process and discover meaning in experience through remembering, recapturing in language, and reflecting.

Methodology: Students who volunteer to be part of a reflective writing study will each be randomized to one of two Clinical Reflection groups for the year. One group will use Clinical Reflection sessions and email communications to encourage, share, and monitor students' reflective writing about their experiences through the clerkship year. The other group will function as a regular Clinical Reflection group, with no discussion of students' writing (unless the students themselves raise the topic), even though these students also have been provided with the means to write.

Expenses:

- ~\$1000 Up to four residents' Humanism in Medicine Awards (\$250 each)
- ~\$1000 Students' gifts (pocket-sized, spiral bound blank journals and pens)
- ~\$500-800 Reception finger food and beverages (no alcohol)

Potential fund sources:

- Arnold P. Gold Foundation (\$5000 one-time grant or two \$2500 grants in consecutive years)
- Academy of Distinguished Educators (research "materials" [blank books] and assessment and analysis time and costs)

This type of ceremony has been started at other medical schools. This pilot program would have the same flavor as Covocation and stresses the changes necessary for a successful clinical experience. The Committee was asked to forward suggestions for motivational speaker to Chris Peterson. Certain aspects of the program are contingent on obtaining outside funding.

4. Report on Activities of the Principles of Medicine Committee. (Bob Bloodgood)
Activities of the Principles of Medicine Committee 04-05 Academic Year:
Please see

http://www.healthsystem.virginia.edu/internet/med-curriculum/pom/pomminutes/2004_05Activities.cfm

5. The Curriculum Committee will meet next week (4/21/05) and the agenda will include a report from Anita Clayton on the Human Sexuality Program and a discussion with Reid Adams of the Clinical Connections Program. The Committee will also meet on 4/28/05. Mike Rein will be invited to this meeting to discuss the progress of the Clinical Skills Educator pilot program along with Gene Corbett.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 04/21/04

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Sixtine Valdelievre, Debra Reed (secretary)

1. ADE Educational Research Poster Session. An ADE education research poster session web site has been created (complete with photos) and is posted at: <http://www.healthsystem.virginia.edu/internet/ade/research/poster05.cfm> Links lead to an index of poster abstracts; each poster abstract name is a link to the complete abstract.
2. Second Year Preceptorship. It was noted that the committee had previously approved replacement of the second year preceptorship in 2007 with a longitudinal clinical experience in the first and second years.
3. Sexual Health Curriculum. (Anita Clayton)
The University of Virginia Health System was one of only seven medical schools in the nation to receive an educational grant from Pfizer, Inc. to develop and implement an innovative, multidisciplinary curriculum in sexual health. Principle investigators included Anita Clayton, Christine Peterson and Elizabeth McGarvey. The study found that the curriculum at the University of Virginia School of Medicine was ahead of other institutions in covering sexual health. At UVA sexual health education is touched on in all four years of medical school, however, topics are a bit fragmented. When obtaining a patient's history, attendings and residents often find it uncomfortable to question a patient regarding sexual problems which, in turn, impacts medical student education. Sexual health education during the clerkship years is also impacted by the patient population. Patients are often reluctant to discuss sexual health issues and a good deal of clerkship experience centers around inpatients. Sexual health issues are addressed more often in a clinic rather than inpatient setting. The study group developed a web-based case study program that would address some of these issues and hopes the program will be used by students and faculty

in many courses where sexual health is discussed (for example, PoM1 and 2; Pharmacology, Psychiatric Medicine, clerkships such as Family Medicine, Internal Medicine and Psychiatric Medicine). The cases demonstrate male and female sexual difficulties such as erectile dysfunction as a result of diabetes and as a side effect of medication and lack of desire due to medical and/or psychological problems.

It was suggested that possible a small ad hoc subcommittee of the Curriculum Committee might be formed to develop "standard expectations" for sexual health – i.e. a list of items that all students should know and be comfortable with before they graduate. This group should meet once or twice a year with all courses that address sexual health issues to make sure all topics are covered and students are experienced in discussing sexual health issues.

4. The Curriculum Committee will meet next Thursday, 4/28/05 at 4:00 p.m. in the Surgery Conference Room. Dr. Reid Adams will discuss the Clinical Connections Program with the Committee.

William Wilson
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 05/05/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Sixtine Valdelievre, Guests: Thomas Massaro, Ruth Gaare Bernheim, Debra Reed (secretary)

1. Graduation of Class of 2005. The Curriculum Committee extends congratulations to the Class of 2005 which was approved at a recent faculty meeting.
2. Exploratory Program. The Exploratory program will be run by Mo Nadkarni and will begin in the fall of 2005. The first year course will initially be 100% community service, thereafter, the program is expected to expand into other areas such as research, medical humanities, and student proposed exploratories.
3. Dx Rx Course. (Thomas Massaro, Ruth Gaare Bernheim) The DxRx course was generally well received by the Class of 2005. Evaluation data was presented to the Committee. Student suggestions for improvement will be taken into consideration when planning next year's course. Placement of the course did create some scheduling difficulties for students in respect to their elective

schedules. For 2005-06, the course is scheduled for Monday, March 27 - Saturday, April 1, 2006. The course directors will work with PoM1 and PoM2 to further develop the Health Care Policy curriculum in the preclinical years with the current course as a capstone. John Gazewood and Eve Bargmann noted that they do have lectures on health care policy already as a part of the PoM1 course, but they are not well attended. The DxRx course directors propose development and use of creative problem set modules on the web over all four years of medical school to fully develop the students' knowledge base on health care policy and what it will mean to their practice of medicine. Faculty development may be necessary to help course directors and teaching faculty fully integrate the material.

The Committee discussed "threads" such as Health Care Policy, Sexual Health, Ethics, and Professionalism that are distributed over all four years and how, from evaluation data, the students often do not realize that these threads are being covered. Internal "marketing" during the orientation period and by course directors might help the student to realize these topics are important and will be presented over the long term.

One person suggested that perhaps Rx/Dx could be turned into an elective, but the Committee agreed that the material should be presented to all the students. It was also suggested that in future years the Rx/Dx program might become part of Basic Science for Careers early in the fourth year.

The Committee congratulated Tom Massaro and Ruth Gaare on the success of the first year Rx/Dx program.

4. Additional 2 weeks electives are needed to meet the educational elective needs of students and to help the students schedule around the Dx/Rx program, and to allow for a more efficient use of time in the fourth year, especially when scheduling interviews.

Donald J. Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 05/12/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian

Wispelwey, Nnaemeka Anyadike, Michael Richardson, Sixtine Valdelievre, Debra Reed (secretary)

1. Curriculum Committee Course Reviews for 05-06.

Jerry Short was asked to look at documents from the last review by the LCME to determine if review of each clerkships required self-study being done for accreditation purposes would provide information suitable for a Curriculum Committee review.

The Committee agreed that since many changes were in store for all the first and second year courses in 05-06, it might be better to evaluate the courses after the changes have been made but in time to make adjustments, if necessary, for the 06-07 year. The Neuroscience course will be asked to update the committee on planned changes for their course. The Committee would like to review Biochemistry at the end of their course, December/January, with feedback from the Committee by late January and in time to plan the following year's course. Monitoring of clerkships, selectives, and electives will be critical in the 2005-2009 period. Frequent reports from the directors to the Curriculum Committee will be needed beginning this fall to allow for evaluation and corrective measures if needed.

2. Course Directors.

Several course directors are reportedly leaving the University – Virginia Taylor Lyons (Anatomy); Joel Schenker (Neurology Clerkship); and Jennifer Wenger (OB/GYN Clerkship). The Curriculum Committee Chair will contact these departments to offer the Committee's assistance in the selection of new leadership for these courses with a reminder that Curriculum Committee approval is necessary for these appointments.

See <http://www.healthsystem.virginia.edu/internet/med-curriculum/governance.cfm>

“The Committee has the authority, with the approval of the Dean, to set educational objectives, establish educational requirements, allocate curriculum time, specify teaching methods, approve course directors, and evaluate educational outcomes.”

3. Close review Needed. The Committee reminds the first and second year course directors that since class time for 05-06 has been reconfigured and slightly decreased, they should review their material closely, using care to select the material to be taught and tested, not merely compressing material into a shorter period. Please work with each lecturer, section head, or small group organizer to review the information presented in each course for relevancy and redundancy and delete as necessary. Medical relevancy in first year courses might be illustrated in 2-minute clinical vignettes in each lecture. Several clinicians at the table expressed a willingness to help.

4. Curriculum Threads such as Sexual Health, Information Management, Professionalism, Nutrition etc. are often difficult to assess. The Committee will look at the LCME list of threads and try to determine a way to monitor these threads in the curriculum. Bill Wilson suggested “working groups” of the committee who meet to look for opportunities to weave these threads into the curriculum. See appended list of topics from latest 2004-05 LCME survey. PLEASE REVIEW this list for topics you think are important that may not be covered.

David Hall, SOM '05 has recently completed a paper on “nutrition education” in the UVA School of Medicine curriculum. Surprisingly, there are approximately 39 hours of nutritional education already in the curriculum. Deficiencies are primarily in nutrition assessment and patient counseling. The University of Pennsylvania has a site devoted to nutrition education and invites anyone to make use of the site at: <http://www.med.upenn.edu/nutrimed/>

It was also suggested that to better evaluate these threads, John Jackson could develop a web-based system whereby faculty in each course could enter the topics (USMLE codes and or ICD9 codes) covered in their lectures by selecting from “pull-down” menus. Jerry Short will look into this.

