University of Virginia School of Medicine
Curriculum Committee
Minutes – 01.06.11

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), John Jackson, Keith Littlewood, Jim Martindale, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Guest: Elizabeth Bradley, Debra Reed (secretary)

1. Announcements:

   The Claude Moore Medical Education Auditorium (3rd floor Room 3110) is now available in the afternoons to groups outside the medical education program. Teaching faculty or course directors should contact Lucille Bland ltm3e@virginia.edu, the Resource Scheduler, to check the availability of the room in the afternoons for practice sessions.

2. Elective Evaluation Change. The Committee approved a proposal from Bill Wilson that the following question be added to the Electives evaluation completed by each Elective supervisor:

   At the start of this elective, was this student prepared with the necessary knowledge and skills (from the preclerkship and clerkship experiences) to perform adequately in this elective?

   1____ 2____ 3____ 4____ 5_____
   least prepared best prepared

   If no, (one or two) where was improvement needed (please specify)?

   This question will reflect outcomes in the from the preclerkship and clerkship experiences. Veronica Michaelsen and Elizabeth Bradley will also develop a similar question to pose to the students in their post-clerkship, pre-elective survey. Data from both questions will be correlated. Answers to these questions will be examined for deficiencies.

3. Clinical Medicine Committee meeting on 12/13/10. Bill Wilson reported on the recent Clinical Medicine Committee meeting. Minutes are on posted on the Committee website:

   http://www.medicine.virginia.edu/education/medical-students/UME/cmc/minutes/cmc-minutes-12-13.10.html

Highlights included discussion regarding preparations for the 2013 LCME review, especially ED2 (standards and annotation) and ED8 (comparability). The importance of clerkships developing medical education CEs and documenting who actually attends the CEs was discussed. Tracking student outcomes post-graduation while maintaining confidentiality by the use of a form with "tear away" name/school information will be explored. While the information to be obtained would be more useful if specialty information could be obtained from the Residency Program Coordinators, obtaining this information might breach confidentiality protocols. The possibility of obtaining confidentiality waivers from the students prior to graduation was briefly discussed. Data obtained with the confidentiality waivers might be richer and more useful. Don Innes will ask Addeane Caelleigh to develop a method to survey the graduates beginning as early as next year.

4. Student Doctor Network postings. Deans from the School of Medicine will be meeting with the first year class officers today to discuss issues related to student posts on the website with a focus on how to further improve the learning environment with emphasis on efficiency. SMEC President, Nicole White noted in an email "it is quite heartening to read some of the enthusiastic rebuttals that are now up there! I think it would be clear to anyone reading the website that most UVA students do not share the sentiments expressed by one individual who is now significantly outnumbered by overwhelmingly positive remarks".

5. Copyright Issues. Madelyn Wessel has met with the Deans of the School of Medicine and asked that faculty in the School of Medicine be vigilant in posting copyrighted material on the course websites. Selected material should only be posted for one semester and access must be limited. The Curriculum Committee asked John Jackson to implement a system to limit access to material on course websites to faculty and students in the School of Medicine. The following website provides helpful links for teaching faculty on copyright policies

   http://www2.lib.virginia.edu/policies/copyright/

University of Virginia School of Medicine
Curriculum Committee
Minutes – 01.20.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Guest: Elizabeth Bradley, Debra Reed (secretary)

1. Announcements

   System and Thread Leaders met on 1/19/11. Don Innes reported that the meeting was quite successful with much valuable information shared. Discussion at the meeting also pointed out needs and concerns in the upcoming curriculum. There appears to be more lecture time in the new curriculum that planned and with variable density of the material. Chris Burns noted that running Microbes in the three week time period is more labor intensive that he had initially thought and encouraged all system leaders to prepare for this when developing their systems. The Curriculum Committee may develop more explicit guidelines for the System Leaders, e.g. use of time in the curriculum, percentages of lecture versus TBL.

   Thread Leaders should be invited to the System Leaders meeting every third or fourth month. A new "speed dating" type of meeting to introduce Thread and System Leaders to each other and encourage dialogue was suggested and will be arranged as early as March. This meeting is an opportunity for Keith Littlewood of the Simulation Center to offer input for inclusion of simulation experiences in the systems and CPD curriculum.

   CoLab or X-Credit tracks threads. X-Credit, when populated with all the objectives/activities from each system will be valuable to thread and system leaders System and Thread leaders post to CoLab, creating virtual meetings. This would work much better and be more likely to happen if the leaders meet in the "speed dating" mode a few times per year. Thread leaders have met once but should meet routinely and elect a leader for the group. Incorporation of the vast number of threads (now nearly 50) into the curriculum requires a great deal of cooperation between system and thread leaders. Thread leaders should review the upcoming system block schedules already posted on Co-Lab for areas where their thread could be incorporated or enhanced in the lesson plans. Thread leaders should create a brief statement or list of learning objectives in their threads that students should be exposed to and master as the entire curriculum progresses.

2. Systems Group Co-Leaders. Bart Nathan was endorsed unanimously by the Curriculum Committee to become the new Co-Chair along with Chris Burns of the System Leaders group.

3. Consistency of the TBLs. Don Innes reported that the recent GRIPE (Group for Research in Pathology Education) meeting focused on incorporation of TBL into the curriculum. Based on what he learned the Committee agreed that there must be a TBL team(s) who actually run the TBLs in all systems;

work closely with the instructors/system leaders to develop the TBLs. This team approach ensures consistency of the TBLs across all systems. First year student evaluation comments regarding the TBLs concur with this approach.

System Leaders and interesting faculty should be made aware of when TBL activities are coming up in the Curriculum so they could attend and become familiar with the TBL process.

4. The next meeting of the Curriculum Committee will be held on 2/3/11 in the Simulation Center Ground floor conference room. Anyone who would like a tour should show up at 3:30 pm. The agenda for this meeting will include the discussion of the evaluation material.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 02.03.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Nosheen Reza, Guest: Elizabeth Bradley, Selina Noramly, Debra Reed (secretary)

5. Simulation Center. The Committee met in the Simulation Center in the Claude Moore Medical Education Building. Dr. Keith Littlewood gave a guided tour of the facility explaining how the Center is being used currently in medical education and offering suggestions on how it could be further incorporated into the curriculum.

6. Announcements: Bart Nathan was welcomed as the newest member of the Curriculum Committee as he is a Co-Director of the System Leaders Group.

7. MCM System Evaluation Report and Course Director Response. The Committee discussed the report e-mailed to them prior to the meeting. Three major issues arose in the report:
   a) Increase active learning time, decrease lecture time in MCM
   b) Further integrate the course so that basic science information is mixed thoroughly into this system as well as the other systems. Decrease the delineation between disciplines (Genetics, Physiology, Cell and Tissue)

incorporating them all into "themes" such as growth and development, cancer/abnormal growth and development, immunology, etc.

c) Increase consistency among the TBL experiences

A MCM Action plan was distributed and Committee input solicited on items as to action plan, evaluation, and resources.

The absence of certain small group and active learning activities located in the Jordan front labs, Library conference rooms and the Anatomy labs and not observed by the evaluators was noted.

Increasing the percentage of engagement versus nonengagement activities in MCM was discussed. This must be improved prior to the beginning of next year.

TBL teams are being created now to work with the System Leaders and faculty to develop their TBL activities. These teams will work with (Sabrina Nunez (Assistant System Leader) and Kimberlye Joyce (Instructional Designer) and with System Leaders and individual faculty to develop their TBLs. Thread leaders might also be called upon to work with these teams. This type of support system was lacking in the first MCM system but is now available. Linda Waggoner-Fountain stressed the importance of more faculty development sessions to help faculty create TBLs is necessary as well. The teams would also run the TBLs with the teaching faculty acting as content experts - thereby insuring consistency among the TBL sessions.

The Committee discussed the addition of one week (mid course) of holiday time for the students. This would shorten the MCM course from 17 weeks to 16 weeks.

The need for timely receipt of learning objectives, powerpoints, etc. was discussed with enforcement of the deadlines and inclusion in the faculty evaluation.

It was hoped early on that 40% of the MCM course could be engagement activities. It appears from the data that approximately 24% was observed TBL activity. If unobserved labs and small group activities are included in the count approximately 35% was deemed engaging. The goal for 2011-12 is now 50%.

All System Leaders must take a more directive approach to the individual components of their systems – introducing the days activities and developing and monitoring content and types of activities.

The availability of practice questions was briefly discussed. This is a huge task for most faculty members – students would like 5-10 practice questions

for each question on the exam. As questions are developed each year, this may be a possibility but because of the time restraints on faculty this will not be possible immediately.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 02.10.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary) Guests: John Bell, Selina Noramly

1. Treatment of copyrighted materials and student educational records. John Jackson outlined a new policy developed with input from Madelyn Wessel, Associate General Council for the University.

   To offer more nuanced options in the treatment of copyrighted materials and student educational records, we propose the following changes to the UVa School of Medicine's Student Source web site. This proposal reflects the unique needs of the medical curriculum, the diversity of approaches to educational materials of our faculty, and the University's need to comply with applicable laws.

   Most SOM courses are team delivered with as many as 100 faculty and or residents teaching in a single course. Further instructors and students all need to review educational content from other courses due to the integration of our curriculum. The School of Medicine maintains its own academic record system (Oasis) for student schedules, grades, calendars and evaluations. All medical students along with all faculty or staff involved in teaching or evaluation activities have Oasis accounts.

   For the above reasons, we propose three access levels for our course web sites:

   1. Viewable by anyone (world wide web accessible)
   2. Viewable only to Oasis account holders
   3. Viewable only to students enrolled in the course

Option 1 would only apply to web pages created by SOM faculty and staff, which are wholly the intellectual property of the University of Virginia and which do not integrate third party copyrighted content of audio/video or recordings of students.

Option 2 would apply to all documents uploaded within course web sites. Course materials made available to students through this access level could (as long as compliant with copyright fair use guidelines), include third party materials (such as individual books chapters or PowerPoint's integrating content such as graphs, images, etc.).

Option 3 would apply to podcasts of "engagement activities" in which students could be identified as class participants to ensure compliance with FERPA and other privacy requirements.

Archiving of Materials

Since medical school courses do not follow a semester schedule, and may be as short as one week or as long as 52 weeks, we propose that all materials in access levels 2 and 3 be kept available for each full academic year. At the end of each year, these materials will be securely archived and removed from public view. Archived materials would only be available to authorized administrative users who have need to research historical materials.

The Committee unanimously approved this proposal and it will be implemented on 3/2/11. The Committee thanked John Jackson and Madelyn Wessel for their diligence on this project.

2. Systems Based Practice - John Bell (former UVA SOM student and member of the Curriculum Committee while a student) outlined his proposal for the addition/implementation of System Based Practice into the UVA SOM curriculum.

   Health System Curriculum Proposal

   Medical students are required to have some knowledge in how the health system functions to achieve the competencies expected of a UVA School of Medicine graduate and to be able to function and show competency in Systems Based Practice as a resident physician. Medical students currently receive little formal training on how the health system functions. In today's world of medicine physicians need a thorough understanding of how the health system functions in order to provide top-notch care, interact professionally and efficiently with other providers, and be able to earn a living. Also, physicians who understand the system within which they work will be able to help shape the changes to that system which will occur and

retain control of patient care decisions needed to ensure that patients receive the best care possible.

This proposed curriculum would introduce students to many of the topics that will help them be able to find their way through the health system and to be better physicians. It will then have students apply their knowledge at first to cases in Clinical Performance Development (CPD) and then on the wards in the Clerkships and Post-clerkship periods and finish with a project where they have to synthesize their knowledge and possibly help the UVA health system to improve.

This horizontal and vertically integrated curriculum will emphasize real world contexts and foster interdisciplinary learning opportunities for medical students with nursing students and other health care workers. Finally, this curriculum will take advantage of a highly interactive learning environment utilizing various types of technology as well as various teaching techniques as appropriate to fully engage the students.

Curriculum Goals

Students will:

1) value how clinical decisions affect the patient, the hospital/clinic, their financial situation, and the health system.
2) recognize and defend how the information collected from an excellent history and physical exam will allow for more efficient, more economical, and safer medical practice.
3) understand how the different parts of the medical system interact allowing for much smoother and efficient use of the system.
4) understand how excellent medical writing aides communication and improves appropriateness of billing.
5) understand how the current system and possible future systems would alter the incentives between physicians and hospitals and the care they provide and patients and the care they seek and the lifestyle decisions that they make.
6) understand how a working knowledge of the health system allows for intelligent improvements to be made to the system.

Rough Curriculum Outline

1) 1st and 2nd year course - topic introduced with large group learning activity ~ once per month and consolidated with application of this topic in the weekly small group sessions of CPD. Topics will start general knowledge and slowly incorporate the level of medical knowledge that students are obtaining.
2) 3rd year – integrated into the introduction to clerkships and with integration into different clerkships (i.e. student morning report in medicine clerkship) focus on medical writing and intro into how hospital runs and continued application of 1st and 2nd year topics.
3) 4th year – integration into portion of DxRx for some advanced topics and final project on quality improvement proposal or research paper on health system issue with change idea presented in poster session to share ideas with students evaluating each others' posters.

Course Topics

1) Insurance (how patients get covered) – what patients are charged (Medicare/Advantage, Medicaid, Employer based Insurance, Self-Insured, and uninsured/self pay)
2) Insurance (how doctors and hospitals get paid)
3) Impact of Tests and Imaging Ordering (Golden Pen/Mouse)
4) Insurance (how Medicines are paid for) Pills vs. IV meds and DME and Therapy services
5) The Skilled Nursing Facility- Types/Reasons for Stays/How Stays get paid for/How one get admitted to one
6) Medical Writing –why bother (Communication/Billing/Legal)
7) Handoff of Care – (Outpt/Inpt/between inpt shifts/Inpt-Outpt)
8) Other Medical Professionals – Who they are and what they do - (PT/OT/RT/SW/Nursing/PCA/Nutritionists/Wound Care/Pharmacists)
9) Current Incentives in Medical Care – fee for service and results (SGR and RVUs)-other alternatives (i.e. capitated ACOs, medical homes)
10) Top of the Cliff vs. Bottom of the Cliff Medicine
11) Electronic Medical Records – Chart lore/Gibberish Notes/Intercommunication and HIPAA
12) Organization of Health Care – Types of practices and how organization of care incentivizes certain types of care.

