

University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 01.07.10

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelson, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden Lisa Herrmann, Evan Lapinsky, Debra Reed (secretary)

1. Clinical Performance Development Leadership. From a field of nine highly qualified applicants, Dr. Mary Bryant and Dr. Jennifer Marks have been selected as the co-directors for CPD - Preclinical Phase 1. It was a difficult selection process due to the number of excellent candidates. Dr. Bryant is a member of the Physical Medicine and Rehabilitation Department and Dr. Marks is a faculty member from General Medicine currently based in Orange. Both physicians share a special interest in medical education. The co-directors together with Eugene Corbett, Assistant Dean for Clinical Skills Education, will begin work immediately on developing and implementing CPD for the 2010 fall MCM portion of the Next Generation Curriculum. This group will also recruit CPD faculty and work with Sue Pollart to provide faculty development for the faculty.

The Committee discussed the proposed “college” system and whether the small group student members and mentors should remain constant throughout the 18 month period or whether the groups should be shuffled within the colleges. The co-directors along with Dr. Corbett should further research this and make a decision as soon as possible.

Evan Lapinski believes that most students would prefer to have some variety in group composition and preceptors throughout the 18 month period. Students who are assigned to groups made up of highly motivated students and preceptors are usually satisfied to stay with the same group but other less cohesive groups would definitely prefer to change. Changing groups forces the student to become comfortable in new groups of people much as they will experience in the clerkships years.

The Curriculum Committee welcomes Drs. Bryant and Marks and offers both their encouragement and assistance in developing the CPD curriculum.

2. Teaching Electives. The Committee discussed the role of teaching electives in the Next Generation Curriculum. At present, approximately 15-20 students participate in the fourth year teaching electives. The elective activities range from hands on teaching in the Anatomy labs to development of web resources and teaching aids in other courses. In the Next Generation Curriculum, having students/residents available to assist in the classroom with the active learning

portion of the class would be valuable. Student and resident participation will contribute to the success of learning studio activities. The Committee discussed the availability of students for these activities – i.e. potential conflicts with residency interview schedules. Dr. Nadkarni noted that SIM has used fourth year student in small group activities but it is very difficult to arrange consistently. Whether the activities should be compensated with education credit or financially compensated as are other TA positions here at UVA was discussed. Flexible teaching schedules may be the key. Electives Director, Dr. Meg Keeley will be invited to a future meeting of the Curriculum Committee to further explore teaching electives.

Providing students some type of formal teaching education was also considered. Whether this could be an on-line module and/or workshops possibly during the transition course was discussed briefly. If there is a formal program, the possibility of awarding completion certificates was discussed. If a formal curriculum can be developed it may be useful to the residency programs as well.

Students seeking PhDs in the basic sciences could also be valuable in the small group setting. There is a teaching requirement in Neuroscience graduate work which might be expanded to the other basic science departments. Randy Canterbury is exploring this possibility with Brian Duhling, Director of the PhD program in the School of Medicine.

3. Continuation of Discussion on Defining the Period Between the End of Systems and the Start of Clerkships

Volunteers/volunteered for subcommittee to work on this period of the curriculum

- a) Donna Chen
- b) Keith Littlewood
- c) Gene Corbett
- d) Chris Peterson
- e) Tina Brashears
- f) One or two 4<sup>th</sup> year students (Evan Lapinski will recruit)
- g) Librarian (Gretchen Arnold will recruit)
- h) Gerald Donowitz (instrumental in development of previous transition course)
- i) Student Advocacy Committee member (Bob Bloodgood, Jerry Short, Meg Keeley)
- j) Someone from the Health Policy Committee
- k) Evan Heald and/or Peter Ham

The group will be asked to meet and provide a preliminary plan to the Curriculum Committee. The preferred plan should be for approximately a 2 week experience. Core workshops from the clerkships should also be considered for this period – i.e. workshops that are valuable in all clerkships

but may not be presented to the student until late in their clerkship year due to rotation schedules. Bill Wilson will ask at the next Clinical Medicine Committee meeting for suggestions from the Clerkship Directors on what they would like to see in the transition course.

4. Clinical Connections. The Committee discussed very briefly the Clinical Connections program. This will be discussed at a future meeting.

Donald J. Innes, Jr., M.D.  
dmr

University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 01.21.10

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Lisa Herrmann, Evan Lapinsky, Debra Reed (secretary)

1. Hospital Renovation Project Concerns: There is great uncertainty about the adequacy of call rooms, conference rooms, lockers and overnight call space in the UVA Hospital renovation plans. The LCME requires that students have appropriate space to meet, store their personal belongings, and sleep if overnight call is expected.

LCME Standard ER-7. A hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources.

*Appropriate instructional facilities include areas for individual student study, for conferences, and for large group presentations (lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the facility or readily available in the immediate vicinity. A sufficient number of computers are needed that allow access to the Internet and to other educational software. **Call rooms and lockers, or other secure space to store personal belongings, should be available for student use.***

The potential loss of conference and small group teaching space in the renovated University Hospital is a concern for GME as well as UME. The current small group teaching spaces available in the University Hospital are heavily utilized by house staff, students, nursing staff, and nursing students from several different institutions. Lack of call room space for medical students in the University Hospital is one of the reasons that “overnight call” and night-float call is not

available for students on most of the required clerkships. The Curriculum Committee will ask Dean Canterbury to represent the School of Medicine and stress to the Hospital planners the need for adequate teaching space and teaching and student support space in the renovated University Hospital as this relates to LCME and GME requirements.

2. Education Retreat. An education retreat is planned for February 4, 2010 in which representatives from GME, UME, and CME will discuss goals and expectations for the future of the School of Medicine.

A preliminary plan for UME goals already established for the Next Generation Curriculum was outlined and discussed.

Goals include:

1. Assure all graduates demonstrate mastery of the 12 UVA School of Medicine Competencies required of the Contemporary Physician
2. Integrate content around the organ systems
3. Integrate clinical and basic science content across the four years and within systems
4. Utilize more active learning methodologies and provide a learner-centered curriculum.
5. Provide frequent and developmental opportunities for clinical skill learning throughout the curriculum.

The definition of “Active learning” in Goal 4 was discussed. Active learning might be described as student engagement. Elizabeth Bradley and Veronica Michaelson have developed a survey to help define active learning by community input, and compile a list of activities that qualify as active learning. This topic is also being discussed in the UME Allocation Model Committee as it pertains to whether engagement activities will be compensated at a higher rate than non-engagement activities.

The Committee noted that matching learning method to learning objectives was essential to the success of the new curriculum; that it was far more important that methods and objectives match than to specify the exact amount of time spent in active learning.

Goal 5 regarding clinical skill development was further explored. It is a national concern that due to changing hospital practices and policies this goal will become even more difficult to meet in the future. Setting goals at appropriate attainable levels was discussed.

3. Attendance issues in a recent Ethics Panel discussion was outlined by Donna Chen. Approximately six students (of 145) attended the discussion – how to evaluate faculty teaching when only 6 students attend the session was briefly discussed. Suggestions

to improve attendance at sessions included adding questions from the panel discussion to the exam, publicizing the event and stressing the importance of attending on becoming a competent physician. Student are require to attend small group activities in the School of Medicine.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine**  
**Curriculum Committee**  
**Minutes - 02.04.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Lisa Herrmann, Evan Lapinsky, Debra Reed (secretary)

1. Advice on MCM and Systems Timetables

The Committee discussed MCM timetables in particular but the schedule should also apply to the other systems. Guidelines should be provided as to when course curriculum (objectives/activities/database) should be complete, when handouts should be collected from the faculty and distributed to the students, when faculty development should be designed, scheduled and completed, and when exam questions should be collected and exams prepared.

For MCM, Selina Noramly has asked thread leaders to provide the names of the faculty who will be teaching in each of the activities.

Support staff for MCM and the Systems has been identified and will meet at a retreat in March.

Examinations will be assembled in a word document and then put into the on-line database testing by the support staff. Questions regarding “private” questions and those available to the students prior to the exams need to be addressed. Faculty and staff will require training in Oasis evaluations.

Faculty development should start for each system as soon as the curriculum content and faculty involved can be identified and no later than ~6 months before the beginning of the unit.

Demonstrations of active learning have begun. Faculty and system directors need

to be familiar with these methods prior to constructing their learning activities. Sessions in the Mock Learning Center for our teaching faculty should begin as soon as possible. These could be videotaped for faculty to review.

Percentage of active learning versus lectures was discussed. Ideally it is hoped that for structured time we will attain >60% active learning and <40% lecture.

Culture change for students – coming to class having read the material and prepared to discuss is essential.

The Committee was asked to consider these proposed deadlines and provide input to Don Innes by e-mail [dji@virginia.edu](mailto:dji@virginia.edu).

Donald J. Innes, Jr., M.D.  
dmr

## University of Virginia School of Medicine Curriculum Committee Minutes 02.18.10

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden Lisa Herrmann, Evan Lapinsky, Debra Reed

1. Announcements.

**Medical Education week** is next week (February 22 - February 26, 2011 ), There are many activities open to members of the faculty. Medical Education Research posters will be available in the corridor outside the Health Sciences Library all week. There is an ADE Medical Education Poster reception, Health Sciences Library at 5:00 pm on Wednesday 2/24. A complete schedule is listed at the end of these minutes.

The Committee is invited to a **special session of the Clinical Medicine, Principles of Medicine and Curriculum Committee** on Monday, February 22nd at 5:00 p.m. in the Jordan Conference Center Auditorium. Dr. David Hirsch, a 1992 graduate of the UVA School of Medicine and now an Instructor in Medicine, Harvard Medical School and Scholar, The Academy at Harvard Medical School will speak on The Longitudinal Clerkship. What is a longitudinal clerkship? How might this innovative approach to medical education inform the future of our UVA Clerkship and Advanced Clinical Instruction?