5. Clerkship Directors Meeting. Bill Wilson noted that the Clerkship Directors from Roanoke, Salem and UVA met Friday, May 6, at UVA to meet on a variety of subjects, but with primary focus on addressing ED2. The meeting went very well and with help from the course directors and John Jackson, we are on schedule to track the new ED2 requirements.
6. Linda Watson will be leaving the University this year for the University of Minnesota. The Committee wished her well, but will miss her contributions to the Curriculum Committee.
7. Curriculum Committee summer schedule was discussed. Meetings are scheduled for the following dates:
 - May 19, 2005
 - May 26, 2005 (hold open)
 - June 9, 2005
 - June 16, 2005 (Clinical Skills Educator program)Meetings will then be discontinued for the summer resuming in mid-August.

Donald J. Innes
dmr

Biostatistics
Communication skills
Community health
Cultural diversity
End-of-life care
Epidemiology
Evidence-based medicine
Family/domestic violence
Geriatrics
Health care financing
Health care systems
Health disparities
Human development/life cycle
Human sexuality
Medical ethics
Medical genetics
Medical humanities
Medical informatics
Medical jurisprudence
Medical socioeconomics
Nutrition
Occupational medicine
Pain management
Palliative care
Population-based medicine
Prevention/health maintenance
Quality improvement
Research methods
Substance abuse
Alternative/complementary medicine
Appropriate use of translators
Biological/chemical terrorism
Culturally-related health behaviors

Disaster management
Health care quality improvement
Health literacy
Medical licensure/regulation
Medical Spanish
Patient health education
Practice management
Race/gender and treatment outcomes
Racial/ethnic demographics of illness

University of Virginia School of Medicine
Curriculum Committee
Minutes 05/19/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Sixtine Valdelievre, Debra Reed (secretary)

1. Curriculum posters.

Posters explaining the curricular changes were reviewed. These had been displayed at the recent May 6th Joint Clerkship, Selective and Elective meeting and had been well received.

2. Patient Clinical encounter Program.

A number of avenues are being explored to find UVA attendings, fellows and senior residents to provide approximately 1-2 hours of patient encounter in either the clinic [or ward] for students in the second half of the first year and the fall of the second year. A role for community physicians in Charlottesville is also being investigated. John Gazewood is leading this effort.

3. Department presentations.

Presentations explaining the new curriculum have been made to several departments including Obstetrics & Gynecology, Pediatrics, Internal Medicine, and Psychiatry. Sessions with Neurology and with Family Medicine are pending. Drs. Keeley, Wilson and Innes have done the presentations and are willing to visit others.

4. BS4C.

The BS4C program initial funding is being resolved and a tentative time table for implementation in place. The three components of the program (plenary, discipline focus groups and electives) were discussed, recognizing the need for presentation and exploration of cutting edge of science as applied to clinical medicine while maintaining the student interest level. We believe the bend as proposed will achieve this. Latitude must be accorded the course director.

5. Clinical Connections.

A wrap-up discussion of the Clinical Connections program was held with Reid Adams. The program is judged an overall success; important to achieving a broad medical education for our students in accordance with LCME goals. Clinical Reflections is being moved to the end of the day. Consideration must be given to two short 1/2-day focused sessions to maintain student interest and to allow for coverage of essential topics for all students. The issue of nursing student participation has been positive. We hope to continue this, but scheduling difficulties with the Life Saving workshop has limited the sessions planned this year to only one. Students who fail to attend the required sessions will be referred to the promotions committee. Additional explanation of the Clinical Connection activities needs to be made to the clerkship directors and teaching faculty as the new academic year begins in July. The next Joint Clerkship, Selective and Electives meeting is another venue to deliver an explanation and answer questions.

DJI

University of Virginia School of Medicine
Curriculum Committee
Minutes 05/26/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Nnaemeka Anyadike, Michael Richardson, Sixtine Valdelievre, Debra Reed (secretary)

1. LCME accreditation schedule.

The LCME accreditation schedule was reviewed.

Overall Schedule for Steering Committee, Task Force, and Committees

Preliminary Schedule (Last Revised 5-15-05)
Additional Revisions Pending

- | | |
|--|---|
| May 1 - Sept 1, 2005
July/August | <ul style="list-style-type: none">▫ Education Database completed as much as possible▫ Committee chairs meet with Dean, receive charge, begin planning |
| Sept 12, 2005 | <ul style="list-style-type: none">▫ Inaugural meeting of Task Force; Dean charges TF▫ Kick-off Reception for SOM's LCME effort |
| Sept 12 / 23, 2005 | <ul style="list-style-type: none">▫ Committees and subcommittees hold initial meetings, begin work▫ Educational Database due to committees & Task Force |
| Oct 21, 2005 | <ul style="list-style-type: none">▫ Subcommittee reports due to committees▫ Committees begin series of meetings to discuss and revise each subcommittee report in turn; subcommittees prepare additional information as needed |
| Nov 1, 2005 | <ul style="list-style-type: none">▫ Task Force Meeting for interim status update from committees |
| Nov 1 ~ Dec 1, 2005
Dec 1, 2005 | <ul style="list-style-type: none">▫ Committees write reports▫ Committee reports due to Task Force |
| Jan 1, 2006 - Mar 16, 2006 | <ul style="list-style-type: none">▫ Task Force holds meetings to review and revise each committee report in turn; committees prepare additional information as needed▫ Task Force writes 1st draft of Task Force Report, circulates for comment |
| March 1 - April 1, 2006
Mar 1 - Jun 1, 2006 | <ul style="list-style-type: none">▫ Task Force revises 1st draft of report▫ Updates added to Educational Database as available |
| April 1, 2006 | <ul style="list-style-type: none">▫ Task Force's Final Report due to Steering Committee▫ Steering Committee reviews Final Report; Task Force prepares additional information as needed▫ Steering Committee begins Executive Summary |
| April 1 - May 1, 2006
May 1, 2006 | <ul style="list-style-type: none">▫ Educational Database reviewed for updating▫ Executive Summary 1st draft due to Steering Committee |
| May 1 - Jun 1, 2006 | <ul style="list-style-type: none">▫ Steering Committee circulates 1st draft for comment and revision; revises and edits draft▫ Steering Committee decides on composition of final documents to be submitted |

- Jun 1, 2006
 - Updates added to Educational Database; database proofed, reproduced, prepared for submission
 - Educational Database due to LCME
 - LCME Report and Executive Summary: special attachments, tables, appendices, etc., created
 - Jun 1 - 15, 2006
 - LCME Report and Executive Summary: special appendices, attachments, etc., created
 - Executive Summary edited, put into final form
 - Jun 15 - 30, 2006
 - All documents proofed, reproduced, and assembled for submission
 - ** July 1, 2006 **
 - ** Oct 8-11, 2006 **
- SELF STUDY MATERIALS DUE TO LCME AND SITE SURVEY TEAM
LCME SITE SURVEY TEAM VISITS SCHOOL OF MEDICINE

2. Patient Clinical encounter Program.

Additional avenues are continuing to be explored to patient encounters for students in the second half of the first year and the fall of the second year.

3. MSTP resolution.

Graduate “Cell” has been moved to afternoon sessions so as to not interfere with the morning Medical classes. Medical Biochemistry and Graduate Biochemistry have been arranged so as to occur at the same time thus avoiding conflict from the start of the medical academic year through Thanksgiving. The 3-week period following Thanksgiving is complex and crowded especially for the MSTP student with 5 sessions (10 hours) of Genetics concurrent with Grad Biochem. The group favored leaving the conflict while recognizing the increased workload on the MSTP students. In the course of the discussion it was revealed that an additional time was made available in the Winter/Spring semester and a proposal made to add the time to the summer period for vacation or research.

[When writing these notes it was realized that this plan will not work as it would push the beginning of the Systems course for the Class of '09 into the last week of the end of the second year of the Class of '08. This together with the tacit agreement with Dean Kedes to “solve” the Biochemistry problem in turn for his solving the Grad Cell issues by moving Grad cell to the afternoon (a huge change), it seems we should look again at better using the additional time in the Winter/Spring to solve the MSTP problem and decompress the three week Genetics course for the medical students.

An option is to move the ~15 hours of Physiology/Cell & Tissue completely into the newly discovered time in the Winter/Spring. Thus I have asked Drs. Kutchai and Bloodgood as co-directors of the Physiology/Cell & Tissue course to explore this and construct a schedule to accomplish this goal with the assistance of the other Winter/Spring course directors (Neuroscience, Human Behavior, and PoM-1. 05.28.05 -DJI]

4. Creation of new electives and selectives.

Drs. Keeley and Wilson will work with the Clinical Medicine Committee to encourage development of new 2-week electives to expose students to as many areas of medicine as possible for better career choice while allowing students greater freedom of exploration. Areas mentioned as examples included Dermatology, Radiology, Anesthesiology, Orthopedics, ENT, Cardiology, Rehabilitative Medicine, etc.

