



---

**Present:**

Tracy Lower, MD  
Phillip Davis, PhD  
Mark Francis, MD  
Holly Hoefgen, Class of 2008  
Sharon Hull, MD, MPH  
Debra Klamen, MD, MPHE  
Regina Kovach, MD  
Karen Lee, MA

Fritz Lower, MD  
Nancy McCann-Stone, MA  
Erica Nelson, MD  
Mary Pauza, PhD  
Drew Peterson, Class of 2009  
Nicole Roberts, PhD  
Carol Thornton, MLS

**Absent:**

Peter Borgia, PhD  
Reginald Bulkley, MD  
Erik Constance, MD  
Jody Lack, MD  
Gary Rull, MD  
Sandra Shea, PhD  
Nicole Sommer, MD

**Guests:**

Jean Afflerbach  
Cherie Forsyth

Stacie Skelton  
Lisa Waldeck

## MINUTES

The June 4, 2007, meeting of the Year Four Curriculum Committee was called to order at 1:05 PM.

**1.0 Review of Minutes**

The Minutes of the meeting held April 2, 2007, were reviewed and approved unanimously.

**2.0 Announcements/Reports**

Dr. Lower introduced a new member to the Committee, Drew Peterson. Mr. Peterson is the student representative from the Class of 2009. Dr. Lower warmly welcomed Mr. Peterson and thanked him for his willingness to serve on the Year Four Curriculum Committee.

Dr. Roberts announced upcoming presentations from the Academy for Scholarship in Education and encouraged faculty and students to attend:

June 28, 2007, 4-5 PM, Guilia A. Bonaminio, PhD, Assoc Dean, MedEd, U of Kansas, "Curriculum Revision (913-Rm 1252/Lindegren 310)

July 10, 2007, 12Noon-1 PM, Rebecca Hoffman, MD, MSPH, Asst Prof, DME, FCM "Does How We Learn Matter? Residency education and preschool vision screening". (913-Rm 1252/Lindegren 310)

September 25, 2007, 12Noon-1 PM, Dorothy Andriole & Heather Hageman, Wash Univ SOM, St. Louis, MO, Title of the presentation – TBA; (913-Rm 1252/Lindegren 310)

October 23, 2007, (time TBA), Louis Pangaro, MD, FACP, COL (ret.) MC Prof of Medicine, Vice-Chair for Educational Programs, Uniformed Services Univ, Bethesda, MD (Topic TBA)

**2.1 EPC/Executive Committee**

Dr. Klamen reported that discussions at the last EPC meeting focused on the new Grade Review Policy, which will essentially replace the Appeals Policy currently in effect (see Agenda item below). Other topics of discussion included Early Concerns documentation process and reports from Year Directors and Subcommittees.

**2.2 Departmental Reports**

None of the departments present had any significant problems or issues to report.

**2.3 Doctoring**

No report at this time

**2.4 Student Report**

Ms. Hoefgen reported that members of her Class had voiced a desire to be able to select a preferred date when scheduling their Sub-I course. She indicated that some students expressed angst over their inability to exercise any control over this process. In a thoughtful discussion which followed the group explored the timing of Sub-Internships, limitations of the current computer system, and the possibility for software enhancements when the new programmer is available. Dr. Lower also indicated that the process of fine-tuning the schedules was an opportunity to address these issues. Ms. Forsyth stated that to her knowledge, students were satisfied with their schedules after meeting

with her to make adjustments. Dr. Lower also noted that with finite resources available, all students cannot be accommodated in Sub-Is at the beginning of the year. Other faculty concurred and added that there are considerable benefits to taking the Sub-I in the latter part of the year.

### **3.0 Curriculum Issues/Updates**

#### **3.1 Population Health Specialty Pathway**

Dr. Lower called the group's attention to the proposed Specialty Pathway for Population Health and Preventive Medicine, which had been submitted by Dr. Hull and distributed previously. Dr. Hull expanded on the substantial advantages this Pathway would have for students in a wide variety of specialties. It was determined that even students who have already chosen a Specialty Pathway would be able to also select the Population Health and Preventive Medicine Pathway and could do both simultaneously. A motion was made, seconded, and passed unanimously to accept the Specialty Pathway for Population Health and Preventive Medicine as presented. This will be added to the website and a note will be sent to the Class informing them of this new opportunity for an important field of study.

#### **3.2 Residency Readiness – Emergency Medicine**

Dr. Lower reminded the group that the Surgical Residency elective offered by the Surgery Department was designed for students going into a surgical specialty including gynecology. During the registration process, Ms. Hoefgen informed her that a number of students voiced concern that they were not able to take this elective because the class was full. The maximum number of enrollees is 18, however, 30 students (many of whom were not opting for a surgery career) had requested this course. Thus some students who were planning to enter a surgical specialty were unable to access this course as it is offered only once each year. It was noted that several of the students who registered for the course were entering Emergency Medicine. In an attempt to resolve the matter, Dr. Dunnington offered Surgery's Skills Lab time for the development of an Emergency Medicine Residency Readiness elective. Currently the project is in the early developmental stages, however, the expectation is that it will be made available for the Class of 2008. In the interim, faculty agreed to increase the maximum number of students allowed. In addition to an Emergency Medicine residency readiness elective, Dr. Nelson stated there is a possibility of designing a similar course for Gynecology, however the availability of adequate skills lab facilities is problematic. It was noted that with these additional courses, the oversubscription problem might well be resolved.