Dr. Bell's proposal was unanimously endorsed by the Curriculum Committee. He was asked to continue to develop learning objectives for each topic and work with Eugene Corbett, Veronica Michaelsen and Kimberlye Joyce to integrate these topics into the Next Generation Curriculum.

3. Bon Secours Affiliation Agreement. The Curriculum Committee discussed the proposed Bon Secours Affiliation Agreement. Megan Bray, OBGYN Clerkship Director spoke to the comparability issues at Bon Secours. She believes the program can maintain comparable educational experiences at this site since all didactic presentations would be available to all students in the clerkship regardless of physical location (Bon Secours, UVA, Roanoke). OB/GYN selectives here at UVA would also allow students to participate in activities that are not available at Bon Secours. Students who have objections to participating in the clerkship at Bon Secours should not have a problem with the match as most students (>75%) get their first choice for clerkship placement at the present time. **The Curriculum unanimously endorsed this affiliation and supports further development of the plan**.

4. Defining MCM. An MCM Action Plan was distributed to the Committee. Items were outlined by Veronica Michaelsen and the Committee discussed.

Donald Innes
Dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 02.17.11

Pediatric Conference Room, 4:00 p.m.

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1. Clinical Performance Development (CPD) Interim Report/Response from Drs. Mary Bryant,
Eugene Corbett, Jennifer Marks. Dr. Eugene Corbett outlined the CPD directors response to the items in the Report that needed improvement.

The directors agree that more attention should be given to the Physical examination skill development time earlier in the course. This skill competency area will be more heavily addressed during the organ-system phase of the preclerkship curriculum as part of the weekly cases.

In regard to patient interviewing, they also agree that time for this skill learning and practice needs to be considerably expanded. This message has also been received from the small group faculty mentors during the recent faculty development sessions as well. Having less time (18 months) for this in CPD I compared to POM 1+2 (24 months) has created some difficulty in this regard. They plan to revise this aspect of CPD I for the incoming class. More opportunities for students to hone interviewing skills could be with standardized patients or possibly even real patients in the ER or the clinics.

Mindfulness practice was thought to be too extensive by the students but it really was only taught during two afternoon sessions. From the qualitative comments, the course directors believe, at least at the outset of their clinical development, some students may not yet appreciate the comparative importance of being mindful as a clinician. Timing and presentation of the material will be explored.

Complete coordination with MCM topics was not achieved this year. This is the first year that such a high bar has been set for the preclerkship curriculum overall. As with all education innovations, the course directors note this is a work-in-progress. It may take another year to have this aspect of the curriculum become seamless.

The CPD is working to improve the flow of afternoon sessions. Approximately one half of the mentors are new to this teaching approach this year so more faculty development will be necessary. This is also on their CPD I to do list. The goal is to have all of the planned elements of these afternoon sessions be robust and educationally effective including group reflections, case discussions, student learning objective teaching, and skill learning and practice. An example that was discussed at a recent faculty development is the desire to have a different student practice interviewing "the patient " (as portrayed by a mentor) each week. A few groups have not been doing this. This issue is also a work-in-progress.

Course directors agree the value of coordinating and continually improving the course evaluation process.

CPD will be re-reviewed more frequently during the coming year – twice per semester rather than just once at the end of the semester. This will allow for more timely improvements to be made to the course.

Approximately half of the CPD mentors are from Family Practice or Medicine, the other half are specialist. This is quite similar to the ratio in PoM1 and 2. PoM1 was predominantly made up of generalists and PoM2 mostly specialists.

John Jackson noted that student performance data as judged by the mentors showed 75% of the students scored in the top two points of the scale. The expectation is 5-20% of the students to score in this top two point range. This will be addressed in faculty development.

Anonymity of student mentor evaluations was discussed. Students submit evaluations of their mentors but are often less than forthcoming due to the lack of anonymity. At present evaluations are submitted and then a report is sent by the CPD Directors to the faculty mentor. Stripping this report of any student identifying elements and letting students know this will be done will be worked on.

Obtaining student evaluations of their fellow group members will also be explored.

The Committee also suggests exploring more human behavior topics in MCM. This could be accomplished by increasing this element in the patient cases and interview sessions.

CPD Directors were asked to flesh out their plans to address these issues and report back to the Curriculum Committee seeking help from the Curriculum Committee if necessary.

2. Redefining MCM. On the Action plan, items 1-4 were discussed at last weeks meeting. Beginning at the end of the plan with #16 – integration, the Committee discussed how to make MCM less "lumpy" and more seamless between disciplines. Sabrina Nunez has been hired as the Assistant System Leader in all of the systems. She will help to assure consistency between the systems in content, content level etc. and also help the System Leaders to stay on schedule in providing information to the students and support staff.

   It was felt that the nutrition portion of MCM worked very well and should be emulated in the growth and development, disease and defense and cancer portions of the curriculum. MCM was intended to be a foundation course but further integration of all the disciplines is necessary. There should be as little delineation between the disciplines as possible, i.e. biochemistry, pathology, pharmacology, immunology, neuroscience, etc.

   Splitting MCM into distinct parts, grading of the parts and the whole was discussed How to schedule student remediation of individual parts was also

briefly discussed.

Inclusion of the microbiology topics – microbiology, virology, bacteriology into MCM was discussed.

Course directors will incorporating breaks into the MCM curriculum for next year which will alleviate student and faculty fatigue and hopefully divide the material into recognized units.

Donald Innes
dm

University of Virginia School of Medicine
Curriculum Committee
Minutes – 03.03.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary) Guest: Selina Noramly

1. Announcements:

   The **Mulholland Report** will be discussed by Trevor Posenau at the Curriculum Committee on 3/10/11. An electronic version of the report will be sent to the Committee members on Friday 3/4/11.

   The **Academy of Distinguished Educators Medical Education Week** begins on Monday 3/7/11 and events continue through Friday 3/11/11. Highlights of the week include:

The ADE medical education poster session (corridor outside the Health Sciences Library) 3/7/11-3/11/11
Tuesday, 3/8/1, 4:00-5:30 pm - Curriculum leadership meeting with Dr Bonnie Miller, the Senior Associate Dean for Health Sciences Education, at Vanderbilt U SOM and the 2011 Brodie Medical Education Scholar Awardee in the Medical Simulation Center Conference Room
Wednesday, 3/9/11, 12:30 pm - Medical Center Hour in the Jordan Conference Center Auditorium – "Moral Distress in Health Professionals – A Call for Resilience or Retreat" – Dr. Bonnie Miller
Wednesday, 3/9/11 5:00 – 7:00 pm – ADE medical education week social event in

Health Sciences Library (5:00-6:00 pm poster presenters will be in front of their posters; 6:00 pm Randy Canterbury, Senior Associate Dean for Medical Education, will make brief remarks on medical education and Brodie Award Recipient, Bonnie Miller will be introduced and speak to the group.

Members of the Curriculum Committee were encouraged to attend as many of these events as possible.

Progress is being made on **medical student call rooms**. Rooms now designated as call rooms are G401, 402, and G438. Some construction will be needed. The estimated start of construction is mid-April with completion 12 weeks later. If bunk beds are used in these rooms, they will accommodate 6 people. Linda Waggoner Fountain noted that bunk beds have been associated with some serious injuries in the past and discourages use of bunk beds in these rooms. Most of the students using these rooms will be ACE students. Whether the students in these selectives will obey the intern or the resident rules for on-call time restraints is not known. Dr. Richard Pearson will be contacted to determine the rules.

> **Clinical Service Work Hours** Medical students rotating on clinical services (clerkships, selectives and electives) should be subject to the same principles that govern the 80-hour work week for residents. Clerkship, electives and selectives directors are responsible for monitoring and ensuring that duty hours are adjusted as necessary. Student duty hours should be set taking into account the effects of fatigue and sleep deprivation on learning and patient care. In general, medical students should not be required to work longer hours than residents*. (Curriculum Committee 9/9/2004; modified 12/18/2008) * LCME Standard ED-38.

The **Clinical Connections** program developed about 10 years ago by Reid Adams had its final session last week. The program has been very successful but what was initially included in these sessions has now been moved to other areas of the curriculum. Reid Adams, Course Director and Tammy

Rogers, Course Coordinator deserve special thanks for all they have done to make this such a successful and well run program.

Resident preparation for their roles in teaching and assessment Lisa K. Rollins of Family Medicine and Diane Farineau from the GME office have been contacted to update the Clinical Medicine Committee meeting on 3/14/11. Linda Waggoner-Fountain noted that this standard is already being covered in most clerkships but documentation may need improvement. We need to be sure

> **ED-24.** At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship (or, in Canada, clerkship rotation) and be prepared for their roles in teaching and assessment.
>
> The minimum expectations for achieving compliance with this standard are that: (a) residents and other instructors who do not hold faculty ranks (e.g., graduate students and postdoctoral fellows) receive a copy of the course or clerkship/clerkship rotation objectives and clear guidance from the course or clerkship/clerkship rotation director about their roles in teaching and assessing medical students and (b) the institution and/or its relevant departments provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors. there should be central monitoring of the level of residents' and other instructors' participation in activities to enhance their teaching and assessment skills.
> There should be formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate. Evaluation methods could include direct observation by faculty, feedback from medical students through course and clerkship/clerkship rotation evaluations or focus groups, or any other suitable method.
>
> http://www.lcme.org/functions2010jun.pdf

2. Boot Camp for Medical Students. Keith Littlewood distributed an article from the SimEducation world reflecting experience at the Mayo Clinic with the boot camp concept.

A 1-Week Simulated Internship Course Helps Prepare Medical Students for Transition to Residency. Laack, TA, Newman JS, Goyal DG, Torsher LC: Sim Healthcare, 5:127-132, 2010.

Keith Littlewood would like to explore offering a "boot camp" one-week elective at the end of the fourth year. This experience would probably be in the period after match (mid-March) and the end of April. The Committee endorses this pilot project and asked Dr. Littlewood to contact clerkship directors in Medicine and Surgery and Meg Keeley to develop this elective for next years graduating class. Initial thoughts include offering a basic session with optional specialty days.

The SIM Center may also want to work with departments to offer boot camp simulation activities in their introductory sessions. Some residency programs, i.e. Pediatrics and OBGYN do similar activities already.

The Committee believes that offering this experience would enhance our medical students skills prior to their residencies whether here or at other institutions. Care should be taken to keep activities in the boot camp experience for medical students as generic as possible as institutions all have different rules and regulations on resident conduct.

Members of the Curriculum Committee who are interested in this project should contact Keith Littlewood.

3. Policy on Recording Patient Interviews – John Jackson. Gene Corbett asked that the SOM consider modifying the current policy so that CPD may make recordings of patient interviews. John Jackson checked with University Counsel. Their response/advice follows:

1. A signed release which clearly and explicitly describes the extent to which the recorded material will be used and made available is absolutely necessary. It must be transparent as to the types of issues noted in #3 below.

2. Whoever would be working to enlist these patients must not exert pressure for consent.

3. " The patient should be guided to understand that distributing the interview throughout SOM could result in viewing by individuals who are her neighbors, members of her church, colleagues of herself/husband/children, etc." Patients are not going to understand what it means to say "the patient interview will be distributed to SOM." They must be put in a position to understand that this will involve a group of about 700-800 people and that this group could well include individuals who know the patient, but would not otherwise know anything about the patient's health situation or information.

4. You must have a competent plan to educate all persons having access to the audio/video material that download and redistribution is unacceptable and illegal.

5. You will need to sort out how destruction of this confidential information will be handled at the end of the year assuming the year-long cycling of material remains the.

6. You will need to have a strategy for dealing with faculty who will want to hold onto these videos.

After much discussion, this issue was tabled until Eugene Corbett could be present. Many Committee members felt that the difficulties in clearing the legal hurdles would outweigh the educational benefit of recording these sessions. Donna Chen will contact Allison Innes in Student Affairs to determine current HIPAA confidentiality policies and impending updates to these policies that affect medical education.

4. MCM Fall Schedule. The MCM Fall 2011 schedule has been discussed with the course directors, the Curriculum Committee and Randy Canterbury. The plan at the point is to maintain integration and to incorporate what is now in the Microbes: The Essentials system into the MCM course, add a one week break in the fall and move some of the current MCM curriculum into individual Systems. Systems would begin in January and one extra week would be added to the summer to enhance research opportunities for the students. Some of the systems might need to be expanded slightly to incorporate the material removed from MCM, e.g. endo/reproduction.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 03.10.11

Pediatric Conference Room, 4:00 p.m.

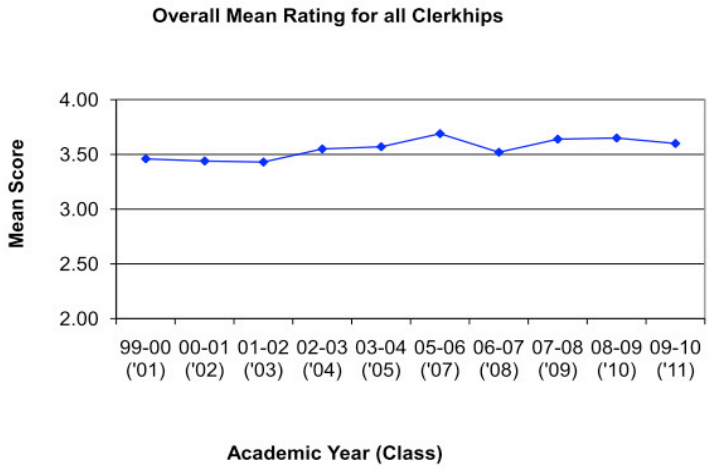
Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Troy Buer, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary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

5. The **Mulholland Report** was presented to the Curriculum Committee by the Editor, Trevor Posenau An electronic version of the report was sent to the Committee members on Friday 3/4/11. Trevor thanked Troy Buer, Michelle Yoon, Donald Innes, John Jackson and the 12 section writers for all their hard work on this in depth report. This report is prepared from data on the 2009-2010 clerkship year.