DJI

University of Virginia School of Medicine Curriculum Committee Minutes 06.09.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson, Brian Wispelwey, Anthony Debenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. CSE status for 2005-2006 academic year. Michael Rein, Gene Corbett, and Brian Wispelwey will report at the June 16th meeting. The committee discussed the desirability of starting the program in July 2005 so that all third year students have a “CSE experience” with an attending. It was agreed the program [even if not fully developed] should start this July, making modifications (curricular details, faculty selection) as we proceed.
2. Clinical Connections is a required part of the clerkships. The committee asks Dean Pearson as part of the transition week program to inform students that the Clinical Connections program is a required part of the clerkships.
3. Anesthesia Experience. The Anesthesia one-week experience during the Surgery clerkship was discussed. The committee agreed the anesthesia program should be continued as part of the surgery clerkship, but that modifications were needed. The program needs a structured curriculum with objectives and processes defined. Expectations of students must be clear and equivalent for all students. Definition of the one-week UVA program and the integrated Salem program should allow both to continue with common objectives and expectations. Anesthesia at the Roanoke program will need to meet equivalent objectives and expectations as defined. Anesthesia and Surgery faculty need to be informed of the objectives and expectations of the anesthesia experience. Faculty development of Anesthesia faculty and residents must be carried out.
4. Clinical Skills Assessment project update. Gene Corbett provided the committee with a progress report on the Clinical Skills Assessment project. Preliminary data were reviewed from the

December and April assessments in which about 100 students participated on each occasion. A complete report with plans for the future will be presented in September.

5. PassPort review. The committee reviewed and approved the newly modified PassPorts, although making several suggestions for improvement. While LCME ED-2 requirements are listed on some of the Passports, it is emphasized that the real time monitoring will be based on the student input through the website:
<http://www.med-ed.virginia.edu/patient logs/>

-DJI

University of Virginia School of Medicine Curriculum Committee Minutes 06.16.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Robert Bloodgood, Anita Clayton, Gene Corbett, John Gazewood, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Linda Watson, Bill Wilson (Acting Chair), Brian Wispelwey, Michael Richardson, Sixtine Valdelievre, Debra Reed (secretary)

1. Approval of David Geldmacher. The Committee approved David S. Geldmacher, M.D. as the new Director of the Neurology Clerkship. Dr. Geldmacher's CV was reviewed at a previous meeting in May.
2. 05-06 First Year Schedule. (Bob Bloodgood). In order to accommodate the MSTP schedule conflicts in the Thanksgiving to Christmas period and to lighten the load during that period for MSTP students, we have reorganized the entire med student schedule from Thanksgiving to April and have moved one med course (Physiology/CTS course) out of the Thanksgiving to Christmas period. Physiology/CTS will now start only after Christmas. This is one less medical school course that the MSTP students will need to take during the Thanksgiving to Christmas period, leaving them to take just Medical and Molecular Genetics and PoM1 for med courses during this period (along with their grad courses). Moving Physiology/CTS out of the Thanksgiving to Christmas time period frees up enough time so that we do NOT have to schedule any medical school material during the time slots that the graduate Biochemistry course meets in the period from Thanksgiving to Christmas, thus eliminating the last of the schedule conflicts between the MSTP and grad curricula during the August to Christmas period.
3. The Committee thanked Linda Watson, Emeka Anyadike, and Michael Richardson, all of whom will be leaving the committee, for their valuable service.
4. Clinical Skills Educator Project (Michael Rein) Dr. Rein explained the structure of the CSE pilot.

2-3 students, twice/week

Present cases/find cases

Bedside

Presenting student demonstrates physical findings

Chart: EKG, CXR, 'Lytes, etc.
Formulation/discussion
Review of notes (not done in pilot)
No direct link to grade, but narrative evaluation received
May want to use as part of grade given decreased time for contact with students.
Definition of relative value in grading structure

The program was well-received by the students and faculty. Dr. Rein believes it will be of great help in preparing the students for ED2. Students were asked to provide feedback through a questionnaire but unfortunately not all surveys were returned. Those that were returned were positive.

Ideally, there should be two students per faculty member. This number is less tiring to patients and gives students more individual time on physical exam skills.

Dr. Rein agrees there is a need for a curricular outline. It would provide equivalence across sites, equivalence across faculty and a basis for a faculty training program.

The Curriculum Committee would like to see this program in place by June, 05, for the general medicine students. To accomplish this, at least 4 faculty per block will need to be recruited. Dr. Rein confirmed it may take somewhat longer than a month to assemble, train, and schedule the faculty. The Committee agreed with Dr. Rein that the Clinical Skills Educators should be carefully chosen by the respective Clerkship Directors. The mentors should be senior faculty who are more familiar with physical examination skills, have a demonstrated interest/commitment to teaching medical students, and be willing to undergo validation of their skills through peer review. Faculty development will be necessary to assure a consistent experience for all students.

Providing an equivalent experience outside of UVA is also an issue. Nearly one third of the students next year (05-06) will not be doing their Internal Medicine clerkship here at UVA. Dr. Rein will meet with the faculty at Roanoke and Salem in the next month to discuss this.

Evaluation of the program will be accomplished by

Historical controls (not ideal, but probably the best we have)

CCED program: standardized patients could be designed to emphasize skills covered in CSE

Performance on CPX

Performance on CS

Possibly a written type of summary from the students such as in PoM2, which would be graded

5. The Curriculum Committee heartily endorses this program and asks that it be developed for the entire 05-06 class.
6. Access to Health Sciences Library resources from Roanoke and Salem VA. Linda Watson reported that students at Roanoke and Salem are having difficulties gaining access to UVA Library resources at these outside institutions. In order for a student to have access to UVA Library/computer resources, they must use a proxy account. Due to security issues, the computer systems at these institutions will not allow proxy account access. The Health Science Library team is working on finding a solution for this. To insure an equivalent experience for all students, library/computer access should be available at all sites.
7. Cells to Society Update. (Chris Peterson) Dr. Peterson needs to recruit one more basic science faculty member for this year's Cells to Society program. She asked Bob Bloodgood to provide assistance in filling this opening if possible.

Dr. Peterson has also received a request from a Professor at Case Western Reserve who would like to observe the Cells to Society Program this year. He would also be available to lecture if this would work with the curriculum. She will explore this further.

The next meeting of the Curriculum Committee will be Thursday, August 25, 2005 .

William Wilson, M.D.
dmr

University of Virginia School of Medicine Curriculum Committee Minutes 08.25.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary) Guests: Joyce Hamlin, Joel Hockensmith, Selena Noramly

1. Announcement of new Curriculum Committee members. Drs. Jennifer Harvey and Daniel Becker are welcomed to the Curriculum Committee. See the updated web site:
<http://www.healthsystem.virginia.edumembers-page>

2. Medical Biochemistry 2005 – Course Review Update. (Joyce Hamlin, Joel Hockensmith, Selena Noramly)

After review of the Biochemistry course in February, 2005, the Curriculum Committee offered several suggestions for improvement of the Course. The Departmental Chair, Joyce Hamlin, the Course Director, Joel Hockensmith, and the Course Coordinator, Selena Normaly are now invited back to update the Committee on their efforts to improve the course. Dr. Hamlin stated “the number one educational mission of the department was to offering a first-rate and popular Human Biochemistry course.” She felt that the 2004 course was the result of an unfortunate confluence of circumstances that will not occur again this fall and that all of the individuals involved in the course were working together to make sure that things are on track for success. Dr. Hockensmith outlined their recent modifications to the course:

I. Lecture Notes:

A. Handouts have been completely reformatted to include:

- Lecture outline
- Recommended Readings (textbook references)
- Learning objectives
- Lecture specific page numbering

- Lecture specific figure and table numbering
- Complete set of notes at the beginning of the course

B. Powerpoint presentations are coordinated with the lecture notes and posted on the WWW following lecture (printer-friendly and viewer-friendly versions)

C. Corrections to the handouts and presentations are made to the appropriate files and posted immediately on the WWW.

II. Teaching:

A. Course “retreat” on June 28th

- Drs. Wotton, Mayo, Grant and Noramly gave presentations of one of their lectures, which were taped and provided to the faculty.
- Drs. Noramly and May then had their lectures evaluated by the Teaching Resource Center and were provided with feedback. R. Noramly has also attended workshops held by the TRC.
- In addition to the historical “in-class” review sessions, the faculty have added “consult” times when they are specifically available to answer questions on a “walk-in” basis. The consult times are listed on the syllabus and are interspersed with the in-class reviews. Consults are held in a common room in the BMG department.
- Dr. Noramly has enlisted the aid of volunteers from the class to act as a student advisory committee. This committee provides feedback with respect to each lecture and meets with Dr. Noramly on a regular basis. Dr. Hockensmith will collect the feedback with respect to Dr. Noramly’s lectures and will also meet with the students.
- Dr. Hockensmith has been participating with the Academy of Distinguished Educators subcommittee on teaching assessment to develop an instrument for peer evaluation. An instrument has been prepared. Feedback will be provided to the individual faculty.
- Dr. Noramly is working with the Office of Medical Education and providing tutorial help for struggling students.

III. Exams:

- A. The course grading system will consist of Pass or Fail only. We will provide percentile scores after each examination so that you can know your relative standing in the class. Based on historical grades and mean, passing is generally assured for a score of 70%.”
- B. Following scoring of the exams, students may review their examination by “signing out” the exam. Following a period approximating one week of availability, the faculty will hold an exam review session. The two exam review sessions have been scheduled and are listed on the course syllabus.
- C. All exam questions will be peer reviewed by the other faculty who have questions on the exam, as well as by the course director and coordinator.
- D. Dr. Noramly hosted Dr. Christine Peterson and the Medical Biochemistry faculty for a test question-writing workshop on July 29th.