**The Southern Association of Colleges and Schools (SACS)** is the accrediting body for the University of Virginia. Periodically individual schools in the accredited institutions are

reviewed. **The Curriculum Committee was asked to meet with the SACS reviewers on 3/9/10 at 2:30 p.m. Please mark your calendars. The SACS report will be send to the Curriculum Committee members prior to 3/9/10.**

Tom Parsons, Chair of Microbiology, recently announced that **Dr. Chris Burns** will join the faculty on 3/1/10 and will be heading all efforts in the Department related to medical microbiology education.

**Stephen Borowitz** will meet with the Curriculum Committee on 3/4/10 to discuss the integration of EMR/Epic into the medical school curriculum. Dr. Borowitz will discuss possible scenarios, probably scenarios and timelines.

2. Article of Interest

Learning Styles. Concepts and Evidence. Pashler H, McDaniel M, Rohrer D, Bjork R: Learning Styles. Psychological Science 9(3): 105-119, 2009.

3. Placement of Epidemiology in the Curriculum.

Evan Lapinski brought up an issue raised by several students regarding the **Clinical Epidemiology** course. SMD12 is taking the mostly online Epi course during this 4th block of the second year. There is a strong sentiment that the course's placement in the curriculum is not ideal. This block is easily the most stressful and busy, as students are attempting to keep up with current coursework, review path/pharm for cumulative exams, and begin broad review for Step 1. There are also significant POM2 commitments in this block (UTA/GTA sessions, H+P final, multiple evening patient labs).

Students feel they are not able to put sufficient effort into the Epi course to get a lot out of it, and the weekly small group prep and meetings take up time that students feel they could better utilized in other ways. The students argued that they would rather have had Epi at any other point in the 1st two years, either earlier in 2nd year or sometime in 1st year. Students would have more time for the course, and that the course director and small group leaders would recognize an increase in the engagement and preparedness of students.

Through email discussions with SMEC reps and student body leaders from SMD11, it is clear that their class (who also had the online version of the course) had similar feelings around this time last year. With the new curriculum, this will be a moot point for SMD14 and subsequent classes. However, they are wondering if there may be time to alter the placement of the course for SMD13.

The Curriculum Committee discussed the placement of EPI and while sympathetic to the students' concerns, did not think it was possible to move the course at this late date and for the one remaining year of this curriculum schedule. In the past, the course has been placed at other times during the second year and students expressed similar angst with that schedule as well. Evan was asked to discuss with Dr. Denise Bonds, Course Director for Epidemiology the possibility of opening up the on-line portion of the course in the Fall of 2010 for those students who would like to complete this portion in the fall but the small group discussion will need to stay in the 1/11-3/11 portion of the year. He will also discuss with her the possibility of linking epidemiology to the other course work students have in the 1/11-3/11 portion of the course, e.g. parasitology, hematology, which would make preparing for epidemiology more relevant to their other coursework. This could help the students in preparing for the cumulative finals in Pathology and Pharmacology.

4. Medicine Clerkship Leadership.

The Curriculum Committee discussed the recent opening in the leadership of the Medicine Clerkship.

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**THE ACADEMY OF DISTINGUISHED EDUCATORS  
UVA SCHOOL OF MEDICINE**

**Medical Education Week**

**22-26 february 2010**

**visiting scholar in medical education**

**David A. Hirsh MD, UVA SMD 1992**

Instructor in Medicine, Harvard Medical School

Scholar, The Academy at Harvard Medical School

Recipient, first Anne L. Brodie Medical Education Scholar Award, UVA

**visiting scholar events**

Mon 22 Feb

5:00-6:00 pm, **The Longitudinal Clerkship**. Special Medical Education Lecture, Jordan Conference Center Auditorium.

Tues 23 Feb

8:00-10:00 am, **Department of Family Medicine faculty meeting**. Family Medicine Conference Room.

12:00-1:00 pm, **Faculty Medical Education Journal Club** (D Hirsh article tba). Mock Learning Studio, Health Sciences Library 1212.

1:00-2:30 pm, **A Conversation with Medical Students**. Mulholland Lounge.

Wed 24 Feb

12:30-1:30 pm, **Bringing the Patient Back into the Doctor's Education**. Medical Center Hour, Jordan Conference Center Auditorium

5:00 pm, **ADE Medical Education Poster reception**, Health Sciences Library.

Thurs 25 Feb

8:30-10:00 am, **Scholarship in Medical Education**. Faculty development session, with breakfast, Mock Learning Studio, Health Sciences Library 1212. Reserve a space: [sps2s@virginia.edu](mailto:sps2s@virginia.edu)



Interested in meeting with Dr Hirsh? contact Gene Corbett (ecc9h@virginia.edu)

**medical education event**

Mon-Fri, 22-26 February, **Medical Education Research Posters**. Corridor outside the Health Sciences Library

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Co-presented by the UVA School of Medicine, Academy of Distinguished Educators, Center for Biomedical Ethics & Humanities, and Brodie Medical Edu

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 03.04.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelson, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Lisa Herrmann, Evan Lapinsky, Brad Bradenham, Debra Reed (secretary)

1. **Distributed to the Committee:**

A Construction Status Report for the Claude Moore Medical Education Building. The building is said to be on time.

An article entitled "Patient Safety; Conversation to Curriculum" from the New York Times written by Daniel Blumenthal and Ishani Ganguli (fourth year medical students at Harvard Medicine School).

An article entitle "Making the New Grade" by Janet Neumann, from the American Medical Student Association (AMSA).

Minutes from the Clerkship Introduction Design Task Force meeting held on 3/2/10 were distributed. This group is actively working on a two week program to take place just prior to the beginning of the clerkship year. This program would include the traditional schedule for the "Transition" course,

selected workshops from AIM, Family Medicine and Pediatrics and selected activities from Clinical Connections, and DxRx. A meeting has been arranged next week with Drs. Wilson, Heald and Ham to discuss the workshops that might be better offered in the Clerkship Introduction period.

2. **Epic in the Curriculum** - Dr. Stephen Borowitz outlined the advantages of using the Epic system (electronic medical record) in Medical Education. He proposes creating an “environment” in Epic that would be incorporated into the Simulation Center for use with both simulation and standardized patients.

This environment in Epic would allow the School of Medicine to teach students to practice proper data retrieval, how to order tests and review test results, how to develop a plan for treatment, and how to write clear and concise admission, progress and discharge notes

It was noted that today’s medical students are “digital natives” while faculty are often “digital immigrants” having learned these skills in a paper world. Faculty would actually be able to learn from these well-trained students when reviewing their work.

Students properly trained in the use of the Electronic Medical Record (EMR) would be highly regarded by residency programs as the EMR is becoming standard throughout the country.

An environment in Epic could be created to follow patients as well as students through years of study.

Since Epic will not be functioning in the Clinics until September and the Hospital inpatient units until September, 2011, the earliest installation of an Epic environment in the Medical Education Building would likely be Fall, 2011.

Financing this project will need to be arranged. Expenses will include the cost of development of the environment in Epic, hardware, a trainer to instruct students in the proper use of the EMR, and support staff hours to enter data into the system. Grants such as those from AHRQ’s RFA for Improving Patient Safety through Simulation, funding from the School of Medicine, the Stemler Fund, or the Medical Alumni Association, and a possible shift of funding from the GME programs who would no longer need to train UVA SOM graduates in the use of the EMR.

Clerkship directors would benefit from this program since students entering the clerkships would be well prepared.

Dr. Borowitz reported that students taking care of patients will be able to do everything in Epic. Everything they enter, however, will be in a pending mode and will not become active until signed by a provider. Students will have the

ability to compare their version of the notes, etc . with the version signed by the faculty. If the medical students are taught the proper use of the system, they would be instrumental in helping the residents and attendings understand the “best practice” method of entering data into the EMR.

Keith Littlewood, Director of the Simulation Center, and Gretchen Arnold, Director of the Health Sciences Library both support this proposal.

Creating a thread leader in the new Curriculum for Epic was proposed.

The Curriculum Committee fully supports this program. A committee will be formed, including Dr. Borowitz and Littlewood, Gretchen Arnold, Veronica Michaelson, Gene Corbett, Mary Bryant, Jennifer Marks and two medical students to put together an action plan, develop a budget and seek funding. The group should arrange a meeting within the next two-three weeks.

3. **Clerkship Student Evaluation Form Change.** Bill Wilson proposes a change to the wording of the student evaluation form used in the clerkships. This change is supported by the Clinical Medicine Committee.

#### CURRENT LANGUAGE

Use the following scale to rate the student on the 16 listed areas AND the student's overall performance

- Unacceptable
- Marginal Performance (Needs improvement)
- Typical Performance (Expected for a UVA student)
- Superior Performance (Top 20%)
- Honors (Top5%)

#### PROPOSED LANGUAGE

Use the following scale to rate the student on the 16 listed areas AND the student's overall performance

- Unacceptable
- Acceptable Performance
- Good Performance (Expected for a UVA student)
- Superior Performance (Top 20%)
- Honors (Top5%)

The Committee discussed this proposal and approved the change effective for the 2010-2011 clerkship year.

Donald J. Innes, Jr., M.D.  
dmr

**Curriculum Committee  
Minutes – 03.11.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Lisa Herrmann, Evan Lapinsky, Brad Bradenham, Debra Reed (secretary)

1. Announcements.

E-mails have been received from both Dean Steven DeKosky and Associate Dean Randy Canterbury expressing gratitude for the Committee's participation at the recent SAC review. The SACS MD program review ended Wednesday, 3/10/10 with a report to the Dean and the Vice-Provost. A final written report will be sent at a later date but the verbal summary was extremely complimentary of the School of Medicine--our students, our faculty, our staff, the planned curriculum changes, our processes, the new building and of our leadership. Feedback on any opportunities for improvement that they saw was solicited, and will be provided

Equal Opportunity Directive. Early in the Administration, the Governor authorized the issuance of an Equal Opportunity in the Workplace Directive to employees of the Office of the Governor that reflects his strong position that employment discrimination for any reason other than merit and ability has no place in state government.