Structural changes were made to the clerkship report this year. A SMEC update section has been added to reflect changes made since the data was collected.

Two new clerkships, *Perioperative and Acute Care* and *Geriatric Medicine*, were added. Surgical subspecialties were added to the clerkship year.

For the class of 2011, the overall mean rating for all the clerkships was 3.60./4.0. This is a slight increase in comparison to 08-09 but the overall mean rating has remained relatively consistent for the past decade.



There were variations in means at various sites and clerkships but substantial variations were not noted.

Discussion and Recommendations

The third year of medical school presents new challenges as students begin clinical work and apply the knowledge that was acquired over two years in the classroom. Subjective grading adds stress because students must gain rapport with their housestaff and attendings. This pressure to perform is compounded by the students' lack of control over attending and housestaff schedules and the variability of grading between different physicians and between different clerkship sites. Performance during clerkships holds critical importance for residency applications. Furthermore, students must use clerkship experience to consider future career interests. Accordingly, it is no surprise that the most frequent recommendations made by the Class of 2011 relate to factors affecting clinical performance and preparedness for shelf exams.

* Orientation - **Clear learning objectives and expectations** for the clerkships are essential and allow students to focus their efforts on the most important information and responsibilities. Students respond very

positively to concise orientation sessions that define the objectives and also present some of the basic and unique knowledge for each clerkship. We also desire that attendings and housestaff define expectations at the initial meeting with students.

* **Rapport with attending physicians and housestaff**- The Class of 2011 praised clerkships that allowed students to work extensively with individual attendings and housestaff. The rapport that develops over multiple days allows students to feel more comfortable asking questions and seeking feedback. Furthermore, students are more satisfied with their effort when their skills and knowledge are demonstrated to the same individual(s) over multiple days. Clinical preceptor programs have been initiated within several clerkships and have received high praise. We recommend that all clerkships seek to maximize rapport building by allowing students to rotate with the same housestaff and attendings for several consecutive days. For clerkships where this is less feasible, a preceptor program is encouraged.
* Feedback - **Students learn and improve from feedback**. Students also feel more confident in their performance when feedback is given. We encourage all clerkships to remind attendings and housestaff to provide frequent feedback to medical students. Clerkships with scheduled feedback sessions were praised, and scheduled feedback is recommended for all clerkships.
* Teaching - **Students respond very positively to focused teaching sessions** that are relevant to the shelf exam. Many clerkships received high praise for the quality of teaching on the wards and in lectures, and we encourage the continuation of these efforts. Impromptu chalk talks and team teaching sessions provide context for specific patients and are highly valued by students. However, in certain clerkships, scheduled teaching sessions and workshops were felt to interrupt clinical duties. This issue is explained in detail in the individual clerkship chapters, and we recommend adjusting the times of scheduled sessions that remove students from important clinical responsibilities.
* Patient Responsibility - Patient care is the core third year experience, however students frequently desired **more involvement in patient care and procedure experience**. We recommend that all clerkships maximize student involvement in patient assessment, patient presentations, and management decisions.
* The class of 2011 did not receive reimbursement for travel. We recognize that this was a necessity of the financial climate, but we recommend that travel reimbursement be restored when fiscally possible.

Orientation policies in the various clerkships and clerkship sites was discussed. Standardization of clinical skills in orientation might best be taught here at UVA in a one-day introductory session, with abbreviated site specific orientations at away sites. Use of the Simulation Center in these orientations should be encouraged. Hands on activities by the students during orientation is always appreciated by the student.

Developing a rapport and obtaining feedback from attending and resident physicians has become more difficult with the shortened work hours for housestaff and shortened rotations of faculty on the wards. While the preceptor program helps assure a cohesive experience in some clerkships, it should be encouraged in all clerkships. Also more frequent (daily or every

few days) meetings with the attending/housestaff supervising the student would be welcomed. Some feel that this daily feedback would not be representative of the students entire clerkship performance but if it were advertised as such, it would still be very helpful to the student. Whether specific days during a clerkship should be set aside for feedback or whether the student should initiate the feedback session was discussed. The midclerkship reviews provide the student with information on whether they have covered the necessary learning objectives for the clerkship and should be continued even if more frequent feedback is arranged.

Teaching was varied at various clerkship sites. Creating attending and resident physician development is being discussed at the upcoming Clinical Medicine Committee. Residency directors will need to work with the clerkship directors to develop faculty development sessions to improve consistency in this area. Students respond more positively to clinically based topics in didactic sessions. The School of Medicine should encourage student engagement and hands on learning in didactic sessions as much as possible. The faculty development program would be developed here at UVA and shared via webinars or during visits here from outside faculty and housestaff.

The Curriculum Committee agreed that patient responsiblity should be maximized throughout the clerkships. Some surgical subspecialties due to the complex nature of their practice, provide less patient responsibility for the students. Subspecialty directors should be asked to work to improve this.

Travel reimbursements in this financial climate cannot be restored at the present time.

More thought provoking suggestions:

1. More involvement with Internal Medicine subspecialties – possibly substituting one Internal Medicine Subspecialty for one Surgical Subspecialty. This might involve intermingling of the third and fourth year classes.
2. Consider lengthening the clerkship – especially OB/GYN,
3. Create "pocket survival guides" – use OB/GYN as a model.

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

University of Virginia School of Medicine
Curriculum Committee
Minutes – 03.24.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, John Hemler, Christina Portal, Nicole White, Debra Reed (secretary)

1. Announcements:

   NRMP Service Disruption. On March 15th shortly after the Scramble began, NRMP experienced technical issues when the Registration, Ranking, and Results. As soon as they realized the service disruption would not be resolved quickly, they communicated by email to all parties, including applicants seeking positions, participating residency programs, and medical school staff. They will continue to investigate the March 15th service disruption.

   The 2011 Match was the last year for the current Scramble process. A new Supplemental Offer and Acceptance Program (SOAP) will be implemented in Match Week 2012. To learn more about SOAP, visit www.nrmp.org.

   Simulation Center Activities. Keith Littlewood and Elizabeth Wright of the Simulation Center were applauded for their activities at the 2011 International Meeting for Simulation in Healthcare in New Orleans as well as the recent ADE Poster Session.

   Medical Jeopardy Competition. The UVA SOM Medical Jeopardy team (Paul Hiles, Jeff Yu and Hadi Anwar) in a statewide competition won the competition with 12,350 points – far outscoring the other teams involved in the recent match.

   NBME Update – Members are encouraged to review current NBME updates on the NBME website http://www.nbme.org/schools/index.html

   Interprofessional Collaboration. Call for abstracts from IPEI:

   Would interprofessional collaboration help you and the patients on your unit?
   Do you have experiences or ideas to share about improving collaboration?
   Have you or your unit worked on a project that improved collaboration between professions?

A simple 300 word abstract might be your ticket to participate in "Collaborating Across Borders - III" in Tucson in November! Submit a 300 word abstract describing your workshop, interprofessional discussion group, research paper, demonstration, or poster to the UVa Interprofessional Education Initiative (IPEI) for review. *Three presentations will be selected to receive registration, travel, and hotel expenses for the CAB-III conference.* **To be considered for this award of support, abstracts must be submitted by email to Renee Breeden rcb9b@virginia.edu by 5 p.m. on April 20, 2011.** Conference website: http://www.cabarizona2011.org/ ; click on "Call for Abstracts" for details and requirements. **DO NOT SUBMIT YOUR ABSTRACT DIRECTLY TO CAB-III if you wish to be considered for this award of support.**

Outstanding Teaching Award winner. The Selection Committee co-chaired by Bob Bloodgood and Wendy Golden have selected Michael Gardiner as the recipient of the 2011 Medical Student Teaching Award.

The Medical Student Teaching Elective is supervised by Drs. Donald Innes and Veronica Michaelsen. Students are provided with an extensive reading list to further their education and provide guidelines for their educational project. This year students have created valuable educational programs for many of the courses/systems i.e. Microbes, Genetics, GI. If System Leaders have a need for medical student assistance, they should let Drs. Innes and Michaelsen know. An attempt is made to pair student interest with course/system needs. Students participating in these electives take away valuable education principles/experience while providing usable cases, questions, objectives or other educational products to the System Leaders. John Hemler will discuss this with Sam Zhao, the incoming President of the Mulholland Society, so that these Teaching Elective opportunities can be advertised to the students.

Mulholland President. The Committee thanked John Hemler outgoing Mulholland President, for his excellent service to the Curriculum Committee. Sam Zhao, the new President, will be joining the Curriculum Committee at the next meeting.

2. Joint Clerkship Committee Meeting. The Clerkship Directors from UVA, Salem VA and Fairfax will meet at UVA next week on Wednesday 3/30/11. The agenda includes presentation of the Mulholland Clerkship report, a discussion of LCME ED-24 - Preparation of Residents for Teaching and Assessment of Students, an overview of the electives/selectives, development of learning objectives in the clerkships, and other topics such as patient quality & safety, DxRx, Systems Based Practice Curriculum, Clinical Skills Working Group Recommendation, updates from Virginia Tech Carillion, Fairfax, and Salem and a tour of the School of Medicine including the

Simulation Center.

3. MCM Restructuring. After much discussion, MCM and Microbes have been integrated into the Fall of the first year. Weeks 2-12 will be MCM, Weeks 13-19 will be Immunology System and Microbes. A fall break is added in week 9. Approximately three weeks of curriculum information from MCM would be moved to the individual systems. Some of the systems might need to be expanded to have time for these additions. An additional week of summer break would be welcomed to allow students to participate in the Summer Research Program. Due to these changes, SIM and CPD will need to make adjustments to maintain and further enhance integration.

4. Consistency Across Entire 18 Month Curriculum. Sabrina Nunez has been hired as Assistant Systems Leader and will work with Kim Joyce, Instructional Designer, to achieve a greater consistency across the systems in all facets of the curriculum including objectives, expectations, TBLs, examinations, grading policies, etc. Mind Brain Behavior's policies work well and may become the foundation for developing consistent packages for all the systems.

5. Faculty Development. Asking the Teaching Resource Center to provide further faculty development is being considered especially in relation to writing effective exam questions. One-to-one faculty development sessions with Kim Joyce have been very successful.

6. CPD Evaluations. CPD evaluations of student performance was discussed. Gene Corbett will bring a sample of the evaluation instrument to a future meeting.

7. Grading/Remediation Policies. Members were asked to consider current grading and remediation policies. This will be discussed further at a subsequent Curriculum Committee meeting and recommendations made to the Systems Leaders.

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

University of Virginia School of Medicine
Curriculum Committee
Minutes – 04.07.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Christina Portal, Nicole White, Sam Zhao, Debra Reed (secretary)

1. Announcements: Sam Zhao was welcomed as the new Mulholland President and the most recent member of the Curriculum Committee.

2. NBME Shelf Exams. The NBME will be converting the NBME Clinical Science paper subject examinations to a web-based format starting July 1, 2011. John Jackson reported that the UVA will pilot the web-based format for Family Medicine and if all goes well, with another of the clerkships this year. Family Medicine has already paid for their paper exams for the year and work is now underway to change the exams to the web-based format. Students will be able to use their own computers to take the exams and exams will be administered/proctored in the Learning Studio and Auditorium in the Claude Moore Educational Building. Students will be assigned staggered seats to avoid being able to see other students' computer screens during the exams. In the future, it is thought that the exams will become totally web-based so accommodating the entire class every 8 weeks for these exams will be necessary. Multiple subject exams may be administered at the same time. John Jackson asks that anyone who has operational ideas for administration of these exams should contact him. Questions regarding the use of the shelf exams in two formats this year and the equivalency of the exams among the class were raised – it is believed that the testing method should not have any effect on student scores. The turn-around-time for results from the online exams will be much shorter. The Curriculum Committee unanimously endorsed the pilot program.

3. Continuity Between Clerkships and MSTP Graduate Programs. The Committee discussed ways to provide an on-going clinical experience to the MD/PhD students when they are doing their PhD work. Because the PhD Program removes the students from the clinical setting for many years before the clinical portion of their program, finding ways to keep them connected to clinical medicine during this period is important. We are responsible for ensuring that the MD/PhD students meet competencies for the MD degree. Currently they are not required to take clinical electives, only the clerkships, selectives, and the ACE and DxRx. Also they take the transition course and are strongly encouraged to take clinical electives. Suggestions included developing a 1-4 hour experience each week or month in a clinic, asking the students to act as mentors in the CPD program, participation in Simulation Center activities, or participation in the clerkship orientation activities. Questions arose as to liability insurance for the MSTP students if they are not registered as medical students.

4. Student Work Hours. Current policy for student work hours is below:

   Clinical Service Work Hours
   Medical students rotating on clinical services (clerkships, selectives and electives) should be subject to the same principles that govern the 80-hour work week for residents. Clerkship, electives and selectives directors are responsible for monitoring and ensuring that duty hours are adjusted as necessary. Student duty hours should be set taking into account the effects of fatigue and sleep deprivation on learning and patient care. In general, medical students should not be required to work longer hours than residents*. (Curriculum Committee 9/9/2004; modified 12/18/2008)

   * LCME Standard ED-38. The committee responsible for the curriculum at a medical education program, along with the program's administration and leadership, must develop and implement policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clinical clerkships (or, in Canada, clerkship rotations).