IV. Practice Quizzes:

- A. The number of questions has been approximately doubled.
- B. Explanations of answers have been added and/or expanded.

V. Online Quizzes:

- A. There are four quizzes schedule: two during the week and two occurring on a Friday plus the weekend.

Dr. Normaly noted that the Teaching Resource Center review of one of her lectures to be very helpful. All teaching faculty have been strongly encouraged to participate. The actual number of participating faculty is not known, as the TRC is a confidential service.

The practice quizzes are a work in progress – explanations have been added or expanded for the lectures to date and will be amended throughout the course this year as lectures are presented.

Dissatisfaction of the students with Biochemistry courses seems to be a nationwide problem. First year students seem to have difficulty understanding the relevance of Medical Biochemistry. The current Mulholland report, suggests Biochemistry focus on more “relevant” (disease related) topics and remove extraneous material from the course. In fact the Basic Sciences are basic building blocks. Some information presented may be relevant to one specialty but not to another.

It was noted that Biochemistry as tested on the NBME exams, is virtually all done in the form of case based clinical scenarios. It was suggested that each Biochemistry lecture contain a short clinical vignette (1-2 minutes and 1-2 Powerpoint slides) to help convince the students that the material being taught is relevant. Dr. Hockensmith noted that it is often difficult for a Basic Scientist to discuss clinical problems with students as the lecturers often have no clinical experience themselves. He noted that over the years he has actively searched for a Clinical Co-director but had been unsuccessful in finding a faculty member willing to devote the amount of time necessary.

Selena Noramly was asked to provide course “progress” notes to the Chair of the Curriculum Committee by e-mail, including input from her biweekly meetings with the Biochemistry Advisory Group.

In summary, the Committee was most satisfied with the enormous efforts made by the department to improve the Human Biochemistry course as outlined above. The positive “can do” attitude and willingness willingness to “correct on the fly” based on formative evaluations derived from both student and peer review is applauded. If the Curriculum Committee can help please contact us immediately.

3. Microbiology Course Director. Dr. Tom Parsons nominated Julie Turner, Ph.D. for the position of Microbiology course director. The Curriculum Committee unanimously approved Dr. Turner as the new Course Director for the Microbiology Course. Drs. Bloodgood and Gazewood, Co-chairs of the Principles of Medicine Committee and models for organization and planning, were asked to offer their expertise to her as she assumes her new role. By virtue of her position as course director, Dr. Turner will be a member of the Principles of Medicine Committee.

4. The next Curriculum Committee meeting will be Thursday, 9/1/05 , 4:00 in the Surgery Conference Room. The agenda will be sent via e-mail.

Donald J. Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes
09.01.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. Neurology Clerkship Grades. The Neurology Clerkship will retain Pass/Fail grading for the 2005-06 and 2006-07 course years. In 2007-08 Neurology will begin using the A-F system as is used by other clerkships. The Curriculum Committee would like to see comparison data from past and future years for evaluation purposes. Please see Dr. Short for study design.
2. Basic Science for Careers (BSC). Don Innes met with the Director of BSC, Debra Perina, to discuss development plans. She will be assembling a planning committee and will contact Anthony DeBenedet and Sixtine Valdelievre for help in recruiting student members. Again the Curriculum Committee is interested in evaluation studies of this program. Will the BS4C program achieve its objectives? What unforeseen outcomes may develop? Both formative and summative evaluations must be implemented. Please see Dr. Short for study design.
3. Center for Humanism in Medicine (CHM). Dan Becker, Director of CHM, outlined the program for the Curriculum Committee.

The Center for Humanism in Medicine (CHM) at the University of Virginia School of Medicine fosters and sustains the humanistic impulses that draw students, residents and faculty to medicine and enrich its practice. CHM has three goals:

to demonstrate and investigate new ways of teaching the human, social, and cultural dimensions of illness, health and health care;
to provide programs that lead to professional development and personal renewal;
and to make the humanities and arts a significant presence within the academic medical community.

CHM introduces the humanities and the arts into the medical curriculum and into the life of the academic medical community, with the goal of enriching the study and practice of medicine through attention to and reflection on humanistic values, expressions and traditions, including spiritual and ethical concerns. A program of the Dean's Office, CHM offers interdisciplinary educational opportunities for students, residents and faculty, and helps link the School of Medicine with the College and Graduate School of Arts and Sciences and the University's other professional schools.

The Center will review when/where/how Humanism is incorporated into the School of Medicine undergraduate curriculum and seek to enhance it. Dr. Becker noted that there has been concern about the loss of "humanism" in the third year. Faculty and resident development will be necessary to remedy this. Attempts have been made to attract residents to "support groups" but have not been well received in light of the 80 hour work week. The possibility of establishing a "blog" on the internet was mentioned. The third year Clinical Conversations which are a part of the Clinical Connections course, will be revamped to include humanism topics. The Center will also be looking to incorporate topics into the curriculum of PoM1 and PoM2. Chris Peterson mentioned that winners of the Humanism in Medicine awards might be interested in helping the Center identify where humanism is now in the Curriculum.

4. Selective/Elective Program. The Selective/Elective program will begin in a modified version in 2006-07 with full implementation in 2007-08. The clinical Medicine Committee is to begin work on development of the Selectives. Some will be "testing" proposed Selectives as two week electives this year. Bill Wilson was asked to work with Meg Keeley, Electives Director, and assemble a small working group to get the selectives going and report back to the Curriculum Committee sometime in October. The selectives program will allow the student more time early

in the fourth year for independent exploration to aid them in their career choices. Another objective of the program is to enhance our student's abilities prior to residency interviews by providing more experience in their chosen field.

It was suggested that an ad hoc committee be established to monitor this program and assemble information for an educational research project. It is important to begin now so we have a control group. Dr. Peterson was asked to seek a junior faculty member on an education tract who might be interested in taking this on.

The need for student mentors from the medical faculty and appropriate development of the mentors was discussed. This will be explored by the Wilson/Keeley working group. It was suggested that PoM-1 preceptors might continue to meet with their groups in a career advisory capacity during third year until which time a student narrows his/her career choice and can then select a mentor from that field. Faculty development for advisors is required.

Donald J. Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 09/08/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. Neuroscience Curriculum Review scheduled for today has been postponed at the request of the Neuroscience Course Directors.
2. Professionalism (Nancy Payne). Much emphasis has been placed on professional behavior over the course of the past several years, with national effort given to create a comprehensive definition of professionalism. Like other skills in medical education, professionalism is learned through the formal (syllabus), informal (role-modeling), and hidden (underlying framework) curriculums. Identifying informal and hidden curricular elements is difficult due to the implicit nature of these components.

National organizations such as the National Board of Medical Examiners (NBME), AAMC and ABIM have composed the most widely used definitions of professionalism. In this new era, medical universities are adopting the national definitions of professionalism and highlighting the importance of teaching and evaluating this core skill.

Although UVA identified professionalism as one of its twelve learning objectives for medical student education in 1996, the difficult task of isolating this curricular component has inhibited its full evaluation. This project was designed in order to assist the Curriculum Committee in determining whether teaching of professionalism is adequately addressed in medical education at UVA. The NBME definition of professionalism has been selected by the medical school to study student learning and perform student evaluation.

NBME definition of Professionalism

- Altruism
- Honesty and integrity
- Caring, compassion and communication
- Respect for others
- Respect for differences
- Responsibility and accountability
- Excellence and scholarship
- Leadership
- Knowledge of and skills related to professionalism

Curriculum evaluation reveals that the skill of professionalism is taught throughout the four years of medical training explicitly in the formal clinical curriculum. Implicit instruction in this skill occurs through the informal and hidden curriculums. Examples of elements that bridge the informal and hidden curriculums with the formal medical school curriculum include: the White Coat Ceremony, student professionalism performance feedback forms, the Humanism in Medicine Honor Society, and a Healer's Art course.

Additional teaching within the informal curriculum has been elicited by student response to a clerkship survey. Preliminary data from clerkship students collected during the 2004-2005 pilot year reflect that students observe professional behaviors while on their clerkships. Students most cite communication skills of residents as an exemplary model of professionalism. However, feedback from students implies that there are breaches of professionalism by peers, residents, and faculty during their clerkship experience, notably in the areas of confidentiality, disrespect of other professionals, and offering sub-optimal patient care.

Review of faculty development programs and policy manual updates overarching the health care system reveals hidden curricular elements emphasize professionalism through CME (continuing medical education) and the creation of new institutional policies. Additionally, resources and evaluation activities have been dedicated to this skill through institutionally driven research grants.

The formal, informal, and hidden curriculums at UVA address the skill of professionalism. The formal instruction given to the skill of professionalism is

not necessarily where students learn the most about professional behavior. As students witness resident and faculty role-modeling of professional and unprofessional behaviors and become attuned to the messages medical schools and hospitals give with respect to institutional policies, resource allocation decisions, and post-graduate educational activities, they learn from informal and hidden curriculums.

Even with formal curricular emphasis on professional behaviors, there is concern that curriculums may teach our students inadequately when the students' clinical experience teaches them unprofessional behaviors. The learning of professionalism can be described along a continuum, with positive and negative influences sharpening the development of this skill. The attainment of professional standards should be sustained and the attrition that results from negative influences should be minimized.