Teaching Electives in the Next Generation Curriculum. Meg Keeley will meet with the Committee on 4/8/10 to discuss the elective program in general and the teaching electives in particular.

Nomination for Human Behavior thread leader. Dr. Suzanne Holroyd has nominated Nassima Ait-Doud to replace Bill Hobbs in this position. A CV has been requested and will be presented to the Committee as soon as it arrives.

2. Nomination of Medicine Clerkship Director. Gerald Donowitz, Vice Chair for Education in the Department of Medicine has nominated Dr. Brian Wispelwey to be the new Clinical Clerkship Director for the Department of Medicine. The Committee discussed the proposal and approved the nomination unanimously. The Committee will outline expectations for this position, including required time commitments to the Department of Medicine. Dean's letters written by the Clerkship Director are not included in the 25% time commitment reimbursed by the School of Medicine. The Committee will also contact the previous director to seek advice on providing support to this clerkship.

The Committee also recommends any major change to a clerkship, i.e., new Director or reorganization, initiate a formal clerkship review after one year.

The Committee will work toward establishing clear guidelines for Departments to help in the appointment process. The Committee will review current GME policies and practices in developing these guidelines.

3. Integrated Assessment of students in the Next Generation Curriculum. One of the comments by the SACs reviewers concerned integration of the disciplines in the Next Generation exam questions. The Committee notes that while complete integration in each question will be difficult and very time consuming, a goal of 10-20% integrated questions in the first year should be achievable. After much discussion, it was agreed that no formal goal would be set this first year of the curriculum but rather exam questions would be reviewed for content at the end of the year and a goal set at that point. The goal could be increased in subsequent years. The Committee also discussed the integration of questions regarding multiple systems and this will be reviewed as well
4. Remediation in the Next Generation Curriculum. Dr. David Geldmacher, Chair of the Academic Standards and Advancement Committee, will be organizing a meeting to work on how best to remediate student deficiencies in the Next Generation Curriculum.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 03.18.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Evan Lapinsky, Brad Bradenham, Debra Reed (secretary)

1. **Academy of Distinguished Educators (UME) Research and Innovation Grant.** (Bob Bloodgood) The Academy announces it's seventh round of grants for research and innovations in medical education. Support is limited to research related to the education of undergraduate medical students (UME). The PI must be a faculty member of the UVA School of Medicine. The

ADE is interested in increasing the number of applications they receive. Interested faculty are encouraged to apply.

Two categories of proposals are accepted for consideration:

**Medical Education Research: 1-year to 2-year proposals (up to \$25,000/year):** These are research studies using comparison and experimental groups in sufficient numbers to provide adequate power for statistical analysis. Where possible, it is desirable to have randomized assignment of students to groups and to sample students from multiple medical schools. This can include but not be limited to studies testing two types of didactic method such as in-person lecturing versus use of pod-casts; controlled evaluations of the efficacy of certain educational interventions, such as the inclusion of computer simulation versus clinical vignettes. Both quantitative and qualitative research projects are appropriate, as are meta-analyses of the medical education research literature.

**Innovations in Medical Education: 1-year proposals (up to \$15,000):** These are evaluation studies without comparison groups. Outcome data are required in order to describe the effects of the innovation. Included in this category are descriptive observational, interview, and survey studies to determine the current status of or impact of educational interventions (innovative or pre-existing) designed to improve student skill, knowledge or attitude, e.g. the observation of student behavior on a clerkship rotation, a test of student knowledge in a particular area, an anonymous survey of alcohol use among medical students, or an interview study asking students to describe exemplary examples of professionalism by faculty and residents.

There will be a faculty development session on March 30, 2010 at 4:00 pm in the Jordan Hall Conference Center Rooms G1 and G2 to tell faculty about the program.

A survey is being conducted to see if faculty who received these grants in the past have published their findings or displayed their findings in poster sessions at national meetings.

Specifics of the grant application process may be found at:  
<http://www.healthsystem.virginia.edu/Internet/ade/home.cfm>

2. **UME Education: QI and Patient Safety.** Dr. John Voss met with the Committee to discuss ways to incorporate QU and patient safety into the UME curriculum.

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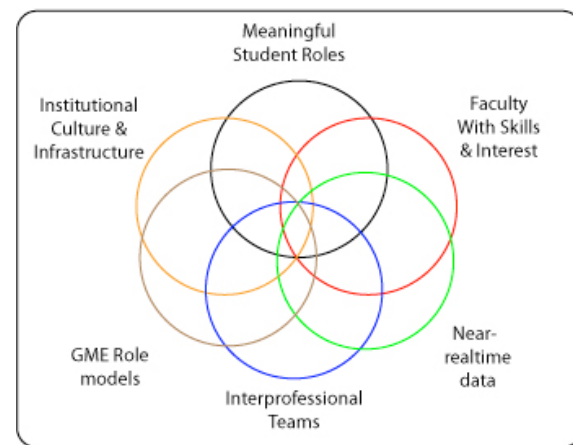
**Core curriculum should include:**

Background KSA acquisition- didactics  
Experiential QI/safety learning- team learning

**Didactic elements**

QI & safety epidemiology/ background, principles of population-based medicine  
Systems science

## Effective Experiential QI/Safety Education



The Curriculum Committee supports incorporation of this valuable thread into the curriculum. Areas for possible integration include online net learning modules, CPD, simulation sessions, transition course, DX/RX and the clerkships and electives. This could be initiate valuable interprofessional activities. The Committee briefly discussed having this thread represented

on the individual clerkship passports.

Dr. Voss and Dr. Margaret Plews-Ogan are invited to speak at the Clerkship Directors Joint Clerkship meeting on April 21<sup>st</sup>.

3. **2009 USMLE Step 1 Scores.** Performance data from the 2009 USMLE Step 1 exam are now posted on the web:  
<http://www.med-ed.virginia.edu/handbook/academics/licensure.cfm#results>
4. The Curriculum Committee congratulates Brad Bradenham, Lisa Herman and Jason Woods on achieving such wonderful residency positions in today's match. Each has served the Curriculum Committee well over the past several years.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes - 04.01.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Debra Reed (secretary) Guests: Harmony Caton, Susan Munga

1. **Dual Degree Program: M.D./Ph.D.** Don Innes presented the proposed changes to the academic description of the Combined M.D., Ph.D. The changes were in part necessary due to the advent of the Next Generation SOM Curriculum. After discussion, the Committee approved the changes unanimously.

**Dual Degree Program: M.D./Ph.D.  
Admission**

Students must be admitted to each program/plans within the two careers (Medicine, GSAS/PhD). Admission is to both the M.D. program and to the Ph.D. program.



### **Enrollment, Tuition and Financial Aid**

Student enrolled in the M.D./Ph.D. dual degree program under the Medical Scientist Training Program (MSTP) will pay medical school tuition, and will be enrolled in the School of Medicine for preclinical medical training, which under the curriculum instituted for the Medical School class of 2014 occupies 68 weeks of instruction and 8 weeks of break, concluding in winter of the second year. Subsequently students will enroll in GSAS for the spring and subsequent semesters it takes to finish the Ph.D. degree (years 3-7), and then return to the School of Medicine for the remaining semesters.

Any student enrolled is required to meet the independent degree requirements of both programs.

### **Tracking Credit**

Credits that are applicable to the two degrees (Medicine/GSAS-PhD) require manual intervention. Through a long-standing agreement between the School of Medicine and GSAS and MSTP students are awarded 18 GSAS topical credit hours for course work completed in the medical curriculum during the pre-clerkship years. Although a new medical curriculum is being implemented for the 2010 entering Medical and MSTP classes, the content is the same so this long standing GSAS-MSTP agreement should continue as before. Additionally, some School of Medicine credits are accrued through activities performed during registration under GSAS, for example research electives or clinical rotation electives appropriate for certain Ph.D. programs.

In addition to the standard pre-clerkship MD curriculum, students in the MSTP program are required to take the following courses:

BIMS 8171 MD/PhD Research in Progress Colloquium (fall semester)  
BIMS 8172 MD/PhD Research in Progress Colloquium (spring semester)  
BIMS 8131 Topics in the Molecular Basis of Human Disease (fall and spring semester)  
BIMS 8151 MSTP Journal Club (spring semester)

### **Awarding of Degrees**

Having met the degree requirements, the Ph.D. degree will be awarded before completion of the M.D. degree. Upon completion of the Ph.D., a form and supporting letter from the student's advisor need to be submitted to the Electives/Selective Coordinator requesting advanced standing of 32 elective credits toward the M.D. degree.

6/5/2009 revised 3/10/2010

2. Student Safety in the Clerkships. Harmony Caton and Susan Munga met with the Committee to present the findings from a recent student survey regarding student safety in the clerkships. The survey asked students to

evaluate their experience with clerkship/elective rotations that expect early morning arrival times (5:00 am – 6:30 am) or late evening departure times. Harmony and Susan outlined some of the anecdotal information obtained in the survey to the Committee as well as the numbers. Fifty-three percent of those who responded to the survey (of which 62% were female) had at some time during their clerkship/electives felt unsafe walking to or from the hospital. Three suggestions for improving the situation were discussed.

The first option would be to increase the availability of parking passes for clerkships and electives that have early morning activities. At the present, approximately 21 are available – parking passes can only be purchased on a yearly basis – and a greater number (~57) would be required to cover all students. This option would require discussion with Parking and Transportation to determine whether more passes could be made available and/or if monthly parking was an option. In any case funding would need to be arranged.

A second option is to create a shuttle service (much like the Nursing School has) – the expense of this would also need to be considered.

A third option is to contact the “Safe Ride Home” group which currently is limited to providing transportation home for students and is mostly used by undergraduates in the evening. An arrangement with “Safe Ride Home” for medical student early morning and late night hospital activities was discussed and could be explored further.