   Annotation: Attention should be paid to the time commitment required of medical students, especially during the clinical years. Medical students' hours should be set after taking into account the effects of fatigue and sleep deprivation on learning, clinical activities, and health and safety.

   The Committee discussed the recent changes in the resident service as described on the ACGME website:
   http://www.acgme-2010standards.org/approved-standards.html
   http://www.acgme-2010standards.org/pdf/dh-ComparisonTable2003v2011.pdf
   The medical student policy will be amended to reflect those changes. A revised version will be presented at next week's meeting.

5. National Board of Medical Examiners Results. Results were distributed on the performance of UVA SOM examinees taking USMLE Step 1 for the first time in 2010. UVA SOM students consistently scored above the national mean in all areas. These results as well as those from prior years are found on the SOM website at:

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

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 04.14.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Christina Portal, Nicole White, Sam Zhao, Debra Reed (secretary)

6. Announcements:

   We have received United States Green Building Council (USGBC) final review comments for the Claude Moore Medical Education Building. The Building has been awarded Silver Certification for achieving the goal of 36 points. This means all the clarifications submitted for Final Construction Review were successful including adding an additional point for over 20% regional content.

   Wilderness Medicine Elective. An e-mail has been received from an interested student regarding the Wilderness Medicine Elective. The student highly praises this elective and asks that funding be arranged for this elective if possible. While funding from the SOM is not available to support the additional expenses of this elective at the present time, students could be asked to pay the costs for this elective in much the same way they now cover costs for outside electives. This will be communicated to the student as well as the Directors of the Wilderness Medicine elective, Drs. Nathan Charlton and Chris Holstege.

   Weekend Exam Extension. A student e-mail regarding the weekend exam period in the Next Generation Curriculum has been received. The student asks that the summative exams remain open until Monday at noon (currently exams close at 5:00 on Sunday evening). The Curriculum Committee discussed the issue and agreed that if the exam period were extended into Monday, attendance at Monday morning activities would be negatively impaired. The Committee will not recommend extension of the exam period for this reason. Students will be encouraged in the future to begin their weekend exams during the day time hours so that technical support is available should computer issues arise.

7. Student Work Hours. The Curriculum Committee unanimously endorsed the following modified Student Work Hour Policy. From student comments, it appears that most clinical rotations never require more than the 80 hours

specified in any given week. The policy is amended to reflect changes in resident program rules.

> ***Medical students rotating on clinical services (clerkships, selectives and electives) should be subject to the same principles that govern the 80-hour work week for mid-level residents (a maximum of 80 hours of required clinical duties per week averaged over a four week period, no more than 24 consecutive on duty hours with at least 10 hours off between shifts, and on average one day in seven free from all required clinical duties).***
> ***Four additional hours for the handover of patients (no new patients) after 24 hours is allowed for feedback on clinical decisions and for continuity. Clerkship, electives and selectives directors are responsible for monitoring and ensuring that duty hours are adjusted as necessary. Student duty hours should be set taking into account the effects of fatigue and sleep deprivation on learning and patient care. In general, medical students should not be required to work longer hours than mid-level residents*. (Curriculum Committee 9/9/2004; modified 04/14/2011)***
>
> http://www.acgme-2010standards.org/approved-standards.html
> http://www.acgme-2010standards.org/pdf/dh-ComparisonTable2003v2011.pdf

8. Defining the Curriculum. The Committee discussed how best to categorize the SOM curriculum. The LCME will ask for this information in their next review. At that time, the SOM will be asked where specific items are taught in the curriculum, how the material is tested and also asked to show the outcomes of this testing. X-Credit software is currently in use for the student learning objectives. Learning objectives are broadly linked to the 12 student competencies as well as to test items in the pre-clinical curriculum. More work will be necessary to develop more general links from the competencies to the specific learning objectives. This work will fall to the Curriculum Committee. Lists of clinical presentations, and conditions taught at other institutions were distributed. These lists as well as those from other institutions may help in our own structure of such items in X-Credit. Members of the Curriculum Committee were asked to volunteer to form a small core group to begin work on developing these links. This group will likely meet on a weekly basis and routinely report progress to the

Curriculum Committee. This process will require looking at the links from the competencies down to the learning objectives/test items as well as from these items up to the competencies. Members questioned whether ICD9 lists could help in the development process.

The current LCME Standards may be found on the following website: http://www.lcme.org/standard.htm

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 04.21.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Christina Portal, Sam Zhao, Debra Reed (secretary)

9. Announcement: Veronica Michaelsen, John Jackson, and Linda Waggoner-Fountain have agreed to work on the X-Credit Subcommittee. ??? Mary Kate Worden ??? Members who would still like to volunteer to serve on this subcommittee should contact Don Innes dji@virignia.edu.

10. Approving the 2011-13 Schedule. The weekly schedule for the class of 2015 was distributed for Committee review. Differences between the current schedule for the class of 2014 and this new schedule were outlined. From student and faculty comments, it is imperative that breaks be inserted into the schedule to keep up the level of student engagement.

    MCM has been shortened to allow for Microbes to move to the late fall. Curriculum from MCM will be moved into the other systems. Fall breaks have been added to both years of the schedule. The GI system has been moved up to February 13 with Mind Brain Behavior to follow beginning March 19 after a Spring Break. Summer break has been extended to ten weeks to accommodate student military obligations and research projects.

    The Pulmonary, Renal and Cardiovascular cross-over week in the fall of the

second year has been eliminated to include a fall break in this year. Opportunities for cross-over between these systems will still be developed, but there will not be an entire week devoted to this. The Committee discussed the underlying reasons for these changes as well as the potential effects of the changes. Some members expressed concern that the second year was being changed prematurely as the current second year schedule will not occur until Fall, 2011. It was noted that the second year schedule will be looked at again after this fall and may need further adjustments at that time. Switching systems from first to second year was discussed but will not be pursued at the present time. Simulation activities that are planned for this cross over week might work just a well in the Endo/Reproductive or Hematology System and further integrates these systems.

Concerns were also raised about the disjoining of MSI and MBB (GI will now be placed between the two systems0 and how that would impact MBB. Difficulties with this can be worked out with some initial review in MBB.

11. Defining the Threads. A list of the current Thread Leaders was distributed. It can be found on the Curriculum website at:

    http://www.medicine.virginia.edu/education/medical-students/UME/nxgen/Full%20Contact%20List.pdf

    The Committee discussed both the number of Thread Leaders and the level of involvement of the Thread Leaders. The Committee considered condensing the Thread Leader list into major and minor threads for inclusion in X-Credit. The large size of the Thread Leaders list makes it very difficult to manage i.e., who should assume responsibility for contact between System and Thread leaders, whether interaction/instruction by members from departments such as Pathology/Radiology is a substitution for direct thread leader involvement was discussed. This year materials from each system have not been available early enough for a comprehensive review by Thread Leaders prior to the beginning of each System – this should improve in future years

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 05.05.11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Sam Zhao, Thomas Jenkins, Long Vinh (alternate), Debra Reed (secretary)

1. Developing an Improved Grading Policy for the Pre-clerkship Curriculum.

   Two primary grading issues were discussed -

   - The need for the assessment policy to support the integrated nature of the curriculum
     and,
   - Definition of a policy that insures consistency in grading across all the systems including a consistent distribution of formative and summative assessment.

Setting a uniform grading policy across systems for the percentage of formative and summative exams was discussed. The Committee agreed that approximately 60% summative score and 40% formative gives the proper emphasis to the various parts of the curriculum and ensures the students' participation in required activities. These formative scores should be shared with the students frequently; in a timely manner, and should help the students' prepare for the summative exams. It was noted that the pacing of formative and summative evaluations prepares our students for the life long learning practices they will need in their careers.

Much discussion centered on the difficulty of providing time for remediation for struggling/failing students at a point early enough to allow improvement before the student's problems became overwhelming.

The Committee discussed setting specific numbers for a grading scheme that would be in effect for all the systems, i.e. grades would be an summative average of all the system grades and would use 70% as the cut off number for a grade of "Pass". Scores of 60-69% would be a cause for concern (in particular if a student scored in this range for more than once). Scores below 60% need either immediate remediation or remediation during the next school break.

X-Credit might be able to help in tracking troubled student's areas (threads) of weakness but tracking individual thread grades was felt to be counterproductive to complete integration of the curriculum.

Immediate remediation of system failures was thought to be almost impossible because a student in academic trouble would have difficulty keeping up with the current system while preparing for a re-test in the failed system. Remediation at the next school break might also be problematic if the failed system is 6-9 months removed from the nearest break. This could result in students having as much as 9 months in between the failed system and the remediation

Remediation in the previous curriculum has been infrequent with only 1-2 students per year requiring remediation and it is likely this will be similar in the Next Generation Curriculum.

If a student consistent scores below 70% repeating the entire year may be the only appropriate remediation.

Passing the USMLE Step 1 boards is a required component of the curriculum. Currently students who do not pass on their first try are allowed to start their clerkship year but must pass on their second try or will need to repeat all or part of the preclerkship curriculum.

Committee members asked if we could look at other schools with similar curriculums for guidance on these grading issues.

Donald Innes
dmr

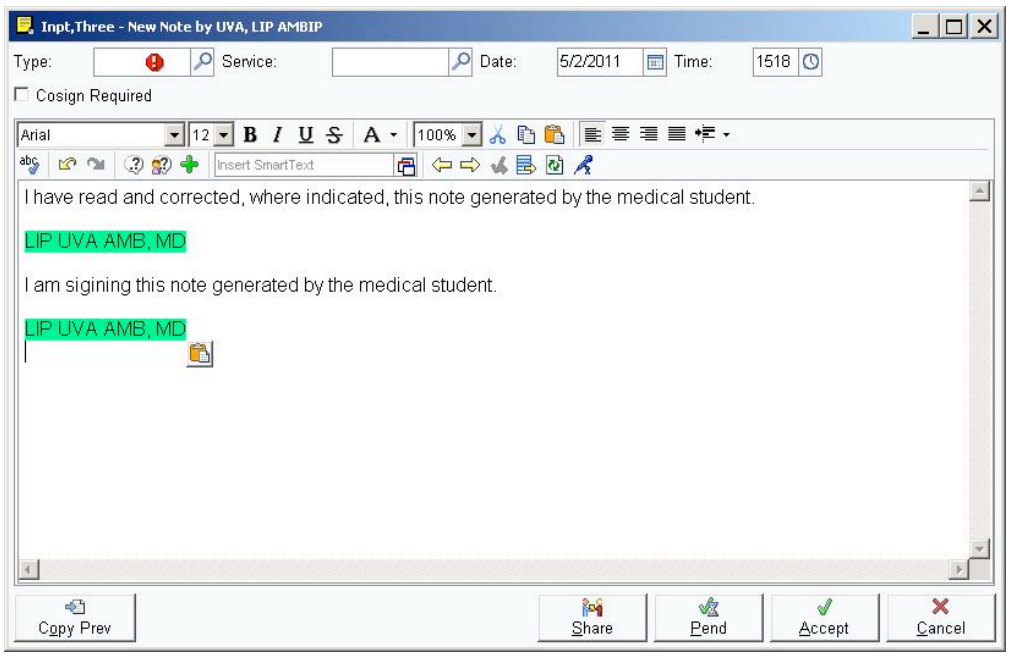
University of Virginia School of Medicine
Curriculum Committee
Minutes – 05/19/11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Thomas Jenkins, Long Vinh, Sam Zhao, Debra Reed (secretary)

1. Role of Medical Students in EPIC. Donald Innes presented a follow-up from Jonathan Truwit.

> Colleagues,
>
> We have discussed co-signing of student notes with your chairs and other members of the clinical staff executive committee over two meetings. As a result the automatic cosign check on student notes has been removed. However, please note while you are not required to co-sign you remain, as pre EPIC, responsible for student notes as they remain in the electronic medical record. You and the post graduate trainees are also expected to provide feedback to the learner regarding his/her notes.
>
> It has been noted that should you sign a student note, you become the author. To help clarify that the note is a student note the following smart phrases have been created. You may also use them for notes that had been automatically checked for co-sign at the time of go-Live. Lastly, if you desire to co-sign student notes going forward, the student should check the co-sign button.
>
> Jonathon (Truwit)
>
> Smart phrases:
>
> .Stusign
> I am signing this note generated by the medical student.
>
> .Stuatt
> I have read and corrected, where indicated, this note generated by the medical student.



The Committee is concerned about Epic access for students and insuring that timely feedback from faculty and residents is provided. The recommendations from the student group presented at the 5/12/11 Curriculum Committee will be discussed at the upcoming Clinical Medicine Committee on 5/23/11, possibly refined and presented to the Dean and Medical Center administration. One proposed solution is for the student to write their notes in Epic, print these notes, have the printed notes reviewed by faculty/residents and then delete the note in Epic. This solution does seem to increase the work load for faculty and residents but provides the valuable experience and feedback to the students while avoiding the legal issues. The student "shadow" chart which is deleted after the patient leaves the hospital is available at other institutions but is not available at the present time here at UVA. The Committee agreed that this option should be explored as well.

2. Biomedical Ethics Program "Witnessing Suffering" This program has been presented during one of the Clinical Connections in the past to both medical and nursing students. It has been well received by both students and faculty. In previous years, this was a day-long program. It has now been shortened to a half-day module. Marsha Childress, leader of the program, is seeking grant funding for this program in the coming year. Input regarding the value of this program will be solicited from the Geriatrics clerkship director. The Curriculum Committee agreed to endorse inclusion of this valuable program in the Cells to Society weeks just prior to the fourth year elective period.