Next steps of this project include further collection of data for curriculum evaluation, raising awareness of and discussion of planned interventions to address uncovered issues of concern.

The Committee responded that instruments for assessing professional competency should be developed and professional competency be measured.

Mechanisms for anonymous reporting by students of unprofessional behavior were discussed.

A poster with the above information is being prepared and will be placed outside the Health Sciences Library in the near future.

3. Clinical Connections. (Reid Adams) Reid Adams updated the Committee on recent improvements to the Clinical Connections course. The Clinical Conversations have been suspended temporarily and will be returning in a new format in the future. One CC in February at this point is still available for a new topic. The Curriculum Committee noted that cultural literacy is very important and might best be covered in a CC session. Reid Adams noted that a person to run this program will need to be recruited. Fern Houck in General Medicine, Norm Oliver or Ross Isaacs were suggested as possible candidates with help from Ann Chapin who already organizes people from different cultures to meet with PoM1 students. Having Anne Chapin involved would avoid overlap with PoM1 and help deliver a fresh approach. If this can be put together before February, the Curriculum Committee heartily endorses this program. Reid Adams would like to try to move all the sessions back to Fridays next year if possible so that the Nursing School could be included.

Donald J. Innes

dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 09/22/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. Human Patient Simulation. (Marcus Martin) Dr. Martin provided an update on the Life-Saving Techniques Workshop added to the UVA Medical School Curriculum and an overview of the emerging utilization of simulation in medical education. The Life-Saving Techniques workshop accommodates 36-40 students at one time and occurs four times per year at the present time.

The objectives of the Life Saving Techniques workshop are to:

- Recognize common life threats
- Prioritize actions
- Utilize resources appropriately
- Take immediate critical actions
- Understand other important actions needed to effectively manage the patients
- Introduce life saving techniques

The Learning Module Includes:

- Seven simulated cases
- Discussion of common life threats for each case
- Discussion of immediate critical actions for each case
- Discussion of other actions for each case
- Outline of basic management principles
- List of common emergency life saving procedures
- Video of thoracotomy technique
- Video of cricothyroidotomy technique

Dr. Martin gave a brief history of the Development of Mannequin Simulators for Clinical Education.

Advantages of use of the HPS include:

- Patient safety: practice without risk
- Early exposure and competence
- Education on demand

Standardization of curriculum
Mitigate time and chance
Efficiency in a new era: acceleration of the experience curve
Problem based learning/teaching by the case method
Bring the cases to life

Patient Care Simulation Examples

Acute myocardial infarction/thrombolytic drug use
Obstructed airway/cricothyrotomy
Ventricular fibrillation/cardiac arrest
Anaphylaxis
Acute Shortness of breath: congestive heart failure, pulmonary embolus, asthma
Shock: septic, cardiogenic, hypovolemic
Resuscitation of multiple patients, mass casualties due to trauma
Weapons of mass destruction, chemical terrorism

Students show statistically significant improvement in quality of team behaviors and reduction in the clinical error rate and improvement in attitudes towards teamwork through simulation training.

Uses of HPS:

ACGME Competencies	ATLS
Board Certifications and Recertifications	PALS
Undergraduate (Med Schools)	Paramedic Training
Nursing Schools	Lay Public Education
ACLS	Disaster Preparedness

Student evaluation of the course has been positive with each of the six stations receiving the following scores:

#1 Please rate each station: 1=Poor, 2=Fair, 3=Average, 4=Good, 5=Excellent

S1-Chest tube and DPL: 4.58

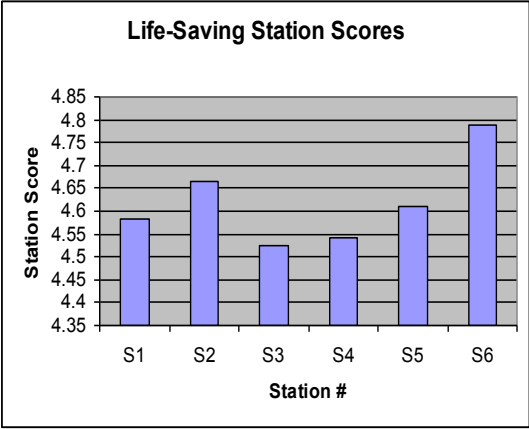
S2-Airway Intubation: 4.66

S3-Cricothyrotomy: 4.52

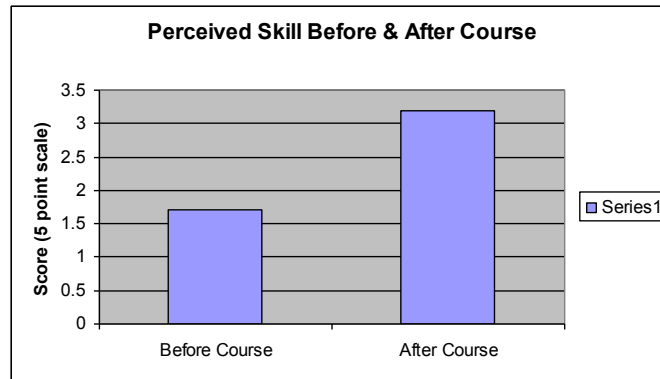
S4-IV/IO Access: 4.54

S5-Advanced Airway Skills: 4.61

S6-ECS Demo in ER: 4.79



Student perception of their own skill level:



Dr. Martin noted that there are many types of simulators available:

- | | |
|--------------------------------|---------------------------------------|
| Human Patient Simulator (HPS) | Airway Simulator |
| Emergency Care Simulator (ECS) | Central Cath Sim |
| Cardiac Cath Sim | TraumaMan SimMan |
| Endoscopy Sim | Endovascular Skills Sim |
| Bronchoscopy Sim | Anesthesia Delivery Sim |
| Ultrasound Sim | Resuscitation Drug Recognition System |
| Peds Sim | Pelvic Exam Sim |
| Baby Sim | Dysrhythmia Generator Sims |
| Surgical Sim (Laparoscopy) | |

At present, finding rooms to accommodate the Life Saving Techniques sessions is very difficult and much time spent setting up and removing the equipment from various rooms. The new medical education building will have a permanent site for the Simulation and LSL Center which should alleviate this problem. Funding for permanent staff to maintain and operate the equipment must also be found.

Dr. Martin, when asked if he had a preference for the day of the week that the LST workshops occur, replied that Friday might be preferable because of the decreased volume in the ER on that day.

Dr. Martin also noted that once there is a permanent facility for the HPS, workshops can be expanded to include disaster preparedness, pediatric patients, as well as many other topics.

Donald J. Innes
dmr

Curriculum Committee
Minutes 10/06/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary) Guests: Elizabeth Bradley, Veronica Michelsen, Nancy Payne

1. **Clerkship Clinical Skills Education Project.** (Eugene Corbett, Elizabeth Bradley, Veronica Michelsen, Nancy Payne). Dr. Corbett led a discussion of the project.

This grant funded program has been developed by Eugene Corbett, Elizabeth Bradley, Karen Maughan, Veronica Michelsen and Nancy Payne with the following goals:

1. Expand clerkship clinical skills workshops
2. Develop a clerkship clinical skills assessment program
3. Establish a clinical skills education website
www.med-ed.virginia.edu/courses/clinskills

The program encompasses a number of clinical skills workshops presented by the following departments:

Internal Medicine (AIM)	12
Family Medicine	13
Pediatrics	4

During the first year of the Clinical Skills Assessment project (03-04) the focus was on the process of skills assessment. Eleven cases were piloted and 25 third and fourth year students were assessed.

During the second year of the project (04-05) eight cases were piloted and 125 students were assessed in December and April.

During the current third year of the project (05-06) sixteen new caes were developed and class wide assessments will be made in December and April.

The directors of the program would like to expand the program to other clerkships in subsequent years.

Faculty are directly involved in the project as OSCE case authors, assessment station observers, trainers (of standardized patients and station observers) and as workshop leaders.

Faculty Participation 2004-2005

Internal Medicine	19	Radiology	1
Pediatrics	10	PM & R	1
Family Medicine	5	Psychiatry	1
Medical Education	4	Neurology	1

The OSCEs are formative in style, involving:

- Pre-testing
- Assessment exercise
- Self, SP and faculty evaluation (online)
- Instructional feedback about performance

Dr. Corbett presented data on faculty observation of the students' skill performance as well as students' perceived skill levels. Faculty and students both use the same evaluation checklist to evaluate the skill level that includes:

- A detailed list of observations, specific to each skill assessment exercise.
- Describes the skill performance behaviors.
- Guides standardization of clinical skill evaluation by all observers.
- Analysis of the checklist items allows for a more specific identification of student skill performance strengths and weaknesses, and problematic assessment item issues.

Dr. Corbett stressed the importance of standard setting and how clinical skills should be taught and assessed in the curriculum? He asks for comments from the Curriculum Committee on:

How best to implement a curricular feedback process: utilizing assessment results to inform improvements in teaching?

On Faculty development and how to best enhance skills education in the curriculum?

On the future of clinical skills education and how to best engender involvement of other clerkships? Grant ideas?

ON the TRVU issue: how best to ensure broader faculty involvement and credit their effort?

The Committee discussed the requirements of the LCME clinical skills examination (2CS) and the effect this project has on student performance on this examination. Discussion centered around what skills students are expected to learn from the clerkships and how best to evaluate student performance on these skills. The Passports with the new ED2 requirements were felt to be one step toward proper evaluation. The possibility of an intense one to two week "selective" in the new curriculum devoted to clinical skills was also raised.