It was suggested that one way to resolve this matter was to give preference to students who had signed up for a Specialty Pathway. A thoughtful discussion ensued regarding the possible departure from the voluntary Specialty Pathway selection process, and that such preferential treatment would, in essence, penalize students who had not yet made a career choice. Reference was made to the survey conducted previously by this group that found most residency program directors sought candidates who had a broad range of experiences as opposed to students who concentrated too heavily in one particular area. The group explored additional advantages and disadvantages of awarding Specialty Pathway enrollees preference. Technical problems regarding the current Student Information System restrictions were also covered. Currently this system's random scheduling process, based on priorities assigned by students to specific courses, is not capable of handling preferential treatment for a specific group of students. Dr. Klamen reported that the computer programmer position in OEC is being filled and many of these anticipated enhancements to the current software programs could be systematically analyzed to determine the feasibility of such applications.

Dr. Lower indicated that while the Emergency Medicine Residency Readiness program was still in the developmental stage, this item would remain on the agenda for future discussions and updates.

#### **3.3 Development of Residency Readiness Electives**

In a related discussion, the group explored the possibility of having residency readiness electives in all specialties. It was noted that student requests for specific specialties vary from Class to Class, and the goal would be to have adequate resources and flexibility to be able to meet the demands as they change from one year to the next. In the interim, Dr. Lower reminded the group that even if a specific elective offering is not in the catalog, the Individually-Designed Elective program, working in concert with appropriate faculty, offered students an infinite range of elective course options.

**3.4 New Policy: Grade Review Process (Pending EPC Approval)**

Dr. Lower called to the attention of the group the proposed new policy, Grade Review Process, which originated as a result of a recent EPC discussion. Approximately one year ago the Y4CC approved the Appeals Policy, however, this procedure for appealing a grade has been reconsidered by the Educational Policy Council. There was a concern among Council members that the SPC should not review student appeals of grades. It was noted that the Operating Paper for SPC does not delineate this process, and such decisions fall under the purview of the respective curricular entity. There was also a desire to craft language for a policy that substantially standardized across all four years the intent and progression of a system that provided a vehicle by which students could seek a review if s/he felt the performance evaluation was not a true reflection of the quality and quantity of work performed in that unit, clerkship, or elective. In a subsequent discussion, several members voiced concern that the document did not effectively address the student's right to seek an informal review prior to beginning the official grade review process. A suggestion for additional wording to address this issue was offered and is as follows: "The student may speak informally with the faculty to find a resolution; however, the student is not required to do the informal review if s/he chooses not to do so." At issue too was the question of what would be the impact if the faculty did not comply with the 10-day mandated timeframe for a response. Dr. Hull stated that because of the language in this document, Medical Humanities 2-week segments in Year Four and Year Three will now be considered as Clerkships. Dr. Lower indicated that she would report to the EPC the additional language sought to establish the option of an informal review process.

**3.5 Enrollment**

Dr. Lower stated that scheduling for Year Four is complete. To assist future Classes in this process, she indicated that a list of courses that were over requested would be compiled and students would be reminded to give these selections a high priority to increase their chance of getting the coveted electives (e.g., Radiology).

**3.6 Pathway Enrollment**

Dr. Lower called attention to the list of students who had registered for Specialty Pathways. She indicated that with the introduction of the new Population Health Pathway, there may be others who decide to follow the Specialty Pathway course. It was noted that students could select this Pathway in addition to another specialty pathway. Ms. McCann-Stone will inform the students of the availability of this new Pathway. Dr. Lower reminded the group that this curricular component continues under close scrutiny to determine the strengths and weaknesses of the program and to fine-tune the process to improve it each year it is in effect.

**3.7 Feedback**

In response to requests from elective faculty, student feedback of electives for the current academic year will be made available for review in time to allow changes to courses for the upcoming year based on information gleaned from that report. The feedback will be sent to the individual faculty responsible for the course. Feedback from all electives within the specific department will be sent to that departmental Elective Coordinator and Chair. Dr. Lower applauded OEC for the response to faculty's request to prepare the feedback at this early date. She indicated that the Elective Subcommittee would meet the following week to begin a thorough review of the student's ratings and comments. She reported that unfortunately there were a few instances where a student did not give constructive feedback, but rather used that forum as a way to belittle a faculty on a personal level. It was determined that, as has been done in the past, such comments adjudged to be malicious should be removed from the feedback report that is available on the website. Overall the feedback was positive and offered constructive suggestions for improvements.

**4.0 Other****4.1 Next Meeting: Monday, August 6, 2007**

The meeting was adjourned at 2:30 PM.