3. Grading Discussion Continued. The Committee continued the grading discussion from their 5/12/11 meeting. Don Innes has spoken to Jeff Wong at the Medical University of South Carolina regarding the grading scheme used in their similar curriculum. At the end of the first year, students achieving a 70% or better average on all systems receive a grade of "Pass." Those receiving between 60-69% have a change to remediate by studying and taking a make-up exam in the summer prior to the beginning of their second year. Those students with an average below 60% are asked to leave the school unless special circumstances such as illness are noted.

   The Committee discussed what emphasis should be placed on formative and summative grades. Whether the amounts should be 60% summative and 40% formative or 70% summative and 30% formative was discussed as well as whether students should be required to achieve at least 50% in each system even if their total average for the year was above 70%. The Committee felt that this requirement might insure that all students would participate in formative activities and take all exams. The Committee agreed that grading formative assessments is difficult with 150 plus students in the Learning Studio – that maybe attendance alone might provide a grade. MCM does require students to write one paper as part of their formative grade. Linda Waggoner-Fountain noted that there should be no "nebulousness" in grading policy – the rules should be clear and carefully delineated to both faculty and students prior to the beginning of the system/course.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 05/12/11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Thomas Jenkins, Long Vinh, Sam Zhao, Debra Reed (secretary)

1. Role of Medical Students in EPIC. Sam Zhao presented student recommendations to the Curriculum Committee for enhancing the role of medical students in Epic.

   As stated in the document "Competencies Defined for the Degree of Doctor of Medicine at the University of Virginia"

(http://www.medicine.virginia.edu/education/medical-students/UME/curriculum/Competencies-IIDR3.pdf/view?searchterm=competencies), by the time of their graduation, medical students should demonstrate:

The ability to engage and communicate with a patient, develop a student-patient relationship, and ***communicate with others in the professional setting****, using interpersonal skills to build relationships for the purpose of information gathering, guidance, education, support, collaboration and the provision of individualized patient care.*

The ability to ***record,*** *present, research, analyze* ***and manage clinical information****.*

Quality patient care is dependent on health care providers' efficiently accessing and effectively communicating information about the patient. Written notes and orders are the most important part of the patient chart. Written notes and orders should be windows into the clinician's thought processes – communicating to other care providers what is going on with the patient, why, and what the plan of care is. For medical students to learn how to communicate in the patient record effectively, they must practice doing so. Students develop competence by practicing and receiving feedback on their clinical skills, including the writing of notes that communicate their diagnostic reasoning and their therapeutic plan and its rationale, and operationalizing that therapeutic plan through the creation and entry of orders.

Both before and after the deployment of the EPIC electronic health record at the University of Virginia, faculty physicians and house-officers have had highly variable expectations of a medical student's role and authority in documenting within the medical record and authoring medical orders. We recommend the Curriculum Committee adopt the following universal recommendations around medical student documentation and order entry:

1. In ALL clinical settings, Medical students should document all of their patient encounters within the electronic medical record at the University of Virginia.

a. *Medical students should write and publish their own H and P's, consultation notes, and daily progress notes. These notes will be part of the permanent medical record and should complement but not replace clinical documentation performed by resident physicians and/or attending physicians.*
b. *Supervising faculty and housestaff should read and comment on medical student documentation using the "addend" rather than "edit" function. This will preserve the student's authorship and make it easier for others to see that the student is the primary author of the documentation.*
c. *Faculty and housestaff must not ask or allow students to sign-in to the electronic medical record using a house-officer's or faculty member's username and password. This is a direct violation of federal and UVA policies.*

2. *Medical students should be encouraged to enter patient orders for patients they are participating in the care of.*

    a. *All medical student orders will be entered in a "pended mode" meaning that the orders will not become active until they are reviewed and signed by a licensed independent practitioner who has ordering authority.*
    b. *Whenever possible, if a student has entered a pended order, house officers and faculty physicians should review, revise and activate those orders and discuss corrections with the students.*

BILLING REGULATIONS AND THE ROLE OF STUDENT DOCUMENTION

Current CMS regulations state "Students may document services in the medical record; however, the teaching physician may only refer to the student's documentation of an E/M service that is related to the ROS and/or PFSH. The teaching physician may not refer to a student's documentation of physical examination findings or medical decision making in his or her personal note. If the student documents E/M services, the teaching physician must verify and redocument the history of present illness and perform and redocument the physical examination and medical decision making activities of the service."

This means that when documenting to support billing for E/M services, the attending physician may reference the student's documentation of the patient's problem list, medication list, allergy list, review of systems, past medical history, past surgical history, family history and social history.

When documenting to support billing for E/M services, the attending physician MAY NOT reference a student's documentation of the history of present illness, physical examination, and/or assessment and plan, and rather, must "redocument" these components.

The Curriculum Committee endorses the students desire to have an active role in EPIC and deems this necessary to the students' education. The Clinical Medicine Committee will review the recommendations, possibly invite Dr. Stephen Borowitz to attend and prepare a response to be submitted to the Dean's Office and Hospital Administration.

2. Clinical Performance Development. Eugene Corbett outlined the progress of the Working Group on Clinical Skills Education. The Group has developed a series of recommendations for CPD. The Committee discussed the progress of the Working Group and their recommendations.

The Committee was asked to read the recommendations carefully, consider how best to insure a longitudinal CPD experience for all students, and be prepared to discuss concrete steps at the June 2 Curriculum Committee meeting.

RECOMMENDATIONS:

1. **Establish a CPD leadership process in the School of Medicine:**

   A. Create a CPD leadership committee in the SOM to provide centralized and integrated oversight of CPD design & implementation, administration, program evaluation and accountability.

   Recommended CPD leadership committee members:
   - CPD I Co-Directors
   - CPD II Co-Directors
   - CPD III Director
   - Clerkship Directors
   - Student Medical Education Committee (SMEC) representation
   - Clinical Performance Education Center representation
   - Overall CPD Director

   B. Designate one overall CPD director who reports to the Associate Dean for Undergraduate Medical Education.

   This reorganization (A & B) will help ensure that students' clinical performance education is an integrated, longitudinal and developmental experience.

   C. Appoint CPD II co-directors who, working with clerkship directors, are directly responsible for oversight of CPD activities within clerkships. This will include providing for clerkship director input, standardized clerkship design & implementation, coordinated administration, program evaluation and accountability.

   The CPD II Co-Directors are also responsible for overseeing decision making and management as it relates to the following:
   - OASIS database utilization in the clerkships
   - Financial support issues
   - Clerkship accountability
   - Faculty development and resident teaching skills programs
   - Technical support (website, online cases, etc)

   This leadership structure should replace the current Clinical Medicine Committee.

2. **Standardize clerkship experiences.**

The CPD II leadership should oversee the design and implementation of a standardized clerkship experience. Ultimately this should emphasize maximum patient care involvement and continuity of student-teacher mentoring. To this end the following should be implemented in this effort:

Administration:

- Develop clerkship-specific learning objectives
- Approve clerkship-specific student schedules
- Set expectations for the degree of student autonomy
- Limit orientation time/content to maximum of 1 day
- Establish student on-call requirements

Clinical Performance Documentation :

- Provide guidelines/expectations for student note-writing, documentation and review by attending physicians and residents
- Review and coordinate clerkship passports, and establish uniform criteria for sign-off procedure.
- Specify guidelines for utilization of the Student Learning Portfolio for tracking clinical experiences, recording personal reflections, and documentation of student evaluation & feedback by clinical mentors (CPD I-II-III)

Patient Contact:

- Assure that daily student-patient contact responsibilities occur from the beginning of and throughout the clerkship period
- Specify the number and kind of clinical case exposure (ED2)
- Require a specified number of independently performed student History and Physical Examinations including write-up (student autonomy issue)
- Set expectations for both inpatient and outpatient patient experiences in each clerkship discipline

Teaching Responsibilities:

- Designate faculty who are available to students throughout each clerkship period who are responsible for individual student evaluation and feedback
- Designate responsibility for attending-student rounds in each clerkship
- Identify specific clinical skills to be *learned and practiced* throughout the year
- Develop clinical skills workshops in all clerkships.

- Offer Systems-Based Practice experiences in all clerkships (e.g., ethics, medico-legal, interprofessional, health system)
- Encourage teaching-by-student time and include evaluation & feedback on such student performance by attending physician, peers (also a CPD III goal)
- Advance attending expectations of students' clinical performance as the year progresses (developmental principle)
- Maintain basic science learning/involvement in each clerkship
- Ensure continuity of CPD mentoring throughout four years (CPD I-II- III)

Standardize clerkship student assessment:

The CPD II leadership should design and implement a standard approach to student assessment. It is recommended that clinical performance evaluation should comprise the majority of any clerkship grading procedure, with written examinations contributing less than 50% to the overall grade:

Suggested elements to consider in clerkship grading procedures:

- Shelf/written examination
- OSCEs in all clerkships
- Preceptor evaluation (Uniform Clerkship/CPD III evaluation form)
- Mid clerkship evaluation and feedback process/form)
- Resident evaluation
- Peer evaluation
- Self evaluation
- The use of all 12 clinical competency objectives categories
- Proportionality of elements for grading to be determined

Design a longitudinal/continuity clinical experience

The Curriculum Committee should appoint a subcommittee to develop a plan for the design and implementation of a longitudinal clinical experience for all medical students within the four year curriculum.

Considerations should include any combination of outpatient or inpatient experiences. Multiple selective options should also be considered. For example:

- Weekly outpatient clinic attendance any time within the 4-year curriculum
- A longitudinal clerkship experience
- A longitudinal CPD III experience
- Longitudinal care of patients which includes transitional care opportunities (long-term care, nursing home, rehabilitation hospital care)

This longitudinal experience is required in order to ensure that student-patient continuity is contained in the School of Medicine curriculum. This is an essential underlying principle of both contemporary clinical practice as well as that required for clinical performance development education.

3. Student Testing Recommendations. Bart Nathan, co-chair of the System Leaders, presented a list of testing recommendations developed by students for the Next Generation Curriculum. The recommendations were approved by the Curriculum Committee.

MCM/MIS/MSI/MBB Testing Recommendations
May 8, 2011

Most recommendations considered beginning for class 2015

Recommendation on summative exam open/close times

1. *Summative exams should open for log-in on Friday at 12:00 noon and close for log-in Sunday at 1:00pm. There is a 4 hour window after log-in to take and finish the exam.*
2. *In order to make more vacation time, new material will be taught on Fridays before summative exams.*
3. *John Jackson's office should ensure technical support is available to students over the weekend and particularly on Sunday near closing time.*
4. *Systems Leaders will not be designated contacts for technical problems.*

Recommendations on exam/quiz score reporting and challenges

Exams (summative assessment)

1. *The process should be implemented with the first summative exam in MCM for SMD15.*
2. *The process should be piloted before implementation. If possible, a non-graded anatomy quiz in GI could be the first trial.*
3. *Students may challenge a maximum of three questions per exam.*
4. *Challenges will be accepted through the online testing system.*
5. *Students will have 30 minutes after completing the exam to submit their challenges.*
6. *Students will not be given answers or scores before they submit their challenges.*
7. *Student review of exams will be done using printed copies that include any answer explanations in the Office of Medical Education until Friday at 5:00pm following the exam.*
8. *Exam grades will be posted through Oasis by Monday at 5:00pm the week following (7 days) the exam.*
9. *Preliminary grades will not be posted.*
10. *Scores will not be made available through the online testing system.*

Quizzes (formative assessment)

1. *As per summative assessments, except:*
    a) *No challenges accepted (system leaders may always correct any problem questions of which they become aware).*
    b) *Quiz grades will be posted by Wednesday at 5:00pm (**or** within three business days of the quiz closing).*

Practice quizzes (ungraded formative assessment)

1. *Students should be given periodic practice quizzes (e.g. weekly).*
2. *The questions should closely reflect the style and difficulty of those used in summative exams for that system.*
3. *Practice quizzes should be administered through the online system similarly to graded quizzes and exams using appropriate open/close times.*
4. *Practice quizzes should contain 15-20 questions for one typical week.*

5. *Students should receive immediate feedback for scores, correct answers, and explanations.*
6. *No challenges accepted.*
7. *Questions that do not reflect those used on summative exams may be made available to students, but to avoid confusion, these should be clearly labeled "Study Aids", not "Practice Questions".*

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 06/16/11

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), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Thomas Jenkins, Long Vinh, Sam Zhao, Debra Reed (secretary)

1. Clinical Performance Development II: Clerkships. Eugene Corbett outlined the recommendations of the Working Group on Clinical Skills Education in regard to the Clerkship year.

RECOMMENDATIONS:

4. Establish a CPD leadership process in the School of Medicine:

A. Create a CPD leadership committee in the SOM to provide centralized and integrated oversight of CPD design & implementation, administration, program evaluation and accountability.

Recommended CPD leadership committee members:

- CPD I Co-Directors
- CPD II Co-Directors
- CPD III Director
- Clerkship Directors
- Student Medical Education Committee (SMEC) representation
- Clinical Performance Education Center representation
- Overall CPD Director

B. Designate one overall CPD director who reports to the Associate Dean for Undergraduate Medical Education.

This reorganization (A & B) will help ensure that students' clinical performance education is an integrated, longitudinal and developmental experience.

C. Appoint CPD II co-directors who, working with clerkship directors, are directly responsible for oversight of CPD activities within clerkships. This will include providing for clerkship director input, standardized clerkship design & implementation, coordinated administration, program evaluation and accountability.

The CPD II Co-Directors are also responsible for overseeing decision making and management as it relates to the following:

- OASIS database utilization in the clerkships
- Financial support issues
- Clerkship accountability
- Faculty development and resident teaching skills programs
- Technical support (website, online cases, etc)

This leadership structure should replace the current Clinical Medicine Committee.