Dr. Corbett also asked the Committee to forward any suggestions for further funding for this worthwhile project to him as the grant will expire after this year leaving the project unfunded. While the project eventually may become part of the standard medical curriculum, development funds are still needed for the immediate future.

Handouts from the meeting will be sent to those not present. All Committee members are encouraged to provide feedback to Dr. Corbett ecc9h@Virginia.EDU.

William G. Wilson
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 10/13/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. Cells to Society. (Chris Peterson) Chris Peterson updated the Committee on the Cells to Society Program.

The Program Focuses on and connects ***the patient*** to all other aspects of the Foundations of Medicine curriculum. It is intended to ***inspire*** and ***motivate*** students to learn the knowledge, skills, and values needed for the practice of scientific clinical medicine.

Goals:

- Demonstrate to first year medical students how the care of a patient raises questions across multiple domains in addition to clinical medicine, especially:
- Biomedical science
- Society
- Culture
- Economics

Course Objectives:

- Introduce the UVa SOM “Competencies Required of the Contemporary Physician”
- Introduce important learning experiences
- Patient interaction

- Small group work
- Case-based study
- Self-directed learning
- Self-reflection
- Consultation with experts

Student Objectives:

After participating, the 1st year medical student will be able to:

- Explain to peers at least one significant feature of the disease studied in each of several areas: Clinical, “Cells”, “Society”.
- Explain to peers at least one way in which a clinical feature relates to a “Cells” feature and a “Society” feature.

Cells to Society Schedule August 10-12, 2005

Wednesday	Thursday	Friday
Intro and patient interview Epidemiology, pathophysiology, and natural history	Breakfast Field trips Team learning	Stem Cell lecture "Ostrich" lecture Expert panel Dean's wrap-up
Lunch Resource Fair Small groups (with pt. interview) Library intro	Team learning Small groups report	

Cells to Society: Evaluation

Both students and faculty were asked to submit course evaluations. Students were asked qualitative, experiential, and narrative questions. Today's focus is on the student evaluations.

Students responses:

What grade would you give this course?

	2004 (n = 109)	2005 (n = 128)
A	51%	55%
B	40%	43%
C	8%	2%
Avg.	3.43 ± 0.64	3.54 ± 0.53

Was it helpful to start medical school with a broad introduction to a medical topic?

Yes = 127 (99%) No = 1 (1%)

Comments included:

It helped me ease back into the learning environment, get excited about the future, and introduce me to the resources available to me over the next four years.

The course got me thinking about all the different things I would have to master to become a great physician. I was surprised. I didn't think it would have this effect on me.

Was it helpful to start medical school with a broad introduction to a medical topic?

A great way to pull a student into the community of medicine.
 It allowed me to see just how many issues one disease can raise in the life of the patient, as well as how many biomedical science issues are brought up.
 It was terrific to participate in a group patient interview on the first day.
 I was very nervous about starting medical school, but this course helped me to remember exactly why I wanted to become a physician in the first place, and helped to transition my nervousness to excitement.

What did you learn about yourself?

- Most specified school-related issues
 - ◆ Knowledge base
 - ◆ Need to acquire skills
 - ◆ New interest, esp. in “society”
 - ◆ Application to own lifestyle
 - ◆ Personal quality comparison to classmates
 - ◆ Confirmation of desire to become a doctor
 - ◆ Reassurance that “big picture” needn’t be set aside for two years
- “Nothing” n = 21

What did you learn about the faculty?

Praise for:

enthusiasm	◆ diversity
friendliness	◆ well-roundedness
approachability	◆ supportiveness
intelligence	◆ welcoming attitude
collegiality	◆ devotion to teaching
openness	◆ comfort with still being learners
insightfulness	◆ genuine interest in students
compassion	◆ “dedication to humanitarian ideals”
helpfulness	

What did you learn about your classmates?

- Diversity of background
- Similarity of characteristics and goals
- Search for cohesion and group identity

Resource Fair – [Some students confused this with the “Activities Fair”]

- Excellent, good, interesting, useful, exciting, helpful: 55
- Poorly organized, too crowded, too many students: 12
- OK, somewhat useful, not sure: 5
- Not very useful: 5

Comments included: “Excellent. A really low-key way to learn a lot from a variety of experts and activists. This was one of my favorite aspects of the course.”

“The Resource Fair was interesting and a nice break from lecture, as it allowed us to get up and stretch our legs and communicate 1 on 1 with different interest group speakers.”

“I did not understand the purpose of the resource fair, Though it did help to educate me about certain aspects of diabetes it otherwise seemed irrelevant. If its sole reason was to educate about diabetes then it was good.”

“Very interesting albeit somewhat disorganized. I walked up to several booths only to arrive midway through an explanation or demonstration.”

Field trips

- Mildly to wildly positive: 89
 - ◆ New resources
 - ◆ Relevance
- Mildly negative to very negative: 26
 - ◆ Ill-prepared hosts
 - ◆ Logistics

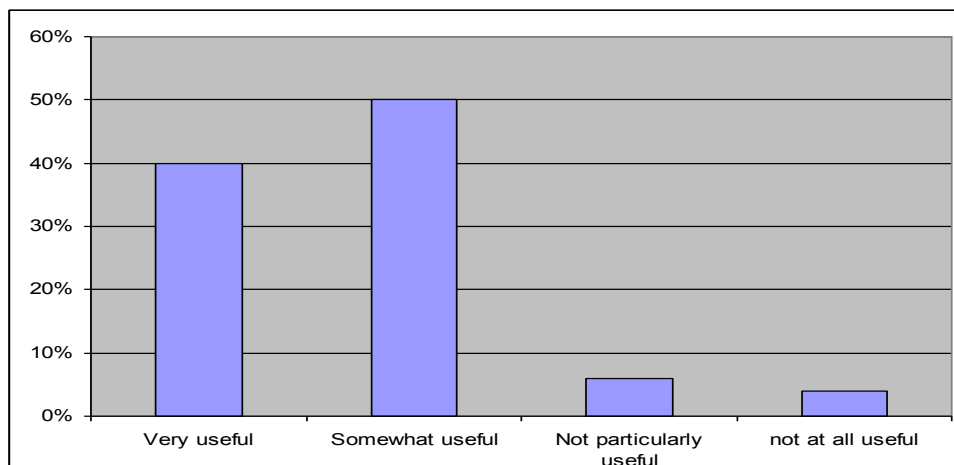
Comments on the field trips were mixed according to where the students were sent. The course organizers will try to determine which of the sites were not well received and either improve or eliminate them.

Patient Interview in Small Group

- Positive: 102
 - ◆ Amazing, fantastic, extremely interesting, very insightful, wonderful patient, eye-opening, moved the disease from the textbook, sobering, made the disease tangible, most interesting part of the course, most useful event of the week, I found myself thinking that I am really in medical school,.....etc.
- Constructive comments: 15

Bob Bloodgood who was a facilitator at one of the patient interviews asked that in the future patients be “picked up” from the interview site to allow time for the mentors to meet with the students after the interview.

How useful was small group in developing learning objectives?



What did you think about developing learning objectives and presenting them to your small group?

Liked: 87 (68%)

Disliked: 41 (32%)

Comments included:

It was very beneficial to us as future medical doctors to learn to ask questions, research answers, and present medical finding in a supportive and inquisitive environment.

Great aspect of the course because 1) We got a chance to know our classmates better by working with them, 2) We were able to be “mini-professionals” and learned much more about diabetes, and 3) We were able to learn several aspects about diabetes in a short period of time by listening to our classmates’ presentations

It forced us to get to know a couple of fellow students in a deeper way; it allowed faculty to stretch our ways of thinking through follow-up discussion; and it showed us how to research effectively at UVA’s libraries.

It was a great idea. Being able to research and present is the best way for me to learn. It is unfortunate that there is too much info to do it more often.

At first, I thought it was silly busy work. But then once I actually did the research and learned some new information I wouldn’t have learned otherwise, I found the reports to be quite educational.

Frustrating to work with total strangers on a vague assignment when we didn’t understand what kind of resources we were expected to use.

Very rushed. I wish I had more time to understand what we were learning.

The exercise felt very forced – awkward to work in a small group of strangers, unwieldy to come up with learning objectives, stressful to create a good presentation in so little time.

Next year, the scope of these presentations could be better defined simply by providing a couple more examples of good learning objectives and reports to the class.

What surprised you about this course?

- Nothing: 38
- Faculty and school: 19 (high level of involvement, “larger picture” of disease)
- Program items: 16 (report, activities, free time)
- Knowledge and learning: 15 (facts, learning modalities)
- Diabetes: 15 (prevalence, complexity, impact)

- Patients: 8 (accessible, non-compliant)
- Fellow students: 3 (wide range of pre-existing knowledge)
- Doctoring: 1 (role and impact)
- Critical comments: 3 (no “hard science”, more prep)

What recommendations do you have for improving this course?