In that participation in early morning and late night patient care, e.g. morning surgery rounds, is an important part of medical student education the Committee found that a safe environment should be provided for students to travel to and from the hospital in the early morning or late evening hours. Inquiries will be made to the Parking and Transportation Department, the Safe Ride Home program, and the Medical School Administration in an effort to provide a safe environment for required medical education activities.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 04.08.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Chris Peterson,

Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Diana Newsom for John Hemler, Christina Portal, Debra Reed (secretary) Guests: Meg Keeley, Brian Wispelwey

3. Electives Program Review Meg Keeley reviewed the Electives and the Selectives programs. A. The Electives program allows for early exploration of career paths and is viewed most positively by students as it enables better career choices. Taking USMLE-2 CK and CS soon after clerkships, early in April or May, seems to be beneficial with higher scores and 100% pass rate for CK and CS for the second year in a row. The early eligibility for clinical work allows for 1<sup>st</sup> choice at clinical sites, early interviews, and in general more opportunities. The Advanced Clinical Elective is described at <http://www.healthsystem.virginia.edu/internet/med-curriculum/acedescription.cfm>

Criteria for the Advanced Clinical Elective are listed at <http://www.healthsystem.virginia.edu/internet/med-curriculum/acecriteria.cfm>

Some of the ACEs appear to need more “meat” and a further focused review should be held this fall possibly in conjunction with the Fall 2010 Joint Clerkship Meeting to be held October 20, 2010 at Carilion Clinic. A related topic is reconsideration of the number of clinical credits required for the M.D. degree.

Numerous new electives have been offered this year, e.g. EPIC-Superusers (S. Borowitz and R. Adams), EKG & Clinical Practice (W. Brady). Many are international experiences under the guidance of Lee Grossman, e.g. Ghana, Costa Rica, Guatemala, Brazil, etc. and include an associated cultural competence course. Others of interest include the Black Physicians: History and Health Disparities, Semester At Sea, and an impressive number of Emergency Department electives. There is also a new pilot “capstone” elective in Ob/Gyn for students who have been accepted into Ob/Gyn programs and are looking for advanced training.

Teaching electives are usually for 2-4 credits (weeks). There are several venues through which students can participate in medical education and receive credit although many students participate without credit as they enjoy helping fellow students learn and faculty develop new learning experiences. In addition to the Basic Science Teaching and Curriculum Development offerings a new Clinical Medical Science Teaching Elective has attracted many students. In the Next Generation curriculum student electives in teaching can be “attached” either to learning units such as MCM, Microbiology, and Systems or to content threads. Meg asks that each activity include some formal instruction in education. She also noted many

opportunities in the CPD post-clerkship period of Advanced Clinical Training. In all of these teaching opportunities the major difficulty seems to be the need for “committed” dates on the part of students.

4. Night-call Brian Wispelwey reviewed the importance of night call experiences for students on the Medicine, Pediatric, and Surgery clerkships. Medical students have ever fewer and fewer opportunities to encounter undiagnosed patients; less and less time to work with the team caring for patients. Yet medical students are junior colleagues months away from residency that have the ability and the desire to participate in the patient care team. “Working together as one” medical student participation can enhance patient care at UVA. Improved patient safety, improved resident knowledge and skills, improved resident and attending physician behavior, opportunities to foster good working relations with nurses, physical therapists, laboratory and radiology technologists, etc.

The Curriculum Committee strongly agrees with Brian and the other clerkship directors that night call provides an educational training opportunity that prepares students for the demands and rewards of a residency. When you are part of a team “what you do matters”.

What is missing is a night call room for the students. The resident rooms may be closed to medical students. This appears to be true for both clerkships and Advanced Clinical Electives in which the student is participating at the highest level allowed for students, sometimes known as “acting internships”.

The Curriculum Committee strongly supports a Clerkship and the Advanced Clinical Elective night call program. It will strengthen our School of Medicine UME program and the UVA GME program. We will talk to Susan Kirk, Associate Dean for Graduate Medical Education and ask Dean DeKosky to work with Mr. Howell in an effort to obtain night call rooms for medical student education.

5. Student Safety in the Clerkships As follow-up to the previous meeting we found that many schools provide parking for students at a reduced rate. We will request that Senior Associate Dean R. Canterbury speak with Dean DeKosky and the Associate Dean of Finance, Brad Haws in an effort to further improve the safety of the environment for required medical education activities to include the purchase of additional parking permits to be shared among students with early morning and/or late night hospital arrivals/departures. The students would pay for parking, subsidized by the Dean’s office. For instance, if the students were to pay ½ the cost the current number of spaces could be doubled assuming availability.

Donald J. Innes, Jr., M.D.

dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes - 04.15.10**

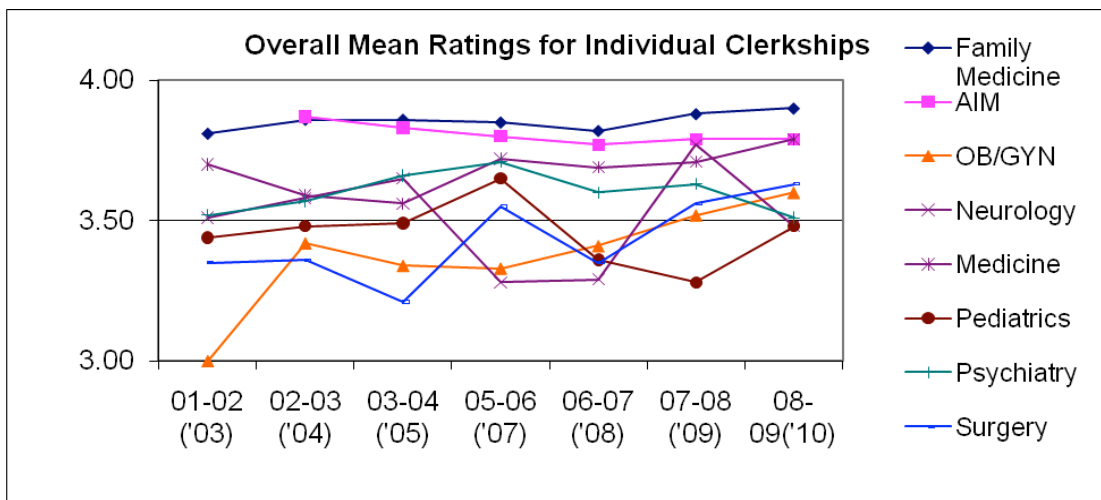
Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson (Acting Chair), Mary Kate Worden, John Hemler, Christina Portal, Debra Reed (secretary)  
Guest: Jason Woods

1. Mulholland Report. Jason Woods presented the Mulholland Report findings to the Committee along with student recommendations for improvement.

General Remarks:

- Overall 3<sup>rd</sup> year rating roughly the same for last decade
- Family Medicine highest rated again ( 5 years in a row)
- Pediatrics lowest rated (2 years)
- Drastic change for Neurology



There were difficulties collecting data:

Geographic site data (both subjective and objective) was not available because the surveys did not register site location.

The evaluation data was not available to report writers until September at which point many changes had already been made by the clerkship directors in response to the on-line surveys. For the Mulholland Report to remain useful, the Review group would like to have data made available to them after each block.

Clinical Connection data is still collected using paper surveys. The Review group would like to see these evaluations done online as well. It was reported that many students checked in and out of the Clinical Connections but did not stay for the majority of the sessions – thus making evaluation data far less reliable.

Concerns highlighted in the Mulholland report and student suggestions to address these concerns.

Expectations and feedback: consistently remarked on across clerkships and over time

- Create Mentorship programs in all clerkships? (similar to OB preceptor)
- Require weekly feedback line on passport?

Patient Diversity - VA hospitals, FM/AIM

- Use Clip or Simple type web based cases to compensate for the lack of diversity at the VA Hospital and Family Medicine and AIM clerkships.

Travel and reimbursements

- Find funds to alleviate transportation expenses for away rotations

Medicine selectives 3<sup>rd</sup> year?

- With the advent of the new curriculum, include medicine selectives as well as surgery selectives in the third year curriculum if possible.

Shadowing other services during rotation?

- Find out and inform students whether it is possible to shadow other services during rotations at away sites (Roanoke) during off days of their rotations.

Salem internet access

- Already in place now

Request for outpatient Psych

- Explore student participation in outpatient Psych settings

Neuro

- Increase outpatient exposure and responsibility (less students – more patients)
- Explore outside placement for students as in AIM and FM?

Pediatrics

- To help with “student overload” at UVA, explore night float? other sites? and 1 on 1 matching with interns
- Create more GENERAL outpatient exposure: 2 week at preceptor site similar to AIM/FM?
- On outpatient rotation – have students spend more time in fewer clinics

Donald J. Innes, Jr., M.D.

dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 05.06.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Guest: Jim Martindale, Debra Reed (secretary)

1. Assessment Committee Report - Jim Martindale briefed the Committee on the progress of the Assessment Committee. The Committee has recently focused on the details of assessment in the new curriculum:
  - a. The mechanics (flow of questions from creation to inclusion in a quiz or exam) and time constraints. Under consideration is requiring questions/multimedia items to be submitted to the system leader at least 3 months before they are to be used and the leader submitting them for inclusion in the database at least one month before use.
  - b. The number of questions necessary for examinations, quizzes, and practice exercises:
    - i. Requiring 15 items per hour of student contact with items designated as quiz, summative, cumulative, or practice items. Practice questions should be especially helpful to the students.
    - ii. Under consideration is requiring 80-120 items per 5-hour summative examination (25/hour). This is approximately one half the number of questions per hour for the National Boards (~50/hour). [NBME: 46/hour]
  - c. All questions will be multiple choice best answer with clinical [or experimental] vignettes and with integration whenever possible across threads.
  - d. The database is being modified to improve ease of use.
  - e. Smaller groups from the Assessment Committee (2-3 individuals) will following questions through the system and look at the item analysis of the questions and how they function reporting this information back to the system leaders.
  - f. Communication with System Leaders needs improvement. As soon as the assessment guidelines have been vetted by the Curriculum Committee, the guidelines will be sent to all system and thread leaders.

The first exam will be around Labor Day this year so there is some urgency in having an assessment plan in place as soon as possible. The final plan should be ready for the Curriculum Committee to review by



next week.