5. Standardize clerkship experiences.

The CPD II leadership should oversee the design and implementation of a standardized clerkship experience. Ultimately this should emphasize maximum patient care involvement and continuity of student-teacher mentoring. To this end the following should be implemented in this effort:

Administration:

- Develop clerkship-specific learning objectives
- Approve clerkship-specific student schedules
- Set expectations for the degree of student autonomy
- Limit orientation time/content to maximum of 1 day
- Establish student on-call requirements

Clinical Performance Documentation :

- Provide guidelines/expectations for student note-writing, documentation and review by attending physicians and residents
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Patient Contact:

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- Designate faculty who are available to students throughout each clerkship period who are responsible for individual student evaluation and feedback
- Designate responsibility for attending-student rounds in each clerkship
- Identify specific clinical skills to be *learned and practiced* throughout the year
- Develop clinical skills workshops in all clerkships.
- Offer Systems-Based Practice experiences in all clerkships (e.g., ethics, medico-legal, interprofessional, health system)
- Encourage teaching-by-student time and include evaluation & feedback on such student performance by attending physician, peers (also a CPD III goal)
- Advance attending expectations of students' clinical performance as the year progresses (developmental principle)
- Maintain basic science learning/involvement in each clerkship
- Ensure continuity of CPD mentoring throughout four years (CPD I-II- III)

6. **Standardize clerkship student assessment:**

The CPD II leadership should design and implement a standard approach to student assessment. It is recommended that clinical performance evaluation should comprise the majority of any clerkship grading procedure, with written examinations contributing less than 50% to the overall grade:

Suggested elements to consider in clerkship grading procedures:

- Shelf/written examination
- OSCEs in all clerkships
- Preceptor evaluation (Uniform Clerkship/CPD III evaluation form)
- Mid clerkship evaluation and feedback process/form)
- Resident evaluation
- Peer evaluation
- Self evaluation
- The use of all 12 clinical competency objectives categories
- Proportionality of elements for grading to be determined

7. **Design a longitudinal/continuity clinical experience**

The Curriculum Committee should appoint a subcommittee to develop a plan for the design and implementation of a longitudinal clinical experience for all medical students within the four year curriculum.

Considerations should include any combination of outpatient or inpatient experiences. Multiple selective options should also be considered. For example:

- Weekly outpatient clinic attendance any time within the 4-year curriculum
- A longitudinal clerkship experience
- A longitudinal CPD III experience
- Longitudinal care of patients which includes transitional care opportunities (long-term care, nursing home, rehabilitation hospital care)

This longitudinal experience is required in order to ensure that student-patient continuity is contained in the School of Medicine curriculum. This is an essential underlying principle of both contemporary clinical practice as well as that required for clinical performance development education.

The committee discussed these recommendations and the logistics and how to overcome difficulties in implementation. Some type of centralization and standardization of the clerkship CPD experience is necessary. The LCME has mandated creation of a longitudinal experience for the clerkship year. A CPD passport spanning the clerkships is being developed. This passport should satisfy the LCME standards requiring documentation, assessment and feedback and should insure and enhance student clinical performance during the clerkship year.

Difficulties in implementing the longitudinal experience arise from the multiple clerkships and multiple sites for the clerkship. The Committee

agreed that some variables are difficult to overcome but at the end of the clerkship year most students have had an equitable experience. How to better document this and proper provide feedback to the student was discussed. Concern over bias in subsequent clerkships if student deficiencies were shared was discussed. It was suggested that the College Dean's be made aware of deficiencies/problems with student clerkship performance and work to remediate these issues in subsequent clerkships.

Variations in the amount of faculty/student contact hours and patient/student contact hours throughout the clerkships should be addressed. Constraints on physician time and medical privacy/legal issues do have an effect on these issues.

Implementation of the CPD recommendations The CPD leadership must compile the student expectations for the clerkships especially looking for areas needing standardization. Expectations and responsibilities are outlined on the website of each clerkship. Guidelines regarding the required number of H&Ps, write-ups, and presentations must be stated. The nature of the required feedback must be developed for clerkship faculty and be monitored by the Clerkship Directors for adherence.

School of Medicine expectations for teaching faculty in the clerkships must be defined and faculty must be aware of their teaching responsibilities. Assigning CPD goals and grading policies for each clerkship rotation taking into considering the student's rotation placement in the clerkship year is necessary.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 08/18/11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Thomas Jenkins, Sam Zhao, Debra Reed (secretary)

1. Surgery Clerkship Assistant Director - Dr. Irving Kron has nominated Dr. Anneke Schroen as the surgery clerkship assistant director. Dr. Schroen's CV was reviewed by the Curriculum Committee and the

Committee supports this appointment. Dr. Kron will be notified that should Dr. Schroen's duties rise to that of co-director, e.g. 50:50, rather than assistant clerkship director in the future, previously approved appointment policies must be adhered to.

2. Geriatrics Clerkship Director - The CV of Huai Yong Cheng, M.D., M.P.H. was reviewed by the Committee. He will be the new Clerkship Director for Geriatrics taking the place of Dr. Aval Green who is leaving the University. This appointment was made at almost the same time that the Curriculum Committee Policy on Clerkship Director Selection was implemented and when an interim Chair was appointed to the Department of Medicine. The Committee approves the appointment but will require a review in one year's time.

3. Clerkship Director Selection Process. Chairs were sent a reminder in June of the policy on selection of clerkship directors and will be reminded annually. Clerkship Directors will be asked to notify William Wilson, Chair of the CMC, in advance when the status of their clerkship position is changing, e.g. resigning, sharing, etc.

4. SMD2015 Revised Schedule. The Committee reviewed the revised weekly schedule for the Class of 2015. The first exam period in MCM has been moved from the end of week 4 to the end of week 5 (September 9 – 11).

5. OBGYN – LMS Website. John Jackson is working with the OB/GYN clerkship to develop a website site within the Collab LMS (Learning Management System). OB/GYN wanted to revise their site which coincides with plans to migrate all the clerkship web sites into the School of Medicine's LMS. The curriculum committee requires that all the clerkships and pre-clerkship systems use a standard design and approach for their web sites, so that students easily can find their way through learning materials as they move from one rotation to another. Recently the design standards for all pre-clerkship systems were updated. Moving the clerkships into the School of Medicine's LMS will update all the features of Collab and more. It also will allow us to connect learning activities into the curriculum map / database of competencies and learning activities for the entire 4 year curriculum. This is driven in large part by our upcoming LCME accreditation, for they require us to have curriculum management systems in place that can track students' performance across the entire curriculum. The OB/GYN Clerkship website will become the pilot for all the clerkships to move to the LMS system.

6. Policies on Attendance/"Make Up" and Assessment. These policies have been revised. The Committee reviewed the policies and

approved them. The attendance/Make Up policy is available on the Student Source website – Student Handbook; then Policies.

Attendance/Make Up
http://www.med-ed.virginia.edu/handbook/policy/attendance.cfm

The Class of 2015 Assessment policy was reviewed and approved. It is attached to this document. This policy is posted to the Student Source – Handbook; then Policies; then Exam/Grade/Evaluation Policies; then Assessment Policy for Class of 2015.

The policy on Academic Deficiencies for the Academic Standards and Achievement Committee is being revised. The Committee reviewed the draft and was asked to send suggestions to Don Innes by e-mail. A section on professionalism has been added. The policy will be reviewed by the UVA legal department and delivered to the Academic Standards and Achievement Committee when finalized.

7. The Curriculum Committee will meet on the fourth Thursday of August (8/25/11) at 4:00 p.m.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 08/25/11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Mary Grace Baker, Long Vinh, Thomas Jenkins, Sam Zhao, Debra Reed (secretary)

1. Announcements:

Fall IAMSE Web – Audio Series Announced
The Second Flexnerian Report: Implications, Applications and Expectations
Every Thursday in September, a different topic will be presented at noon by a nationally known speaker and brought to you live via web-audio seminar. Presentations last 40 minutes and are followed by a discussion. Feel free to

bring a lunch. All sessions are at NOON in the Clinical Skills Center Conf. Room 114 MEB.
Sept 1: 1910 and 2010: What's with these Carnegie reports on medical education? David Irby
Sept 8: Integration and Inquiry, Innovation and Improvement. Bridget O'Brien
Sept 15: Individualization. Catherine Lucey
Sept 22: Instituting and Using a Holistic Admissions Process. Marlene Ballejos
Sept 29: Professional Identity Formation. Kelley Skeff

Student Demographic Data for the School of Medicine 2011-12 prepared by Stuent Affairs was distributed to the Committee.

2. Policy on Academic Deficiencies. The Committee reviewed the latest draft of the Policy on Academic Deficiencies – with special attention to the standards regarding Professionalism. With minor changes the Curriculum Committee approved the policy. The policy will now go to the Dean's Office for approval and review by the University Council Office.

3. Activity Types and Attendance and Recording Policies. The Committee discussed current and proposed attendance and recording policies for each SOM activity type. The policy will be changed to allow recording as listed in the table below.

Relation of Activity Types to Recording 1.2

Activity Type (as listed in Oasis)	Recorded?
Clinical Case Presentation (Engagement)	Yes
Clinical Case Presentation (Lecture)	Yes
Laboratory	No
Large Group Discussion	Yes
Lecture	Yes
Panel Discussion	Yes
Patient Presentation	No
Review	Yes
Small Group Discussion	No
TBL	No

The student SMEC leadership is aware that if the number of students in attendance at the Clinical Case Presentation (Engagement) sessions deteriorates to the point that it affects the learning environment of these sessions particularly the workload of the participating students then the status would be reviewed.

4. Ultrasonography in the SOM Curriculum.

In the Fall of 2010, the CPD organized a OB/GYN ultrasonography exercise for the MCM students. Since that exercise occurred, questions have been raised about how this exercise impacts the safety of the mothers who volunteer for the exercise and their fetuses. A group made up of CPD faculty, OB/GYN faculty, University Council and Dean's Office representatives have met, the last time with the faculty member who raised the objections. In response, a plan has been developed which includes improved learning objectives for the students and more clearly defined guidelines for patient participation to better insure patient safety. Issues regarding educational value of the ultrasonography program were raised as well as whether timing of the experience to coincide with third year clerkships or fourth year electives might be more useful. The Curriculum Committee reviewed the plan and will ask to meet with the CPD and OB/GYN faculty who run these exercises before a final decision is made.

Donald Innes
dmr

University of Virginia School of Medicine
Curriculum Committee
Minutes – 09/15/11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson, Mary Kate Worden, Mary Grace Baker, Long Vinh, Thomas Jenkins, Sam Zhao, /Guests: Melanie McCollum, Elizabeth Bradley, Debra Reed (secretary)

5. MSI System Review. Melanie McCollum, System Leader for the Musculoskeletal-Integument System discussed the recent System Evaluation Report (Curricular Weeks 25-29) and the System Leaders Response with the Curriculum Committee.

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With respect to improving the MSI System, the System Evaluation Report includes the following recommendations:

1. *Provide more lectures to provide a "big picture" perspective on some of the material.*

2. *Reduce the total number of learning objectives and improve those specific to the dermatology component of the system.*

3. *Lengthen the system by 1 week.*

4. *Provide more handouts to serve as a framework for the material.*

5. *Improve upon TBLs and keep amount of material included at a reasonable level.*

6. *System administration should be more responsive.*

7. *Provide more practice questions.*

*In response to recommendation **#3** the Curriculum Committee modified the 2012 schedule to include an additional week. Below are the Systems Leaders' plans for additional changes.*

Recommendations 1 & 4:

Anticipating the request for lectures and handouts the Systems Leaders included the following request in the End-of -System Evaluation:

"Identify (only) three content topics that you feel would benefit from the addition of a lecture (recorded or live) and/or a customized handout. Rank your list in order of priority with 1 = most needed and 3 = least needed."

We will use the student responses to this request to develop new lectures and handouts.

Recommendation 2:

In an effort to reduce the number of learning objectives the Systems Leaders hope to recruit a number of general practitioners (e.g., from Family Medicine, General Medicine, Pediatrics) to review our learning objectives for appropriateness in the Pre-clerkship Curriculum.

Recommendation 5:

The System Leaders are quite pleased with most of the TBLs developed for this system. Even so, we would like to add a TBL on dermatology topics and convert some of the TBL exercises into problem sets.

Recommendation 6:

Most of the confusion among SMD14 regarding the MSI System administration arose from the unexpected new design of the MSI Website. We will provide a more formal introduction to this website in 2012 so as to avoid this confusion.

Recommendation 7:

More practice questions will be provided to SMD15.

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The Curriculum Committee agreed that the System Leaders response to the Review was appropriate and the suggested changes should be implemented. The Committee also encouraged an increased presence of Radiology, especially in the Clinical Performance Development portion of the MSI curriculum. The Committee also asks the System Leaders to continue to strive to get most if not all of the MSI activities into the morning session. It was noted that only about one half of the anatomy sessions were evaluated, as the laboratory portion of the System was not observed.

The Committee thanked Dr. McCollum and the other System Leaders for their hard work on this important System.

6. USMLE Review Sessions. This issue has been resolved -- students will be allowed to participate in a two week Teaching Elective with Veronica Michaelsen and Donald Innes to develop USMLE review sessions. Students participating in this elective will need to arrange a faculty advisor who will help them to develop the proper content for the review and then they will present their review to students preparing for USMLE Step 1.

7. Location of weekend exams (Health Sciences Library + MEB) Concern that approved exam space will be too limited when both the first and second year students have exams on the same weekend has been raised by the students. To extend the space available to both classes for the exams, both the Auditorium and the Learning Studio in the Medical Education Building will now be made available for students taking weekend exams. Students will be alerted to this change and cautioned that these two large rooms are the only

areas in the MEB approved for taking exams. This additional exam space will also be noted on the on-line examination introduction.

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

University of Virginia School of Medicine
Curriculum Committee
Minutes – 10/13/11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson (Acting Chair), Mary Kate Worden, Mary Grace Baker, Long Vinh, Thomas Jenkins, Sam Zhao, Debra Reed (secretary)

8. Mind, Brain Behavior (MBB) System Review. Mary Kate Worden presented the MBB System Leader response to the 2011 system review.