- None: 18
- Shorten it: 11
- Better coordination among lecturers: 4
- More time in/coordination of Resource Fair: 9
- Smaller/better prepared field trips: 11
Choice: 6 An additional field trip: 5
- Eliminate reports: 8
- More time for Expert Panel: 12

Chris Peterson and the rest of the team will work to address the student concerns gleaned from the evaluations. They are happy with how well-received the program has been by the students. They are also very pleased with how successful their recruitment efforts for faculty mentors and speakers has been. This has not been a problem even next year when the course begins a week earlier in August. Diabetes will remain the focus of the program for next year’s program, however, other topics will be considered for future years.

William G. Wilson
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 10/20/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. OB/GYN Clerkship Director. The Curriculum Committee enthusiastically approved Dr. William Herbert’s nomination of Dr. Megan Bray for the position of OB/GYN Clerkship Director.
2. Clerkship Grades. Clerkship Directors are to be reminded that grades must be submitted to Student Affairs within five weeks of the completion of the course. Problems with some of the clerkships not following this procedure are being addressed. Dr. Wilson will remind all clerkship directors of the need for timely assessment of students.

3. Mulholland Report. Anthony DeBenedet presented the findings from the 2004-05 Mulholland Report which will be published 11/1/05. This report is compiled by students in the current fourth year class (~50 students contribute to the student data and ~30 more work on faculty data) and focuses on their clerkship year. This report will be used as reference for the LCME survey.

The individual approval numbers for clerkships have remained largely unchanged from last year's report. Average scores for all clerkships were in the 3.2 - 3.8 range (0-4 scale with 4=A; 3=B). Approval numbers have also remained relatively steady between individual clerkship sites. While difficult to evaluate differences between sites, higher numbered scores at some sites usually indicate either very involved and dedicated faculty members or the student's ability to have more hands-on experience due to the nature of the site.

Student evaluation of teaching in the clerkships remained steady at 4.22 for housestaff and 4.5 for faculty (out of a possible 5), this in spite of the reduced work week for housestaff.

The students comments seemed to demonstrate improved communication opportunities with patients and also among their team members. Rare incidents of unprofessionalism were noted in the survey. The students did mention that they would like more experience in physical diagnosis/clinical skills.

Many students would like a more comprehensive orientation when starting each clerkship with expectations and student roles clearly outlined. The Committee felt that if these expectations were more clearly defined there would be less "down" time for the students. Jerry Short offered an article from the New York Times entitled "Your Intern is Both Sleepy and Bored, Feel Better?" The Curriculum Committee and/or the Clinical Medicine Committee should address this concern in a future meeting. One suggestion was that students be encouraged to visit with patients under their care during down times to gain valuable clinical and historical information.

Disenfranchisement of the student's role on the medical team due to hospital/departmental policy was discussed. What a student can and cannot do on the wards or in the clinics is defined by departmental as well as hospital policy. It was suggested that someone from Hospital Administration as well as Rebecca West from Piedmont Liability be invited to a Curriculum Committee meeting to talk about this issue. Student initiative also contributes to how much the students gets from each clerkship.

The Committee discussed the new Hospital Clinical Information System and it's effect on student education in the clerkships. Jerry Short has discussed Medical School needs with Steve Borowitz but is still unsure what effect the system will have on medical education.

Students were very enthusiastic about the Clinical Skills project workshops. The Curriculum Committee hopes that funding will be obtained to continue this very successful project.

Donald Innes
dmr

University of Virginia School of Medicine Curriculum Committee Minutes 11.03.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Heidi Scrable, Kevin Lee, Debra Reed (secretary)

1. Neuroscience Course Review. (Heidi Scrable, Kevin Lee)

Heidi Scrable outlined the strengths and weaknesses in the 2004-05 Neuroscience course.

Primary strengths include 1) above average scores on their ULMLE Step 1 exams in the field of neuroscience, 2) a substantial component of clinical correlations and 3) small group problem solving.

A notable weakness is the relatively small number of core teaching faculty, due to the small size of the department. Neuroscience has 9 faculty members in comparison to most basic science departments of 25-35 faculty members. She notes they are fortunate to be able to draw from other clinical departments such as neurology and neurosurgery. Staffing small group sessions is difficult. During the 05-06 course, in addition to coping with the overall restructuring the first year schedule, the Med Neuro course lost instructors responsible for 15% of the lectures. The Committee offered help in recruiting more faculty from other departments such as Neurosurgery, Neuropathology, and Radiology.

Another weakness is in the web-based instruction and this is the direct result of a lack of personnel to implement the program.

Student evaluations have been varied. Last year, mainly due to confusion with the schedule, students did complain that the course seemed disorganized. There have been no problems with the schedule this year. Students also believe the course is difficult but Dr. Scrable concedes that while it may be difficult, results of the student boards scores confirm content is appropriate.

Last year, responding to student requests, on-line quizzes were developed and have been expanded for 05-06.

Don Innes noted that in a recent meeting with third and fourth year medical students, there comments about the Neuroscience course as well as other basic science courses were strongly positive. The Committee discussed the organization of a panel discussion for first year students with third and fourth year students to help demonstrate the relevance of the basic science courses. The Committee also believes the move of the Neurology clerkship closer to the Neuroscience course (from fourth year to third) will be an asset.

The students also comment about the varied teaching abilities of faculty/residents. Residents and faculty in small group teaching are given a training session outlining the teaching points prior to the small group and case discussions. The Committee discussed the possibility of organizing training sessions for all residents in the School of Medicine in the form of CME to enhance their teaching skills.

Dr. Scrable noted that their small groups are made up of 35-40 students per group. They would prefer to offer smaller groups but are limited by the number of faculty which can be recruited.

The Committee thanked Drs. Lee and Scrable for their input on the Neuroscience Course. The Committee offered assistance in recruiting faculty from other departments and also assistance in any other aspect of the course the course directors needed.

2. The Committee briefly discussed the poor attendance noted by Chris Peterson at a lecture this week. Only 35 of the students attended a lecture on "motivating patient behavior change." The Committee discussed how to improve the students motivation to attend important lectures such as this one that cover a topic probably not covered anywhere else in their curriculum.
3. The Curriculum Committee will meet next week, November 10, 2005 , at 4:00 p.m. in the Surgery Conference Room. Agenda will include discussion of enhancing resident teaching skills, an update on the Principles of Medicine Committee meeting on November 9, 2005 and a discussion of the 05-06 first year schedule.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 11/10/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. Clerkship Grades. Dr. Wilson was asked to remind the Clerkship Directors that course grades must be submitted within 5 weeks of the end of the clerkship period. The importance of timely feedback to students on the clerkship experience is again emphasized. An ongoing updated table of clerkship evaluation completions should be e-mailed to all the course directors regularly. For instance:

Clerkship Grades 2005-2006

	Period 1 (6/27/05 - 9/17/05) Due: 10/24/05		Period 2 (9/19/05 - 12/17/05) Due: 1/30/06	
	Date Received	Status	Date Received	Status
Med		NA as of 11/10/05		
Fam Med	10/25/05	Complete		
Peds	10/14/05	Complete		
OB/GYN	10/28/05	Complete		
Psych		NA as of 11/10/05		
Surg		NA as of 11/10/05		
Neuro		NA as of 11/10/05		

	Period 3 (1/3/06 - 3/25/06) Due: 5/22/06		Period 4 (4/3/06-6/24/06) Due: 7/24/06	
	Date Received	Status	Date Received	Status
Med				
Fam Med				
Peds				
OB/GYN				
Psych				
Surg				
Neuro				

On Time = Clerkship grades received within 5 weeks of end of clerkship period (except Period 2 – extra week for holidays; NBME not report within that time)
Days Late = Number of days post the 5 week period

2. Electives/Selectives. Meg Keeley, Director of the Electives/Selectives will begin a series of individual meetings with the directors of the Medicine, Psych, OB/GYN and the Surgery subspecialties. They will discuss the 2 week length of the selective, frequency of their selectives – 2 week selectives/electives offered throughout the year, recruitment of students for their selectives, scheduling priorities for students identified with an interest in the subspecialty, the development of a short statement of goals and objectives – a stated curriculum, and evaluation procedures (P/F with narrative). It was noted that almost all of

the subspecialties previously participating in an early match are now participating in the ERAS regular match day.

3. MD,Ph.D. Curriculum Issues. The Committee was asked to clarify aspects of the MD curriculum as it relates to MSTP – MD/PhD students. The specific questions are below.

- 1) In spite of increased clerkship time for traditional med students, are MSTP students still only required to do 14 months of required clerkships? Has this number increased (or decreased) with these changes?

Requirements for the MD degree include 40 weeks of core clerkships (includes Neurology); 4 weeks of medicine selectives; 4 weeks of surgery selectives; 2 weeks of ob/gyn selectives and 2 weeks of psychiatry selectives; 4 weeks of the Advanced Clinical Elective (ACE).

The Advanced Clinical Elective (ACE) is required of students for the MD degree. See note below. The Committee believes that the high level of clinical thinking and patient care skills exercised in the ACE is a fundamental part of the education required for the MD degree. The MD/PhD student has limited clinical experience as the PhD research experience is allowed to substitute for the elective requirement.

- 2) Will we [MSTP students] be required to take "basic science for careers"?

The answer to this will depend on the final format of the BS4C course. Dr. Perina is in charge of the development of this course. At this time it is anticipated that PhD students would not be required to take this program; however, the BS4C may offer valuable opportunities for MSTP students depending on the course composition. The Committee will reserve judgment about the BS4C program until the curriculum for this course has been further developed.

- 3) Will we [MSTP students] be required to take the public policy class [Dx/Rx: US Health Care System course]?