2. Discussion of Selection/Approval Policy for Curriculum Leaders – The Committee discussed past experience with selection/approval of system and clerkship leaders and ways to improve this process. The Committee agreed that a more transparent policy should be developed for all involved – the Curriculum Committee, the department chairs, and faculty. The job descriptions for these positions will also be reviewed. A description of the length of tenure (3-5 years?) and a nomination process, e.g. multiple nominations to the Curriculum Committee for each position), interview, etc. should be developed. The Committee would ask that notice of a change in leadership be given at least one year in advance if at all possible. Consideration was given to the value of an assistant director who is able to step in to the position temporarily if the director should have to step down. The Committee discussed ways to encourage/assure compliance with the policy as well improve communication with department chairs.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 05.13.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Guest: John Jackson, Debra Reed (secretary)

1. Article of Interest: Medical Schools Considering New Clinical Tract. Charlottesville Observer, 5/3/10, Eric Ferreri <http://www.charlotteobserver.com/2010/05/03/1412704/medical-schools-considering-new.html>
2. Policy on the Digital Teaching and Learning Environment.

John Jackson, Director of Educational Technology, outlined the SOM policy on Digital Teaching and Learning Environment. The policy was developed by a Task Force made up of John Jackson, Elizabeth Wright, Madelyn Wessel (University Counsel) and other members of the SOM faculty.

*This policy clarifies faculty, staff and student responsibilities regarding educational materials recorded or distributed for educational purposes.*

*This policy addresses the School of Medicine's ("SOM") implementation of a comprehensive digital teaching and learning environment. The SOM's facilities enable systematic recording of faculty lectures and presentations, as well as student clinical skills education sessions (including standardized patients or patient simulations). The SOM's Learning Management System ("LMS") enables online distribution of outlines, handouts, power-points, and other curricular materials ("Educational Materials").*

*This policy applies to students, faculty, and staff of the SOM, or others teaching or learning within School of Medicine academic programs or activities.*

The policy addresses ownership of educational materials, creation, distribution and use of educational materials, duplication and redistribution of recordings by students, archiving of educational materials, types of recordings made and uses of recordings, duplication or redistribution of recordings by students, retention and ownership of recordings, and responsible use of SOM facilities.

A series of questions will be asked within the Faculty Toy Box as each instructor or course support staff uploads educational materials. The answers to these questions will then be used by the system to determine access levels for all educational materials used in a course. Course administrators will be provided with an email template with the same questions so that they can accurately answer the questions within the Faculty Toy Box as they upload content provided by faculty. Within the letter of the law, faculty will be instructed to be as generous as possible with access to their educational materials.

*The LMS enables digital delivery of educational content at two different access levels:*

- *Level One: University-wide (all UVA students, faculty and staff); or*
- *Level Two: General public web access.*

*SOM faculty are responsible for indicating the appropriate access level for all Educational Materials they upload or cause to be uploaded to the LMS. This determination is essential to ensure that educational materials that are distributed by the LMS are consistent with copyright law and other legal responsibilities. The following basic principles apply to access determinations for the LMS:*

- *Educational Materials that are not personally authored or created by SOM faculty ("Third Party Content") cannot be distributed through the LMS without careful consideration and review, typically involving permission from the copyright holder.*
- *Educational Materials created by SOM faculty that include short excerpts from Third Party Content, are typically appropriate for Level One authenticated delivery via the LMS to the University community.*
- *Educational Materials created entirely by SOM faculty, may be shared at the Level Two via the LMS with the general public if so designated by the responsible faculty member*

The Committee discussed the process for gaining permission to reproduce educational materials as well as legitimate uses of material licensed by the Health Sciences Library. John Jackson warned that acts of other universities such as reproducing an entire chapter from a textbook have resulted in large law suits in recent months. If system leaders want to reproduce material from copyrighted items, permission and/or license must be confirmed. This is true even if the item was written by a faculty member unless he/she has permission from the publisher.

*Standardized patient interactions and simulations are regularly recorded for evaluation purposes.*

*Recordings involving individual students may be made available to the student upon request. Recordings involving multiple students will not be made available to students due to privacy considerations arising under FERPA. ([The Family Educational Rights & Privacy Act](#))*

Course directors with questions regarding should address them to Madelyn Wessel, mfw2y@Virginia.EDU, 982-2941.

3. Fourth Year clinical Elective Evaluations. Meg Keeley has designed a new evaluation form to be used by faculty to evaluate fourth year elective students based on the School of Medicine's Competencies Required of a Contemporary Physician. The new evaluations will be made available to faculty and students on line as are the clerkship evaluations. John Jackson was asked to e-mail the students a pdf of the new evaluation form so they are aware of the expectations for electives. While electives are graded P/F with the registrar's office, the individual evaluation form allows each individual question on the questionnaire to be graded with – Unacceptable, Acceptable Performance, Good Performance (Expected for a UVA student), Superior Performance (Top 20%), Honors (Top 5). All evaluations must have a narrative evaluation. The narrative should contain the salient factors that warrant the assessment. The evaluations will be mandatory for all UVA elective sites; however, away electives will not be required to use this form but may use it if they want to. The form can be made available as a paper document to those international sites with limited computer resources. Students will be required to complete their elective/faculty evaluations prior to receiving their completed evaluation form.

The Committee unanimously approved adoption of the new evaluations. The elective evaluation form will be reviewed after six months of use. At that time, if appropriate, consideration will be given to modifying the clerkship evaluations to align with the competencies as well.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 05.20.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Guest: Jim Martindale, Debra Reed (secretary)

1. Clarification of Fourth Year clinical Elective Evaluations (10/13/10). The Committee was unanimous in requiring that all evaluations must have a narrative evaluation and that the narrative should contain the salient factors that warranted the assessment.
2. Student Assessment Community Report. Jim Martindale delivered a new draft of the Student Assessment Community's report on testing guidelines in the Next Generation curriculum (See attached). The committee had many questions and suggestions.

CPD – summative exams in each system include CPD questions – separate CPD grades will be determined and they will become a part of the final CPD grade.

Summative exams will be all multiple choice questions. They are, however, not the only component of the grade students will receive, so narrative exams or exam components could be

used as well, e.g. SIM questions.

The case tool might also be modified to provide a narrative examination.

Whether the online testing system and the case tool can be linked in one exam was questioned. Jim Martindale will look into this.

Some on the committee questioned the decision to ban “negative” phrased questions and the Committee agreed that recommended limited use of such questions was preferable to a complete ban.

The system leaders along with an assessment team in each system will ultimately determine whether all threads have been proportionately covered in the exam.

Deadline were adjusted slightly - The system leader will submit the entire test to the administrative staff well in advance of the scheduled test (~3 months).

The need for relevant thread leaders to meet with system leaders and other system instructors to develop test questions will be necessary to create test questions that encompass multiple threads.

The committee discussed the recommended amount of on-line questions to be answered by the students in a specific (3 or 4 hour) time period. Early in the curriculum more time might be allowed but by the end of the systems, question numbers per hour should more closely resemble the NBME exams. The increased use of clinical vignettes on the NBME exams, will decrease the number of questions per hour in the future and this will be taken into considering in designing our summative exams as well

3. Neurology Clerkship Annual Internal Review was distributed to the Committee.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 06.03.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Debra Reed (secretary)

1. Digital Teaching and Learning Environment - Madelyn Wessel, Associate General Counsel for the University of Virginia met with the Curriculum Committee to answer questions that arose after the

- Policy on the Digital Teaching and Learning Environment was presented at the 5/13/10 Curriculum Committee meeting.
2. Human Behavior Thread Leader. The Curriculum Committee discussed and unanimously voted to support the nomination of Nassima Ait-Daoud Tiourrine to replace Bill Hobbs as the Mind, Brain and Behavior System Leader. The term of this appointment is August 1, 2010 through July 31, 2013. Her role as a System Leader will be reviewed annually.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 06.10.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Chris Peterson, Jerry Short, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Debra Reed (secretary)

1. **Guidelines for Curriculum Development.** A draft “Guidelines for the Curriculum Development” was discussed. This document is to be distributed to all system/thread leaders to provide guidance in developing the Next Generation Cells To Society Curriculum. Committee members offered suggestions to clarify and refine the guidelines. The revised [Guidelines](#) are posted on the Curriculum website.

The Committee discussed the final guideline regarding formative and summative assessment of students at length. MCM is currently working on their plan for student assessment and how formative and summative assessments will be graded. The Committee discussed ways to incentivize small group and even large group engagement activities. Attendance at small group activities will be required in the new curriculum as it is now. Members of the Committee suggested that bestowing points for attendance and participation and allowing some small measure of absenteeism without penalty would help delineate adult learning and enhance professionalism among the students.

The Committee also suggested that students should have sufficient hours on alternate weekends free from assessment activities. The Committee discussed limiting weekends devoted to assessment activities. The argument was raised that for the student assessments on the weekends, students are free to take the quizzes as early as Friday afternoon and then could be free for the rest of the weekend or they can wait until the last possible hour on the weekend - the ultimate adult learning student decision.

2. **Recommendations to the Curriculum Committee for the use of Team Based Learning (TBL).** Veronica Michaelsen presented a draft of recommendations for the use of TBL in the Next Generation Cells to Society Curriculum. She also distributed an example – Pituitary Disease Team Based Learning that includes an instructor guide for the activity. When finalized this will be distributed to the System Leaders for guidance in developing their TBL activities. Please send

suggestions for enhancements, clarifications, and improvements to Veronica Michaelson [vem9x@Virginia.EDU](mailto:vem9x@Virginia.EDU).

Donald J. Innes, Jr., M.D.

dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 09.02.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary)

1. Announcements:

The Curriculum Committee was welcomed to the 2010-11 school year. The group was reminded that the Committee regularly meets on the first, second and third Thursday of each month in the Pediatric Conference Room. Meetings begin promptly at 4:00 pm and conclude at 5:00 pm.