Overall, the system leaders are pleased with the evaluation of MBB. Students reported that the learning objectives were clear and well matched to resources, and this represents validation of a great deal of effort by the system leaders. We note that students reported spending more time on average (10-15 hours) preparing for required morning sessions than they had on average (6-9 hours) in prior systems. Yet we did not receive complaints that the system was overscheduled, and the means on our exams were quite good. We are also pleased that students perceived 47% of the course was active learning.

R*esponses to the key issues of the evaluation are as follows:*

1. *System Leadership: We will continue to do our best to respond to student concerns in a timely manner. Now that curricular policies are better established, we are hopeful that students can receive answers more quickly when they pose questions regarding NxGen policies. In addition, we intend to stress to future classes that posting questions to the system newsgroup is a more efficient and effective mechanism of communicating concerns than is emailing individual instructors. However, we note that many of the student concerns this year focused on the schedule for quizzing and the weighting of quiz grades. We will clarify to the students in future classes that once the grading system has been established and the course has started it would be unfair to the class as a whole to change it in response to the demands of a minority of students. We regret that the students might perceive this as rigidity on our part.*

2. *Materials: We will do our best to make all materials available in a timely manner. Now that the course has run once, we are optimistic that we have most materials on hand. We intend to clarify for the class the restrictions on the institutional Sylvius license (which provides access to the software free of charge), and emphasize that students who want unlimited access to this software should purchase a personal copy for $45.*

3. *Learning Objectives: We are pleased that students appreciated the quality of the learning objectives in MBB. We will continue to refine them in subsequent iterations of the course.*

4. *Clinical Relevance: We are pleased that the students appreciated the close correlation between basic science and clinical medicine in MBB and will continue to develop and expand these sessions.*

5. *Assessment: The frequency and pacing of assessments will be adjusted in the 2012 course according to the recommendations developed for the entire NxGen curriculum over the summer of 2011. This includes the following:*

   -Assessment worth >10% of the grade will be on weekends, with only 5 of the 10 weekends of MBB scheduled for assessments.

   -Readiness assurance testing for 2-4% of the grade will be held no more than 3 times per week.

The systems leaders of MBB are committed to providing immediate feedback on all formative assessments, and to providing explanations for all questions on summative, formative and practice questions.

Of note, we asked students a direct question on the final course evaluation: How did students feel about the frequency of quizzing in MBB? The data showed that 25% of the students felt number of quizzes was too many, 55% of the students felt the number of quizzes was slightly too many, and 20% of the students felt the number of quizzes was about right. This data suggests to us that the loudly negative feedback flowing through multiple channels regarding quizzes represents the opinion of only approximately 25% of the class. Moreover, on one occasion we offered the class a choice to cancel an upcoming quiz in response to some complaints that the number of quizzes was overwhelming. The classroom clicker vote was 2:1 against this proposal.

We are confident that minor adjustments to the quizzing scheduled as proposed above will be well received by the SMD15.

Finally, the systems leaders note that there were no student failures of the MBB course, which we attribute to the frequent and high quality formative quizzes we ran during the course.

6. Independent Study: The system leaders are committed to assessing the independent study material with plans to move some of the more complex material into the morning hours. We also intend to decrease the classroom time devoted to Human Behavior topics.

Questions about the accuracy of some of the teaching faculty hours will be addressed with the creators of the report. Oasis appears to give credit for teaching activities to the department of the first instructor listed alphabetically for each event that often does not accurately delineate the amount of participation in each teaching activity.

The Curriculum Committee agreed that the responses to the review were well thought out and appropriate. The Committee approved and re-examine MBB following the 2012 System.

The Committee will ask that required textbooks that are not available on line be more clearly outlined for the students at the beginning of the 18-month curriculum during orientation.

The Committee thanked the MBB System Leaders for their hard work on this important System.

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

University of Virginia School of Medicine
Curriculum Committee
Minutes – 10/27/11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Gretchen Arnold, Robert Bloodgood, Megan Bray, Chris Burns, Donna Chen, Eugene Corbett, Thomas Gampper, Wendy Golden, Donald Innes (Chair), John Jackson, Keith Littlewood, Veronica Michaelsen, Mohan Nadkarni, Bart Nathan, Linda Waggoner-Fountain, Bill Wilson (Acting Chair), Mary Kate Worden, Mary Grace Baker, Long Vinh, Thomas Jenkins, Sam Zhao, Debra Reed (secretary)

1. Use of Learning Studio, Library, Auditorium for summative examinations. (John Jackson)

   The new summative exam policy is that students can use the MEB LS or Auditoriums to take summative assessments, as well as the HS library. This has created a conflict with faculty practicing their presentations in those rooms on some Friday afternoons.

On Friday afternoons of summative exams the MEB Auditorium will only be available to students taking exams. The MEB Learning Studio will be open to faculty who would like to practice their presentations. If faculty would like to practice in an auditorium environment, they may use Jordan 1-5 or 1-14, which operate in a very similar fashion to the MEB auditorium.

The logic is that relatively few students take exams on Friday afternoons, and between the MEB auditorium and HS Library there should be plenty of space. Faculty benefit from practicing their presentations in the LS more than the auditorium, due to the unique design of that room. Practice for auditorium presentations can be accomplished in Jordan.

Bart Nathan and Chris Burns have been asked to inform the System Leaders of this change in the examination policy.

2. Ultrasonography Exercise in CPD-1. Chris Peterson sent an email to Eugene Corbett and Chris Chisholm regarding the recent ultrasound exercise in CPD-1. She was very pleased to hear from colleagues that this year's session in CPD-1 was an excellent experience for all concerned. She noted that it seems to have worked really well to have two patients in the Auditorium for an obstetric ultrasound in front of a group of about 40 students on each of the four days. She also mentioned that ultrasound safety was a major thread in the instructional interaction before and during the ultrasound procedure. She thanked them for addressing her earlier concerns regarding this activity and noted that it is a privilege to work with colleagues who have such care and medical education.

3. Faculty Professionalism in the Classroom. Don Innes asks that all System Leaders remind their faculty that before they make statements in the classroom regarding the Next Generation Curriculum (what has been covered – what has not, references to the previous curriculum, etc.) they should confirm their information with the system leader. Comments off-the-cuff are often incorrect and misleading to the students.

4. Summative Exam Question Feedback. (John Jackson, Don Innes) A draft of a policy that could provide immediate feedback to the students on summative exam questions was distributed. This policy (listed below) was vigorously discussed by the Curriculum Committee. Students on the committee noted that the student body would appreciate any type of immediate feedback on their exam questions. Faculty expressed concern over student review of exam questions while the exam is still open. Don Innes will share the Curriculum Committee's concerns with the Dean's Office and the Curriculum Committee's suggestion that this on-line feedback be made available 48 hours after the exam closes to allow faculty time to review the exam.

Summative Assessment Immediate Feedback Feature

System Specification

DRAFT: 10/26/11

Goals:

Provide students feedback immediately after completing a summative assessment, with as much security as possible.

Proposed Workflow:

Faculty or staff creating the exam would have one new option to choose from:

- Immediate feedback showing only missed questions

Turning on this feature would add a link on the page the students see after completing an exam: View incorrect answers

When the student clicks on the above link an instruction page appears stating the conditions:

- You will be able to review your missed questions one time. You may view them immediately after the test until one week after the test.
- If there are restrictions on where an assessment will be taken, the same restrictions apply to the review of missed questions.
- If question challenges are allowed, all challenges must be completed within 30 minutes of the completion of your assessment and **before** reviewing your missed questions.

- These results do not reflect the final scoring of the exam. Faculty may rescore
  the exam based upon test item performance and / or question challenges.
- According to the UVA Honor Code, under no conditions are you to reproduce,
  share or discuss test items with others.

Button: "I Understand and Agree"

Clicking the button above would display all the missed questions in one scrolling page. The formation would be:

Question <missed question is displayed>
Possible answers <all possible answers are displayed>
Your answer: <their answer>. The correct answer is <correct answer>.
Feedback: <If faculty have written feedback for the question it will be displayed>

After the student has completed the review, the system would then return back to the page shown at the end of the exam. If the "Challenge Question" feature has been turned on for the assessment, it will no longer be available.

5. Curriculum Committee Executive Management Group. An Executive Management Group of the Curriculum Committee has been set up to take care of the day-to-day management of the Curriculum. The entire Curriculum Committee will meet on the first Thursday of each month at 4:00 p.m. The Executive Management Group will meet on the second, third, and fourth Thursdays of each month also at 4:00 p.m. Membership on this Executive Management Group as well as it's purpose is outlined below. This smaller executive group will be better able to adhere to the LCME requirements outlined in ED 37 and 38.

Executive Management Group of the Curriculum Committee

10.04.2011

MEMBERSHIP:
Associate Dean for Undergraduate Medical Education – Donald Innes
Associate Dean for Medical Education Research and Instruction – open
Assistant Dean for Clinical Skills Education – Keith Littlewood
Clinical Performance Development Director – Nancy McDaniel
Generalist Physician with a focus in Medical Education – Peter Ham
Basic Scientist with a focus in Medical Education – Mary Kate Worden

Physician at large with a focus in Medical Education – Bart Nathan

STATEMENT:
The executive group functions as a steering the Curriculum Committee setting the agenda for determining the strategic direction of the curriculum. It also serves day-to-day curricular management. Major curricular change would require confirmation by the full Committee. The executive group is to make decisions regarding the curriculum in timely fashion.

Development
Management
Evaluation
Central support

Recommendations for new initiatives, major curricular changes, innovations

Authority to make necessary immediate curricular changes

Oversight of implementation and evaluation of the curriculum

Frequency of meeting - weekly

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

University of Virginia School of Medicine
Curriculum Executive Management Group
Minutes – 11.10.11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Peter Ham, Donald Innes (Chair), John Jackson, Keith Littlewood, Nancy McDaniel , Bart Nathan, Mary Kate Worden

1. Welcome and Announcements. Members of the group were welcomed by Don Innes and purpose and duties outlined. This group is charged with steering the Curriculum Committee - setting the agenda for strategic direction and general as well as day-to-day management of the curriculum. Major changes to the curriculum will be confirmed by the full Committee. This smaller group should be able to make decisions for the curriculum in a more timely fashion. The group will meet even if the chair or some of the members are not able to be present.

   Members were selected based on either their position or as representatives from specific areas.

The terms of membership will be staggered initially – some two years, some three years to maintain group continuity. Members will have the option of renewing their membership for one more term at the end of their term.

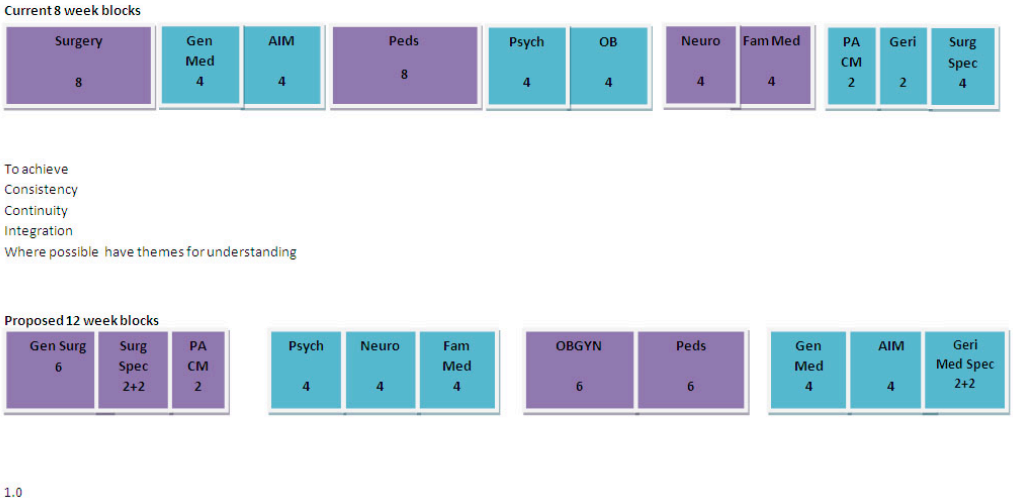
Clerkship and System Reviews will be performed by the Curriculum Committee. The plan is for smaller groups of the Curriculum Committee to review specific clerkships, systems, and elective programs on a yearly basis to allow for monitoring of any recommended changes and additional action if needed.

The Curriculum Committee Executive Management Group will meet weekly on the 2nd, 3rd, and 4th Thursdays of each month (except when holidays occur). Members of this Executive Management Group will also attend the Curriculum Committee meetings on the 1st Thursday of each month. There will be no meetings on the 5th Thursday of a month should they occur. Special meetings may be called or business handled by email.

2. Eight-week clerkship rotations versus twelve-week interdisciplinary clerkship rotations. The purpose of creating these twelve-week blocks is to increase integration of disciplines and enhance continuity of patient care. Longer blocks of time for some clerkships is also made more feasible. The Group will need to make a decision on this by the end of 2011 so that time is available for implementation in the Oasis system.

   1) 4 weeks General Surgery, 2 -2-week surgical subspecialties, and 2 weeks of PACM;
   2) 4 weeks Psychiatric Medicine, 4 weeks Neurology, and 4 weeks Family Medicine;
   3) 6 weeks of OBGYN and 6 weeks of Pediatrics;
   4) 4 weeks of General Medicine, 4 weeks of AIM, 2 weeks of Geriatrics and 2 weeks Specialty Medicine.

CLERKSHIP ORGANIZATION



The Committee discussed the pros and cons of this plan and will continue this discussion. It was noted that due to faculty schedules, maintaining consistent faculty throughout a student's clerkship experience is usually not possible even in the current clinical environment. This twelve-week schedule does not alter the overall length of the entire clerkship experience.