Again this brings up the issue of what is required for the MD degree. The Curriculum committee finds that knowledge of social, economic and political issues in medicine are critical to the education of a physician and concludes that the Dx and Rx: The US Health Care System is required of all students for an MD degree.

4. USMLE Step 3. UVA students taking the USMLE Step 3 exam for the first time passed 99-100% of the time for the years 1998-2001.

5. Impact of the New Curriculum on First Year Students. Bob Bloodgood presented data from recent surveys of the first year medical students on the impact of the new curriculum.

Four generalizations from the comments of the Class of 2009 were outlined:

- a) Students are uniformly happy with pass-fail grading and felt that it reduces stress of medical school.
- b) A number of students expressed concern about Cumulative Honors and suggested it eroded benefits of pass/fail. None spoke in favor of cumulative honors.
- c) A number of students complained about the intense pace of the first year curriculum and the effects on their learning and their personal life.
- d) Several students spoke negative about the Exploratory in the first semester (relating it to the pressure of the fast pace of academic work and lack of free time for a life).

Scores on the mid term examinations from CTS/Physiology and Anatomy were also compared. Mean scores decreased slightly (different exams and amounts of material), but the number of students below the Pass rate remained consistent between years.

The committee considered this early data seriously and will continue to closely monitor the academic and well being of the class. Despite the relatively minor changes in the curriculum, the need for adjustments is not unexpected. Changes in the flow and pacing of material, relaxation and opening more opportunities in the service Exploratory, and more sessions with the first year class to explain and to listen, have started.

The Committee stresses the importance for faculty to exercise care in commenting on the curriculum as faculty attitudes are powerful influences on the perception of students.

The Advanced Clinical Elective (ACE) is a required 4-week clinical experience involving the highest level of patient involvement allowed a medical student. The purpose of the ACE is to better prepare the student for residency. The exercise of clinical thinking and patient care skills (e.g. diagnosis, prognosis, management) under direct supervision of attending physicians and senior residents is central to the ACE experience. It is expected that a special professional relationship develop between the attending and the student, modeling the principles and commitments of the physician's professional life.

Advanced Clinical Electives are offered in medicine, surgery, obstetrics & gynecology, neurology, and pediatrics. Each ACE is a clinical experience for senior students with primary emphasis placed on enhanced involvement with medical or surgical patients.

Each student will work up and manage together with the residents and attending physicians the medical or surgical care of selected patients. The student is assigned patients in whose care they will participate with the responsible physician. The ACE may also entail the supervised follow-up of discharged patients.

The goal of the ACE is enhancement of the student's training in clinical medicine by undertaking an important supportive role in the medical management of hospitalized patients under appropriate physician supervision and guidance. Students will be placed on the same call schedule as an intern and will participate with the upper level resident on assignment. For example, this includes following the same night call, weekend call and weekend rounds as the intern.

Donald Innes
Dmr

University of Virginia School of Medicine Curriculum Committee Minutes 11.17.05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. First Year Fall, 05. The Curriculum Committee will be reviewing the Fall, 2005 semester of the first year as soon as grades and evaluations are complete.
2. Clinical Medicine Committee. The Clinical Medicine Committee met on 11/16/05 . Clerkship directors were reminded to turn in grades on time. Don Innes announced at the meeting that the Curriculum Committee will be requesting brief updates from the Clerkships in January/February, 06. A "short" form to glean necessary information from the Clerkships was obtained at the recent AAMC meeting. This form will be distributed to the Curriculum Committee next week. Members should review and send comments or suggestions to Don Innes. The Committee does not want to overburden the course directors but believes some information on a yearly basis is necessary.

Bill Wilson met with a group from JCAHO (Joint Commission on Accreditation of Healthcare Organizations) today to discuss student's notes in patient charts. At the present time, whether students are allowed to make notes in the charts is determined by the individual departments. Many of the departments do encourage this as a part of the student's clerkship experience. It has not been mandated that each student note must be countersigned by an attending but this may happen in the future. Attendings are strongly encouraged to read and edit

for accuracy all student notes. The Curriculum Committee agreed that this is a valuable part of the medical student's education.

3. M.D., Ph.D. Program. Curriculum Committee requirements for M.D. as well as M.D.,Ph.D. students, discussed at last week's meeting, have been forwarded to Dean Pearson as well the Directors of the M.D., Ph.D. program.
4. Neuroscience Course. Funding has been offered for the chair of Neuroscience, Kevin Lee, to recruit outside lecturers for the Neuroscience Course. Neuroscience is in an unusual position with a small department and the loss of Virginia Taylor Lyons.
5. Graduation Survey. Jerry Short will place the graduation medical student survey results on the web. All the clerkship and course directors will be notified so they can review the information.
6. Resident Teaching. There is an LCME standard, ED-24 regarding preparation of residents as teachers. We currently have a short orientation for all new housestaff when they arrive in July. Following this individual departments address medical student teaching by the residents. The Curriculum Committee would like to better define and enhance what departments offer. The use of web-based educational opportunities as well as a series of high quality lectures as part of the regularly scheduled resident lecture series in each department was discussed. Drs. Gazewood and Rawlings are developing a web-based program in conjunction with John Jackson that might be useful to all departments. This would appear to be an appropriate topic for the GME retreat scheduled for January, 2006. The Committee will develop a statement for distribution to departments outlining the requirements for resident education as part of their graduate medical education curriculum.
7. Psychiatric Medicine. The Committee discussed the potential reduction of 3 hours of lecture and 2 small group sessions in the 06-07 Psychiatric Medicine schedule. It was agreed that redundancy between the Human Behavior and the Introduction to Psychiatric Medicine courses might be eliminated. [The committee has asked that the afternoons be free time with the exception of the 2-hours of PoM-2 and the 1-1/2 hour Clinician-Student-Patient Encounter. PoM-2 specialty sessions and Intro Psych Med with patients should each be carefully evaluated for educational need versus student wellness. The Core Systems course directors will meet November the 28th to finalize the 2006-2007 schedule.]

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes 12/01/05

Surgery Conference Room, 4:00 p.m.

Present (underlined) were: Reid Adams, Gretchen Arnold, Eve Bargmann, Daniel Becker, Robert Bloodgood, Gene Corbett, John Gazewood, Jennifer Harvey, Donald Innes (Chair), Howard Kutchai, Marcus Martin, Chris Peterson, Jerry Short, Bill Wilson, Anthony DeBenedet, Sixtine Valdelievre, Debra Reed (secretary)

1. Announcement to Teaching Faculty. The Committee reviewed a draft of an e-mail that will be sent to all teaching faculty. This e-mail will outline the 12 Learning Competencies (Objectives) required of medical students.
2. Residents as Teachers. Tom Massaro, Dan Becker, Don Innes and other interested faculty will meet to talk about Residents as Teachers (RATs) in the next few weeks. They will be looking at short term as well as long term goals for enhancing resident teaching skills.
3. Neuroscience. Kevin Lee is still looking for guest lecturers to participate in the Neuroscience course and is exploring other suggestions.
4. Short Clerkship Evaluation Form. Don Innes asked for comments on the draft of the new abbreviated clerkship evaluation form sent to members this week for review. The form's focus has been narrowed to ask for only critical information. It was suggested that a question regarding equity among clerkship sites be added. It was also suggested that the shelf exam scores be omitted since they can be provided to the Committee by Jerry Short. The Committee discussed whether comparing student grades and board scores across the various sites would be helpful. The Committee was asked to review this form again and e-mail suggestion to Don Innes by 12/6/05.
5. 06-07 Schedule. The second year course directors met on Monday 11/28/05 to finalize the 06-07 second year schedule. The Clerkship schedule for 06-07 has been distributed and will be finalized shortly. Bob Bloodgood and John Gazewood were asked to work on the 06-07 first year schedule, making any necessary adjustments based on survey information from 05-06.

Howard Kutchai asked that a meeting of the first year Physiology/CTS faculty who teach endocrinology be arranged with Drs. Wispelwey, Creutz, and Innes to help eliminate excessive duplication of material especially since this topic is covered both in May of first year and June of second year. Handouts from this material in both first and second year should be reviewed.

6. Basic Science for Careers. Don Innes met with the director of this program, Debra Perina, today. She will attend a Curriculum Committee meeting in January to outline her plans. It was suggested that parts of the program might be piloted in fourth year electives. This program is scheduled to become part of the curriculum in May, 08.
7. Academy of Distinguished Educators. Gene Corbett announced that Emil Petrusa, Ph.D., Associate Dean for Curriculum Assessment at Duke University, will be visiting UVA to meet with the ADE on February 8, 9, 2006. The Curriculum Committee would also like to meet with Dr. Petruso during his visit. Members suggested possible topics such as "innovations at Duke" or "how to assess whether curriculum goals are being met."

8. Clinical Skills Assessment. Dr. Corbett announced that the second clinical skills assessment of the year was very successful. Thirty faculty members were on hand during the exercise. Eight new OSCEs were developed this year and faculty are now working on eight more for April.
9. Clinical Skills Educator. The Committee would like to know how the Clinical Skills Educator project is working out. Michael Rein, charged with setting up the program in the Internal Medicine clerkship, will be contacted and asked for an update.
10. Guidelines on Sexual Health Curriculum. Chris Peterson has been asked to participate in a group in Atlanta to outline a sexual health curriculum.

Donald Innes
dmr