The new Curriculum is reportedly going well. Many first year students have related their approval to the visiting 2011-12 applicants. Approximately one quarter of the first year class is being surveyed weekly. Veronica Michaelson and Elizabeth Bradley will be compiling the data and reporting the weekly findings to the Curriculum Committee.

System Leaders and other involved faculty meet weekly on Friday at noon to discuss current curriculum issues. They discuss what worked in the previous week, what didn't work and what changes to implement in the immediate and long-term future.

2. Clinical Performance Development (CPD). Eugene Corbett, Chair of the CPD Working Group, outlined the creation, development and current work of the group. Initially, the group was to work on clinical performance development throughout the entire four years of the curriculum. While still a work in

progress, CPD has been incorporated in the preclinical curriculum. The Group is now ready to begin work on the continuation of CPD in the clerkships and electives portion of the curriculum. The Group will discuss how best to enhance bedside teaching, whether to require a solo patient workup by each medical students, how to assess clinical skills, OSCI development, and LCME issues in the clerkships.

A list of current members was distributed. Members were asked to suggest other interested parties that should be included in the group. The Committee suggested that while some Clerkship Directors (CDs) are members of the Working Group, all should be invited to the Group meetings and progress of the group shared routinely through the Clinical Medicine Committee. The Curriculum Committee charged the CPD Working Group to assess clinical skills in the clerkship/elective years, develop realistic objectives, create a plan for students to obtain objectives and evaluate student progress. The Working Group should be prepared to present this plan to the Committee by April, 2011.

Members of the Curriculum Committee were asked to submit membership, content or implementation suggestions to Eugene Corbett<[ecc9h@Virginia.EDU](mailto:ecc9h@Virginia.EDU)> . It was suggested that the group also consider how to best integrate Basic Science material into the clerkships and electives as well. Members also suggested Steve Borowitz or someone from Epic be included in the Working Group to help with incorporating Epic into clinical performance.

3. National Board of Medical Examiners. The scores and corresponding graphs from the NBME Step 2 Clinical Knowledge (CK) exam given in the Academic year July 2009- to June 2010 were distributed. Results were spectacular as all students passed the examination. These results are posted on the SOM website:

<http://www.med-ed.virginia.edu/handbook/academics/licensure.cfm>

4. Elective Evaluation Form. Since the evaluations became available on-line in Oasis, narrative comments have diminished significantly. Faculty comments in the narrative portion of the evaluation are often included in the resident application process. The Elective Evaluation form in Oasis has recently been modified - moving the "comment" section to the first item in the evaluation - making it more visible to evaluators. The entire form may will be reviewed before the 2012-12 year with the goal of making it more concise and user friendly. It was suggested that the number of questions (18) be decreased to a more manageable number (10-12) in the future.

5. Attendance Policy. The Student Attendance Policy has been modified due to the implementation of the new curriculum and the new College system. The revisions to the policy were reviewed with the Curriculum Committee.

<http://www.med-ed.virginia.edu/handbook/policy/attendance.cfm>

Members had several suggestions to make the policy clearer. Bill Wilson will circulate the policy to the Clerkship Directors and provide specific suggestions after it is reviewed. For instance, it was suggested emphasizing in each venue that the two excused days in a course or clerkship are only to be used in cases of illness, compelling personal or family issue, professional meeting or public service. The use of such days is a matter of academic professionalism. Clerkship Directors in particular need to know about planned absences as early as possible and students should provide this information as soon as it is available. Rescheduling subject exams in the clerkships is not an option so students should make every effort to attend on the date scheduled.



Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 09.09.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Veronica Michaelson, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary)

6. Policy for Recruitment of Clerkship Directors, System Leaders, and Thread Leaders. The Curriculum Committee discussed creation and implementation of a policy for recruitment of Clerkship Directors, System Leaders, and Thread Leaders. The Committee agreed that a faculty member nominated for a leadership position in the School of Medicine (SOM) curriculum should have a demonstrated record of excellence in educational activities. It was also agreed that positions of leadership should be advertised throughout the Department/SOM and qualified applicants should be proposed by the Department and then submitted to the Curriculum Committee for approval. Guidelines for each position are stated in the current job descriptions. Requiring candidates to have a specific number of years of educational experience was discussed. However, the Committee felt that the broad, more general guidelines in the current job descriptions were appropriate and allowed the Departments more flexibility in seeking out and nominating candidates for the leadership positions.

The Committee discussed the availability of resources for Clerkship Directors through mentoring and national meetings. The Committee also discussed whether candidates should be required to make use of these valuable resources. Funding for faculty members to attend these meetings was also discussed.

The new policy will include guidelines for advertising curriculum leadership positions, criteria for selection of nominees, method of candidate submission to the Curriculum Committee, appointment terms, departmental support and administrative assistance as well as outline the approval process of the Curriculum Committee.

ED-34 The program's faculty must be responsible for the detailed design and implementation of the components of the curriculum.

Such responsibilities include, at a minimum, the development of specific course

Don Innes will contact Susan Kirk in the GME to determine how the GME monitors, trains and retains Clerkship Directors.

The policy will also reflect the ED34 USMLE Standards.

The current job descriptions will be sent to the Curriculum Committee by e-mail for their review and comment. A draft of the policy will also be developed by Don Innes and sent to the Curriculum Committee for review and comment.

7. Policy on Academic Deficiencies. The Policy on Academic Deficiencies must be modified to reflect the changes in the Next Generation curriculum. The Committee discussed the modifications in the following paragraphs:

*Remediation of academic deficiencies in Integrated Clinical Science courses\*: A student with unresolved academic deficiencies in one or two ICS courses or system units of the Integrated Organ System in the first academic year may, with the approval of the Academic Standards and Achievement Committee and the course/unit leadership, resolve the deficiencies during the subsequent summer vacation period through structured self-study and passing comprehensive retests. Should it be judged to be in the best interest of the student to retake one or more of the courses/units, the student may be required to retake some or all of ICS.*

*A student with one or two academic deficiencies in any ICS course or unit of the Integrated Organ System in the second academic year may, with the approval of the course or unit leadership and the Academic Standards and Achievement Committee, be allowed to resolve the deficiencies through self-study and passing comprehensive retests by January 15.*

*A student with a single (academic deficiency in any unit of the Integrated Organ Systems in the second academic year may, with the approval of the system unit leadership and the Academic Standards and Advancement Committee, may take USMLE Step 1, resolve the deficiency by a passing score on Step 1, and advance to the clerkships. Any deficiency in the Molecular and Cellular Medicine, Social Issues in Medicine, or Clinical Performance Development must be successfully remediated.*

These modifications were discussed with the group. How deficiencies are

reported on the student transcript and in the MSPE information was discussed. The Curriculum Committee was asked to review this policy and provide comments/suggestions to Don Innes by e-mail. The Policy will be reconsidered at the next Curriculum Committee meeting and an approval vote called for at that time.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine**  
**Curriculum Committee**  
**Minutes – 10.07.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Guests: Selina Noramly, Tom Jenkins, Xian Zhao, Long Vinh, Debra Reed (secretary)

1. Handouts In The Next Generation Curriculum. First year students, Long Vinh and Tom Jenkins met with the Committee the recent rumors circulating through the first year class that no handouts would be provided in the upcoming Systems units. This rumor is unfounded. Handouts will be provided as necessary for activities in the Systems units. Not all activities, especially TBL activities, will provide a handout for the activity. The School of Medicine is not trying to do away with handouts entirely but rather direct the use of handouts, learning objectives, and textbooks.

A discussion of the recommended use of the handouts, learning objectives and required textbook reading ensued. Some students complain that they only have time to read the handouts – all or part of the required reading is not done. Other students use the learning objectives and handout for study but also cannot find time for the entirety of the required readings. Many students find the handouts a more efficient way to study.

Some faculty noted that the required reading in the textbook they have selected for their lecture/activity contains all the information a student should learn for the activity and along with their learning objectives should be a sufficient guideline for study.

The required readings are an attempt by the School of Medicine to develop in the student's lifetime learning skills necessary for their entire career.

It was noted that Learning Objectives in the Next Generation Curriculum are better focused than those used in the previous curriculum and are an accurate outline of what a medical student should learn from an activity.

Chris Burns noted that in the Immunology portion of the MCM course coming up soon, handouts will be provided for all lectures, but not necessarily for all small group, engagement activities. Students should view the handouts as the minimum requirement not the recommended requirement.

2. Molecular and Cellular Medicine (MCM). Selina Noramly and Linda Waggoner-Fountain, Course Directors for the MCM course, reported what they have learned thus far in the new curriculum. MCM is a compilation of at least nine different courses/disciplines. There has been a large amount of integration of the disciplines thus far in MCM but work will continue to further enhance this integration. Two formative and one summative online exams have been largely successful- some issues with equipment/software have been found and remedied. Other issues with AV equipment in the Learning Studio and scheduling of rooms have been recognized and dealt with during the first months of the class. The course directors have received a large amount of assessment data but unfortunately have not had the time to properly digest and deal with it as yet. Some immediate issues that were noted by the students have been remedied but a larger full-scale evaluation of the data will have to wait until the course is over. Some of the learning activities have been excellent and well received by the students. Others, due to technical glitches or lack of proper preparation, have not been well received. Each activity will be looked at carefully before next year and suggestions made for improvement when necessary. A system to provide this accumulated feedback to the teaching faculty will also be developed.

Questions regarding the lack of recent faculty development activities for instructors in the Learning Studio were raised. The MCM course directors would like to see more faculty development sessions in the Studio for those teaching in the latter part of the MCM course as well as the upcoming systems units. These sessions should include faculty members who have used the equipment successfully and are willing to help those less familiar with the studio. John Jackson will be contacted to arrange more faculty development session.

The course directors have been impressed with the level of involvement by the students in engagement activities. The level of clinical material in the first year of medical school has also been greatly enhanced.

Differences in week-to-week reading/study requirements for the students have been noted and the course directors will try to even this out in the coming scheduled activities as well as for the coming year.