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

University of Virginia School of Medicine
Curriculum Executive Management Group
Minutes – 11.17.11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Peter Ham, Donald Innes (Chair), John Jackson, Keith Littlewood, Nancy McDaniel , Bart Nathan, Mary Kate Worden

1. Assessment Evaluation Committee. The Assessment Evaluation Ad Hoc Committee has been reviewing both formative and summative exams and making recommendations to the System Leaders. The Curriculum Committee will formalize this Committee leadership and membership. The group will be lead by Jim Martindale and Sabrina Nunez and all system leaders will be invited to join. The name should be "Assessment Evaluation Committee".

2. Exam Feedback Issues. A proposal to pilot "immediate" feedback on exams prior to Thanksgiving and Winter Break was distributed.

   The Committee discussed the proposal – both pros and cons. It was agreed that the program would be piloted for the exams prior to Thanksgiving and Winter Break 2011. Students will only review their incorrect questions and will have one half hour to review the questions and challenge an answer. They will not be given grades but will be made aware that correct answers may change after the challenge process and that this may affect their grades. The pilot will be monitored carefully to determine the number of students who receive false negative reports, the number of frantic e-mails received by the system leaders involved, the number of students who see scores drop after challenged questions are discarded, and whether student scores improved on the exams over the course of the weekend. The students will also be polled on how helpful they found this immediate feedback. The group agreed that student regulations for the "immediate" feedback be spelled out in easy to read – very noticeable language on the review.

3. Clerkship Passports for 2012-13. Don Innes will contact John Jackson and Veronica Michaelsen to see if the electronic integrated passport can be ready to use by February 2012 when the clerkships begin. This new passport would combine activities for all the clerkships onto one electronic document. Faculty in multiple clerkships and departments will be signing off on the successful achievement of the designated skills and required patient encounters. If the electronic passport is ready in February the Committee would like to see it implemented this year with careful monitoring. The passport should be accessible through students' iPad or iPhone. Because of this year's overlap period if the passport cannot be ready by February, the current passports will need to be copied quickly so that clerkships have enough for the overlap period.

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

University of Virginia School of Medicine
Curriculum Committee
Minutes – 12/01/11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: A quorum was present.

Agenda:

1. GI System Review - Please see attached GI review document. The System Leader response from Drs. Behm and Shah listed goals for the February/March 2012 GI System. The Curriculum Committee approved and will follow up after the 2012 session.
   1. Refine learning objectives working with faculty, students and system leaders
   2. Provide practice questions to students during the system
   3. Increase the percentage of active learning sessions during the system
   4. Increase clinical faculty participation in physiology & pharmacology sessions
   5. Add and refine questions for formative and summative exams
   6. Develop better discrimination within the class with refined test questions

Strength of System

The GI system leaders have worked diligently to provide a system that is integrated and flows well during the system duration. We have arranged the weeks to cover four general themes (luminal- upper GI, luminal- lower GI, liver, pancreaticobiliary). Each week generally starts with the basic sciences, builds onto clinical engagement activities and ends with active learning problem set, small group discussions, and/or Team Based Learning session to solidify material learned during the week.

Since the inception of the NxGen curriculum we initiated combined sessions pairing basic science faculty in several areas with clinicians to help provide an informative and interactive learner - centered experience.

Our system utilizes faculty from over 14 different departments with 67 faculty (GI and Hepatology, Pharmacology, Physiology, Anatomy, Pathology, Pediatrics, Surgery, Radiology, Internal Medicine, Bioethics, Microbiology, Immunology, Genetics, and Dentistry)

Our system was very well received by the students in its first year and we hope to continue that success and improve on the short-comings we note below.

Areas for improvement

Increase active learning methodologies and learner-centered curriculum towards 60% goal.

Curriculum observers reported 29.24% and students report 51.11% active learning in 2011. We plan to increase active learning in the GI System by taking the following action steps:

- Setting for each participating Thread the same 60% active learning goal that SOM set for the overall System. This will ensure all Threads contribute to reaching this goal.

- Expanding team-taught interdisciplinary sessions.
- Encouraging faculty to participate in SOM faculty development activities designed to improve their ability to successfully bring active learning to the classroom.
- Encouraging faculty to meet with SOM Instructional Designers to promote adaptation of appropriate teaching methodologies. We are particularly interested in assistance helping our faculty reduce didactic lecture time by taking advantage of pre-recorded lectures and think-pair-share in the classroom.
- Working with faculty to help them develop learner-centered classes and share feedback from students on different teaching activities throughout the system.
- Increasing the number of Team-Based Learning (TBL) activities in our system from the 1 we had in 2011 to 2 in 2012/2013. We look forward to working with the TBL group, once it is formed, to make TBL a success across our curriculum.

- Integration/sequencing of content
- In 2011 GI brought together over 7 threads into the system. This provides a basis for re-aligning the content between disciplines to fill gaps, remove unnecessary redundancies and unsuitable content, and to further integrate. Faculty are interested in working together and promoting integration. Having executive summaries from observers on the content covered in each session would help identify the common themes between systems.
-
- Learning objectives, resources, and multiple-choice questions
- Students report that the learning objectives and their related resources were a weakness of the system that we plan to improve next year. In addition to further faculty development in this area, we think instructional designer review of the reading material and educational sessions would help ensure the learning objectives are properly covered in the learning objectives. This is an ongoing process and should be started with the end of the system until the following year.
-
- Improvements in multiple-choice questions used for practice, quizzes, and exams will require additional support because materials are not readily available from outside sources. We will need support from the Office of Medical Education. The system leaders have continued to create additional test questions using outside resources and have modified multiple test questions submitted by other faculty to bring them to the current standards. We should also consider protecting time for people with knowledge in the field of GI to assist with the creation of new test questions.

1.

2. Clerkship Update from the Clinical Medicine Committee (Bill Wilson)
   The "overlap period" in the clerkship year that will begin Feb. 27, 2012 and last for 8 weeks was a primary topic of discussion. The clerkships were encouraged to plan as much as possible in advance. The rosters for both Block 6 for the class of 2013 and Block 1 for the class of 2014 are available through OASIS, and has allowed for some tentative scheduling of specific students.

   Passports and the "ED-2" list. John Jackson reported that UVA has been in contact with the developer of OASIS, and an electronic version of the passports that could be signed off on an iPhone or iTouch may be available by the start of the upcoming clerkship year. This would allow for attending and resident physicians to "sign off" on passport items using an electronic method and could eliminate the need for the paper passports. At present, the content of the passports for the individual clerkships would remain the same, although the potential for revising the passports and possibly merging the passports and the ED-2 lists needs to be discussed. The future may bring an "integrated passport" that would follow the student longitudinally through the clerkships. John Jackson has compiled the ED-2 lists from all of the clerkships and this will be circulated to determine if there are gaps or unnecessary redundancies in the lists.

   Expectations for skills acquisition on the clerkships and prior to graduation
   Several skills that were formerly attainable during the clerkships are much less so now, due in part to changes in technology and the availability of different therapeutic modalities. The list that was compiled by Dr. Corbett may be helpful in defining what skills should be taught and mastered, and when in the curriculum should a given skill be taught.

   The Transition Course for the Class of 2014 will take place Feb 13-24, 2012, and will include EPIC training for those students as well as some of the workshops that currently occur during clerkships. Drs. Keeley, McDaniel and Peterson are organizing the course.

3. Clerkship Learning Objectives There is a need to more specifically link the learning objectives for the clerkships to assessments. This may be done using online quiz assessments of knowledge, but the assessments of clinical skills and attitudes may be more difficult to achieve. An "OSCE" at mid-year, possibly tailored to a given student's clerkship exposures, was considered.

4. Immediate feedback follow-up – There were no problems from the pre-Thanksgiving examination. Students were very appreciative.

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

University of Virginia School of Medicine
Curriculum Executive Management Group
Minutes – 12.08.11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Peter Ham, Donald Innes (Chair), John Jackson, Keith Littlewood, Nancy McDaniel , Bart Nathan, Mary Kate Worden, Debra Reed (Secretary)

1. A recent article from AMA News – "More medical schools face LCME sanctions after deviating from standards" was distributed and discussed. "Violations differed among the schools. Among problems cited were a lack of policies to ensure diversity among students and faculty, no central management of clinical programs and a heavy reliance on lecture courses for the first two years of medical school." All three of these issues are actively being addressed in the UVA SOM at the present time. The possibility of hiring a permanent LCME officer on site is being discussed. Remediation for schools needing significant improvement now includes required yearly reports and evaluation.

2. 2012 Second Year Class Start Date. The first year class will return after summer break on Thursday, August 2, 2012. The Committee agreed that bringing the second year back at the same time (August 2, 2012) would allow students time for a more gradual immersion into the fall semester. Items such as a pulmonary/cardiovascular joint activity, anatomy and physiology would be included in this two-day period – keeping the student pre-activity requirements low. It was suggested that during this two-day period, the Harvey sessions and EKG introductions could be enhanced as well as allow time for the addition of an introductory session. Ultimately, it would be up to the Cardiovascular System Leaders to decide what should go into these two extra days. Guidelines will be provided by the Curriculum Executive Management Group. The Committee agreed that a gradual "build up" of course work should be initiated. This return of both classes at the same time would allow opportunities for social interaction between the classes over the first weekend.

3. Creating a Clinical Experience Continuum. Nancy McDaniel spoke to the committee regarding the clinical experience in the curriculum. She is actively seeking information on the current state of the clinical curriculum from system leaders and clerkship directors. She will work to develop clinical threads that may be addressed in multiple disciplines. The goal is to identify these threads (i.e. nutrition, diabetes, etc.) and track student progress. The advent of the integrated online passport should help to track student competencies. Having a summary note on each student in oasis as the student rotates through the clerkships would help to identify those who struggle with certain clinical scenarios and assure remediation in subsequent clerkships. Clerkship directors would review these summative notes prior to the arrival of the each block of clerkship students. Faculty development would be necessary to make sure students were remediated and not penalized for needing the remediation.

   A summation of patient logs across all clerkships has been developed. This summation will be sent to the Curriculum Executive Management Group for review. Passports will be reviewed looking for threads or patterns that could be enhanced throughout. The possibility of having encrypted patient MRNs included in the patient logs so that audits are possible is being discussed with Hospital Administration. Dr. McDaniel plans to have clinical experience improvement suggestions on paper by the end of January.

4. Quality of images used in CPD. It was noted that some of the radiologic images in the MMDB used in the CPD cases are lacking in quality and clarity. The directors of CPD will be asked to review all the images and ask the Radiology thread leader, Juan Olazagasti to replace those images that need improvement. Sufficient time should be allowed for these images to be found and digitalized.

5. The Curriculum Executive Management Group will meet on 12/15/11 but will not meet on 12/22/11 or 12/29/11 due to the upcoming holidays. This group will meet with the entire Curriculum Committee on Thursday January 5, 2012.

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

University of Virginia School of Medicine
Curriculum Executive Management Group
Minutes – 12.15.11

Pediatric Conference Room, 4:00 p.m.

Present (underlined) were: Peter Ham, Donald Innes (Chair), John Jackson, Keith Littlewood, Nancy McDaniel, Bart Nathan, Casey White, Mary Kate Worden, Debra Reed (Secretary)

1. Introduction of Casey White. The Curriculum Committee Executive Management Group (CCEMG) welcomed Casey White to both the Curriculum Committee and the Curriculum Management Management Group. Dr. White has recently joined the faculty as Associate Dean for Medical Education Research and Instruction.

2. Awards and Honors for SMD 14. The CCEMG reviewed the awards given to SMD13 and discussed how best to update for the Next Gen Curriculum. The CCEMG would like to still provide some awards but without placing excess emphasis on grades. Some awards, such as the Samuel Michael Brooke Award can easily be moved into the Next Gen Curriculum. Other departmental awards such as those from Pharmacology and Biochemistry are more difficult to award. Don Innes will contact the Chairs of the departments who provided awards for SMD13 to find out if the awards can still be given and determine a methodology for selecting the award winners. John Jackson noted that individual performance on various threads can be tracked through x-credit for SMD15. Whether tracking of this performance data would detract from integration and put undue emphasis on grades in the Pass/Fail system was discussed. System Leaders will also be polled to see if they would like to create new awards for their systems. These awards are used in the Dean's letters but some of the members noted that very few awards of this type are noted on the residency applications they review in their departments. Decisions on maintenance of old awards or inception of new awards will need to be made by January 15, 2012. This will allow for an awards presentation ceremony during the transition course.

3. Passports for SMD 2014. John Jackson will work with Nancy McDaniel to develop the online passport to go into use with the first clerkship for the Class of 2014 in mid February. They will work to integrate the patient logs and passport information in Oasis. Logs and passports must be signed-off by department faculty and/or residents. They will continue to explore the inclusion of MRNs in the patient logs for audit purposes. Sign off on the patient logs and passports will assure that the School of Medicine is adhering to LCME standards. Remediation of student inadequacies should be timely and consistent over all the clerkships. Remediation might often be accomplished with standardized online "clip" cases. Remediation standards will be developed for all the clerkships.

4. Learning Objectives in the Clerkships. Clerkship directors have been asked to review and update their learning objectives for the Class of 2014. This first class of the Next Gen Curriculum will demand refined learning objectives such as those provided them in the preclinical years.

5. SIM Center. Keith Littlewood noted that the SIM Center will work with the CPD directors to enhance integration of the SIM Center in CPD.

6. Clinical Performance Development (CPD). Nancy McDaniel attended a recent CPD mentor faculty development session. She and John Jackson will work with the CPD directors to develop a standardized method of expectations, evaluation, and feedback for CPD activities. Don Innes asked that the Professionalism check sheet from the Internal Medicine Board be incorporated into the student evaluations in CPD.

The full Curriculum Committee will meet the first week of January on January 5, 2012 at 4:00 pm in the Pediatric Conference Room

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