Difficulties with assignments listed in Oasis have been circumvented temporarily by putting the assignments on the MCM course website. John Jackson will be

contacted to see if Oasis can be restructured to make this more user friendly.

Students have recommended packaging each week's Powerpoints, handouts, learning objectives, and reading assignments in one pdf file. The possibility of hiring a medical student to amass and package this information will be considered. Difficulties in obtaining some parts of the package prior to the week's learning activities would have to be overcome.

The amount of active learning in MCM and plans to further enhance the active learning portion of the course were outlined. Figuring out what worked and what didn't will be considered in developing new active learning activities.

Time issues with activities being too short or too long will be reviewed before next year –with active learning some adjustment is always necessary to manage the activity in the time allotted. Some professors were better at adjusting on the fly than others. It is thought this will improve with repetition.

Further integration of the curriculum in MCM was discussed. The possibility of coalescing the MCM curriculum into units such as nutrition, infection and cancer was raised.

The Simulation Center in the new Medical Education Building is working very well. The SIM Center has been able to have all students from one class participate in the SIM activity in one week. Keith Littlewood envisions being able to offer activities to some students in the SIM Center during class and having live feeds to the classroom for input from the rest of the class.

3. Addition to the minutes: Excerpts from a letter (10/08/10) to a first year student:

“Let me start by stating that no one is talking about removing handouts from your education. The discussion has always been the proper role of handouts in the educational experience. It was decided early on that handouts would remain a part of the educational experience at the School of Medicine; however, it was decided to move from paper to electronic handouts.

It is our belief that in most instances a well written chapter, article, or select set of pages from a text matched to and read along with well conceived learning objectives can be an efficient and lasting learning experience. Following the readings with a true engagement activity in which the material assigned is applied to problem solving; then summarized with a focus on the key or most difficult objectives, completes the picture.

In summary, handouts will remain part of the UVA educational environment.”

Donald J. Innes, Jr., M.D.  
Dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 10.14.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, John Jackson for Troy Buer, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Xian Zhao for John Hemler, Christina Portal, Nicole White, Debra Reed (secretary)

1. Announcement:

The Learning Studio and Auditorium in the Claude Moore Medical Education Building will be restricted to Medical School activities for at least the next 16 months to allow medical students and SOM faculty to be able to schedule the rooms in the afternoon for meetings, AV instruction, practice, etc.

It is reported that Jordan 1-5, 1-14, and 1-17 will be renovated in sequence beginning next summer (2011). These rooms are still available to undergraduate medical education courses but priority is given to Graduate Programs in the School of Medicine.

2. Recruitment and Selection of Clerkship Director(s). The Committee discussed the proposed policy for selection of Clerkship Directors. Many suggestions were offered – the draft will be amended based on today’s discussion and forwarded to the Committee for approval. After the draft policy is approved the draft policy will be presented to the Dean for discussion.

Similar policies will be developed for the recruitment and selection of System and Thread Leaders.

3. Epic and Medical Students. There has been much recent consternation by students and faculty that medical students are not designated a role in Epic. Dean Randy Canterbury is aware of the problem and it is being worked on. There is supposed to be a shadow version of Epic available to the students – it appears this is not functioning at the present time. The SOM wants to make sure than medical students are not being disenfranchised from the health care system. If federal guidelines are the problem, then that may need to be addressed in Washington.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 10.21.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary)

4. Announcement: Don Innes outlined the events of the Joint Clinical Clerkship meeting held in Roanoke at the Virginia Tech/Carilion School of Medicine on Wednesday 10/20/10. Among other things, the event included a cultural competency workshop, a clerkship transition report, program reports from each clerkship site, a discussion on acting internships, and a tour of the impressive new medical school facilities in Roanoke.
5. Clinical Performance Development (CPD) in the Clerkships. Eugene Corbett presented a worksheet to help the CPD Development Subcommittee understand what types of activities occur during a student clerkship rotation, how much student time is spent in various settings, how much teaching contact time is spent with interns, residents and faculty, and how CPD is assessed as part of the final clerkship grade. How students are involved in various venues of care such as emergent acute outpatient, acute inpatient, etc. will be determined as well as other issues such as how a clerkship is organized, how much administrative support is available to each clerkship, and how faculty development is handled in each clerkship. Dr. Corbett outlined initial plans for gathering the information from both clerkship directors and student focus groups.

Dr. Corbett discussed how this information would be used to develop a CPD plan for the clerkships. He also asked for guidance from the Curriculum Committee to help develop both an information-gathering phase and ultimately a CPD plan for the clerkships and electives. Suggestions should be sent by e-mail to Dr. Corbett <ecc9h@Virginia.EDU>.

It was suggested that activities such as “Patient Care” have a detailed definition so that information obtained from faculty and students is truly comparable, i.e. “time spent in activities directly related to patient you are caring for” and list examples of activities that apply. Some of this information can be obtained from surveys and sources such as the LCME review and the clerkship annual reviews. How clerkship directors provide information to their faculty on topics such as cultural competency, how clerkship directors at various sites within a clerkship communicate and how teaching residents and faculty communicate with the clerkship director need to be determined.

6. Recruitment and Selection of Clerkship Director(s). The Committee discussed the latest draft of the policy for selection of Clerkship Directors. Suggestions from previous discussions were included in this final draft. The policy was approved by the Curriculum Committee and will now be presented to Randolph Canterbury and the Dean for approval and presentation to the Department Chairs.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine**  
**Curriculum Committee**  
**Minutes – 11.04.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelson, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary)

1. Announcements:  
Call for nominations for the 2010 – 2011 Teaching Awards – Details of the available awards and requirements for the nomination dossiers can be found at:  
<http://trc.virginia.edu/> (under Awards). Tips on developing a winning dossier are available at <http://trc.virginia.edu/Awards/Faculty/Tips>

A LCME Planning meeting has been scheduled for 12/1/10.

Congratulations to Elizabeth Bradley, Ashley Schilling and Veronica Michaelson on receiving the \$2000 Learning Assessment Grant Program award for the PCAM evaluation project,

The NBME has notified the SOM that web versions of the NBME basic science subject examinations are now available for test administration. UVA participated in the subject examinations for one year but the exams were not useful in assessing the NexGen Curriculum.

2. Clerkship Director Selection Process. The Curriculum Committee's Policy on selection of Clerkship Directors was submitted to the Dean and has been approved. The Dean will be asked to present the policy to the Chairs at the next Clinical Chairs Meeting.
3. Clerkship On-Call Room Progress. There has been some progress in finding on-call rooms for students participating in clerkships. Susan Kirk reports



that she has worked with facilities management to identify three rooms (G401, G437, and G438) that will be adjacent to, but not enclosed within, the residents' Call Suite on the 0 level. There will be a private bathroom and shower a few doors away (G442). Rooms 441 and 438 are large enough to hold one bunk bed. Room 437 can only hold a single bed, but will allow for gender segregation no matter what combination of males and females use the rooms on any given night. The five beds may not address all of the in-house student needs, but perhaps those students on the most acute services (ICUs or trauma, for example) can be assigned to them. The Clerkship Directors have been notified of this new development and will work together to develop a utilization plan.

4. Monitoring Clerkship Evaluations. A report will be sent to the Clerkship Committee showing recent clerkship compliance with policy that requires all student evaluations be submitted within five weeks of the end of the clerkship period. Some issues with the wording of the policy have caused a few delays but this has now been rectified. Some members of the Committee did note that this requirement is more difficult for the shorter (2-4 week) clerkships and is a time consuming task for the directors of these clerkships. This, however, is an LCME mandate and must be strictly adhered to.
5. Progress Regarding Medical Education in Epic. Students have access to Epic now. Steve Borowitz is developing three 4-hour Epic training sessions (~50 students in each) for the Transition week. Current students already trained in Epic will be asked to help with the sessions.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes - 11.18.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Guests: Brian Wispelwey, Gerald Donowitz, Debra Reed (secretary)

6. Announcements:

Clerkship grades in the Psych clerkship for the most recent period are late. LCME standard, ED30, specifies that students must have their clerkship evaluations between 4 and 6 weeks after they have completed a clerkship.

UVA requires that evaluations be completed in 5 weeks. The Psychiatric Medicine Clerkship Director will be contacted by Bill Wilson and Don Innes.

The newly allocated call rooms on the “0” floor of University Hospital should not require extensive renovations.

7. Medicine Clerkship Proposal. Brian Wispelwey and Gerald Donowitz presented a proposal for consolidating the Medicine Clerkship to the Committee.

This proposal was discussed at length and will be shared with School of Medicine administration and the Mulholland Society for input.

Donald J. Innes, Jr., M.D.  
dmr

The plan is:

All students do Medicine at UVA with the return of 8 inpatient weeks (preferred) or at last 6 weeks. This allows rotations in Cardiology, Heme/Onc, GI/Hepatology and General Medicine. All students joint their residents for weekly UMA clinic with a weekly case conference devoted to ambulatory cases/issues during the 8 weeks. Clerkship students would continue to have Student Morning Report three days out of the week, the biweekly Ethics Report and weekly monitorin gform the CSEP Program faculty.

This plan would accommodate up to 20 students each period.

The plan would require recouping four weeks of current Ambulatory experience and returning to the PCAM model. Less total sites would be needed. Less travel would be required and likely housing and medical stipends as well. Therefore this plan would cost significantly less to the School of Medicine while improving the experience.

**CC notes/comments:**

Students comments about their away experiences noted the decreased quality of housestaff and the lack of resources at these institutions compared to UVA. It was also noted that students who went to Roanoke/Salem VA selected medicine as their specialty far less than those who did clerkships here at UVA.

Question regarding fulfillment of contracts with away sites and how this would affect on the other clerkships (i.e. pediatrics, psychiatric medicine, OB/GYN) who must have access to these away sites.

Dr. Corbett questioned the loss of the ambulatory experience and how that might affect clinical skills education. Students report that the one on one faculty to student relationship is very valuable.

The ability to have an ambulatory medicine experience in the third AND fourth years was discussed. Some noted that fourth year ambulatory medicine students often function as junior residents .

How this plan would affect the timing of the student specialty selection was also discussed.

The number of students this plan would accommodate was discussed – is 20 per period enough to cover the entire class when the class is now 155.

Student, John Hemler, noted that most students select UVA over Roanoke and the Salem VA for medicine clerkships. However, he sees the downside of losing AIM as a part of the clerkship. He believe most student think AIM is a really good experience. He will discuss this proposal with the Mulholland Society and provide feedback to the Curriculum Committee.

Student perception of tuition value at UVA versus the away institutions was discussed.

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 11.18.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Guests: Brian Wispelwey, Gerald Donowitz, Debra Reed (secretary)

8. Announcements:

Clerkship grades in the Psych clerkship for the most recent period are late. LCME standard, ED30, specifies that students must have their clerkship evaluations between 4 and 6 weeks after they have completed a clerkship. UVA requires that evaluations be completed in 5 weeks. The Psychiatric Medicine Clerkship Director will be contacted by Bill Wilson and Don Innes.

The newly allocated call rooms on the “0” floor of University Hospital should not require extensive renovations.

9. Medicine Clerkship Proposal. Brian Wispelwey and Gerald Donowitz presented a proposal for consolidating the Medicine Clerkship to the Committee.

This proposal was discussed at length and will be shared with School of Medicine administration and the Mulholland Society for input.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 12.02.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Guests: Elizabeth Bradley, Debra Reed (secretary)

1. **LCME Review Group.** A committee has been created begin work on the LCME review scheduled for 2014. The Committee is scheduled to meet once each month. Members include: Donald Innes, John Densmore, Richard Pearson, Troy Buer, Addeane Caellegh, Susan Pollart,

**List taken from the presentation "Medical School Preparation for LCME Accreditation," by Dan HHunt, M.D., M.B.A., LCME Co-Secretary, Novembers, 2010. Additional descriptors and footnotes added for this memo**

1. ED-30 — course and clerkship evaluation
2. ED-2 — central oversight of clinical objectives
3. ER-9 — affiliation agreements (at minimum, define responsibilities of each part in educational program for medical students)
4. ED-33 — integrated institutional responsibility ("design, management, and evaluation of a coherent and coordinated curriculum")
5. \*ED-8 — comparability of educational experiences and evaluation across sites (by implication, also across time during a single clerkship year)
6. MS-19 — system to assist students' career and electives choice and residency applications
7. \*\* ED-24 — non-faculty teachers (residents; graduate students; postdoctoral fellows)
8. ED-35 — curriculum subject to periodic faculty review and revision
9. ED-31 — mid-course and mid-clerkship feedback
10. (tied)  
ED-1 — program objectives (objectives as guide for curriculum content and basis for program evaluation)  
\*\*\* MS-24 — indebtedness (minimize impact of direct education expenses)  
ER-4 — facilities (appropriate to achieve school's educational and other goals)

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\* In the 2006 review, the LCME Committee found the School to be noncompliant in terms of one clerkship; this was primarily a problem of appropriate documentation.

\*\* In the 2006 review, the LCME Committee considered the School to be noncompliant with ED-24 for residents in various specialties at Carilion Clinic.

\*\*\* In the 2006 review, the LCME Committee found the School to be in transition (rather than in compliance) because of significant and rapid increases in tuition and fees.

ski, and Randolph Canterbury.

Don Innes outlined information obtained at the AAMC meeting regarding the most common noncompliance citations from LCME surveys, 10/05 – 6/10 (n=89).

2. UVA NxGen Curriculum **Interim Evaluation Report** (Weeks 2-12 ). Veronica Michaelsen and Elizabeth Bradley met with the Curriculum Committee to discuss the interim report. Data for this report comes primarily from classroom observation by the trained observers and student weekly evaluations.

**Conclusions.** While it is still too soon in the NxGen Curriculum for any major curricular recommendations, some limited conclusions can be drawn based on the qualitative and quantitative data collected and analyzed to date.

1. Student Feedback: Students should be encouraged to participate in formal evaluation channels to facilitate interpretation of their comments.
2. Efficiency: Student comments reflect that a significant source of concern for them is inefficiency in receiving materials. Adequate support for System and Thread leaders as well as System Administration needs to be maintained in order to address this concern.
3. Learning Objectives: The students are very sensitive to variations in the quality of the learning objectives. Faculty support for the development of learning objectives has been offered in the past with only limited success.
4. Reporting: Evaluation data needs to be re-analyzed at regular intervals so that appropriate sampling and comparisons are possible. To facilitate this, a structured reporting schedule should be developed that includes who will receive what kinds of data analysis, at what intervals and in what formats. Reports will include evaluation of integration and CPD as this data becomes available later in the academic year and clerkship data as it becomes available later in the NxGen Curriculum.
5. Observation issues: Variation in the observations needs to be addressed. In the near-term this includes observer calibration and de-briefing to facilitate the use of a common vocabulary. Inter-rater reliability is a long-term solution and will require significant numbers of observations with multiple observers
6. Technology: The faculty continues to use a limited subset of the technology available to them in the new Learning Studio. Faculty development, either technology-specific instructional design, would be one way to address this issue if it is deemed appropriate to address.
7. Instructional guidelines: The amount of lecture continues to vary significantly as does the percentage of time that is considered active learning. Additionally, the students report variation in the amount of active learning found in activities that are labeled “engagement” activities. Clear guidelines to the faculty detailing what is expected would help give System leaders leverage and individual instructors clarity as to the specific goals of the NxGen Curriculum.

The group evaluating the Next Generation Curriculum asked the Curriculum Committee to let them know what information the Committee needs. Evaluation data is first shared (weekly) with the System Leader(s) of the current course and a summation report is planned for the end of each system. The Committee will review the summation reports after the System Leader has had time to respond to the issues raised in the report.

Questions regarding material left out whether intentionally or due to circumstance were discussed. Some omissions in this report are necessary due to lack of observation and have been noted as such. Other data will be accumulated/compiled at the end of the system.

**The availability of X-Credit material** for system and thread leaders to use

to ensure proper coverage of material was discussed. Clear and concise learning objectives are absolutely necessary to enable this system to provide information on subject matter being taught to the system and thread leaders. This system should be **populated with learning objectives from MCM in early January 2011**. The question of whether searches would be possible across platforms (pdf, learning objectives, handouts, powerpoint presentations) was raised and will be looked into.

Using the evaluation data to highlight areas where repetition is occurring the curriculum and then putting the faculty together to discuss this would be a valuable use of the reports.

The Committee asks that a **final report for MCM be completed by late January in time for distribution prior to the February 4 meeting**.

The Evaluation Group believes that some evaluation issues are specific to MCM since it is the longest system and has multiple facets. Evaluation procedures will also be reevaluated after the MCM evaluation is complete.

Donald J. Innes, Jr., M.D.  
dmr

**University of Virginia School of Medicine  
Curriculum Committee  
Minutes – 12.09.10**

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Nosheen Reza, Debra Reed (secretary)

1. Announcements:

Emails were sent to Dr. David Geldmacher and Dr. Pam Herrington regarding their late evaluations for the Neurology and Psychiatry clerkships. They have responded and grades will be immediately forthcoming.

Curriculum Committee members are reminded that reports to the Curriculum Committee and other materials that are discussed at the Curriculum Committee meetings are for Committee work, and not to be disseminated to people outside the Committee. Members were also reminded that Curriculum Committee members are chosen from various specialties and departments and that their first duty is to undergraduate medical education. Duties are delineated by LCME standards. The Curriculum Committee is not a “representative” body. Although we are

informed by the clinical and research worlds, Curriculum Committee members do not represent specific areas. Minutes of every meeting are published on the UVA Curriculum website.

Priscilla Potter, M.D. has been named the new Neurology Clerkship director by the Department of Neurology. Dr. Potter's CV was reviewed by the Curriculum Committee. She has extensive experience in clerkship direction and medical school administration. She and Dr. Geldmacher have been working closely to achieve a smooth transition. The Curriculum Committee supports this nomination.

The new policy on Clerkship/Course Director selection was approved by the Dean. The Neurology Clerkship Director was processed prior to the start of the new policy; however, the selection does adhere to the guidelines. [Note added: The Clinical Chairs were informed of this policy December 14, 2010 at a meeting of the Chairs.]

A email has been sent to all clinical faculty requested applications for a new Cells to Society course director. Chris Peterson will be stepping down from this position in 2012, however, the Dean's office would like to appoint someone as an apprentice for the coming year in preparation for taking over in 2012. The position is funded with .5 FTE for two weeks of the year and support staff is provided. The Committee briefly discussed appropriate funding models for this and other teaching activities.

2. LCME Review. The Committee discussed their role in the upcoming LCME review scheduled for 2014, in particular monitoring the Next Generation Curriculum. Subgroups of the Curriculum Committee will review the individual systems yearly and then report to the Committee as a whole. Course Directors will be invited to attend the Curriculum Committee for this report and respond at that time to recommendations of the Subgroup. Committee members will be notified of their subgroup assignments.

Objectives for MCM should be available in X-Credit by early January 2011. Other Spring systems should be available the end of February 2011.

Clerkship Directors will be asked to delineate clear objectives and review them with all other Clerkship Directors.

The Committee discussed how to best obtain data from residency programs regarding how well UVA SOM students are prepared for residency. This is difficult data to obtain because of privacy issues but would be very valuable.

- Two week prep courses for residencies late in the fourth year - OBGYN runs a program for students who have matched with a OBGYN residency programs. Both students and our residency program director find the program to be helpful. This program may be a model for other disciplines.



- Use of the Simulation Center in these ventures - Nasheen Reza noted students find simulation an excellent preparation for real patient activities.
- A more extensive CPX experience at the end of the clerkships
- Enhancement of Basic Science material in the clerkship/elective years

Hard copies of the LCME standards will be made available to Committee members who would like them.

Data obtained from LCME Graduate student questionnaire is usually returned to the School of Medicine within 6 months.

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dmr