Curriculum and Instruction Committee
Meeting Minutes
Thursday, October 21, 2010

Attendees:

David Burtner, MD
Grady Carter, MD
Marie Dent, PhD
Robert Donner, MD
Wayne Glasgow, PhD
Ashley Horner, PhD
Klugh Kennedy, PharmD
Carolyn Klatt, MLIS
Edward Klatt, MD

Blanca Lopez MD
Umangi Patel, MSIII
Patrick Roche, MD
Allison Scheetz, MD
Michael Smith, PhD
Tina Thompson, PhD, Chair
Jerry Tift, PhD

Alice House, MD

Absent:

Wade Fletcher, MD
Joseph Harmon, MSI
Erin Meehan, MSII

Abhi Saxena, MSIV
McKinley Thomas, EdD

Call to Order

Dr. Tina Thompson, Chair of the CIC Committee, called the meeting to order 4:35 PM. Dr. Thompson introduced the newest member of the committee, Michael Smith. The Savannah members introduced themselves to Dr. Smith.

Approval of Minutes

The minutes of the October 7, 2010 meeting were presented for the approval of the committee. Two typographical errors were noted. An extra ‘s’ at the end of “emphasizes” and a ‘y’ missing in “delivery” in the sentence: Students continue to show respect and appreciation for the knowledge and efforts of discipline faculty who contribute to their education. Students are asking for more guidance to obtain relevant knowledge with assessments that reflect their effort, while discipline faculty emphasizes importance of upholding current standards of curriculum deliver and outcomes.”

A motion to approve the minutes as presented was made, seconded and approved with the correction of the typographical errors.

Old Business
CM Review Update

Dr. Dent presented a follow-up report regarding the status of responses to review of CM Year I, II and IV Visits (from the 4/1/10 meeting). Details of Dr. Dent’s follow-up report are attached.

The Committee felt comfortable with the progress of the Community Medicine visits review and had the following recommendations:

Issue: Visit manuals need to be critically reviewed and edited. These manuals are very long (in excess of 100 pages) and a correct index is essential.
Result: One of the things done is to separate out the family assessment and the other information for the visit, makes the manuals a little more manageable. Dr. Templeton is still looking at a number of issues related to the family assessment; Dr. Dent has not received a date of when his review will be complete. The next visit, Year I, is coming up in March.

Recommendation: Dr. Thompson recommended that the CIC be given the date of expected completion and identify that date well in advance of the 1st year visit to make sure it is taken care of before the students actually use those documents. Dr. Dent will contact Dr. Templeton for an exact date.

Dr. Dent noted she is currently reviewing and revising the CM1 phase and visit. By January, the documents should look very much different than they do now. Dr. Thompson recommended an exact date of completion, Dr. Dent offered 2/1/11 as the completion date.

Issue: The committee understands the intent of the various assessments and believes that the projects have educational utility but believe that the requirements associated with execution of the assessments can be streamlined. For example, they question the need for 2 family assessments each year with the first and second year visits covering the same families. An abbreviated screen of the families could be completed in Year II with an addendum added to the initial assessment. They question the educational utility of completing the Rolland’s Typology with the family members.
Result: The committee believes that most of the information gathered to complete the projects is useful but there is redundancy which can be removed. For example, 2 family interviews may be appropriate but a requirement to write up a single interview should be sufficient.
Progress: Dr. Bowden Templeton who coordinates this aspect of the visits has received a copy of the recommendations from the review panel. He is examining the concerns related to these issues.

Recommendation: Dr. Thompson asked Dr. Dent to request a specific date when this issue will be addressed by Dr. Templeton.
Issue: The committee believes that performance on written assessments is too dependent on individual faculty assigned to grade the project. Input from students suggests that some faculty members are less rigorous in reading the materials than others. There was no suggestion that the academic rigor for the projects be reduced, only that all students be held to the same standard.

Progress: The Program periodically holds sessions in which the faculty independently and then jointly grades a sample paper.

Recommendation: Dr. Dent felt they needed to repeat this process, next opportunity is with the Year 2 visit.

Dr. Thompson thanked Dr. Dent for her presentation.

Physiology Review: Question improvement review group and process

At the previous meeting, the CIC agreed to some sort of an additional review process and tabled the idea till the next meeting. Members were asked to return with more specific ideas.

Dr. Thompson presented a potential process identifying review committee members, existing of four positions (3 of which are current CIC members). She recommended only CIC members for consistency. The review committee would consist of:

1. Physiology faculty question writer
2. Clinical tutor
3. Discipline faculty
4. Editor

Some CIC members could fall into more than one category. Each individual can only fill one spot on the committee.

The process would be to have the Committee members review all questions from the data bank for a particular phase and new questions created by the question writer for the particular exam. All questions would need to be provided 3 weeks prior to the Monday of the exam.

The questions would be e-mailed to the group early enough for them to review outside the meeting. Edits would be sent to the assigned editor for consolidation. Any questions requiring only minor modifications could be made by the editor prior to the meeting. The group would then get together to discuss each question. All members of the review group must attend the meeting. The editor would serve as the chair for the session and would be responsible for keeping the process on-point, collegial and focused on improving the assessment of the content which the physiology question writer would like to address. The session would be organized as follows:

1. Questions requiring no modifications would be presented first and approved.
2. Questions modified prior to the meeting by the editor would be reviewed next.
3. The remaining questions would be reviewed, edited and approved before moving on to the next question.

A simple majority (3) would be necessary to approve a question from use. Only questions that were approved by the committee would be included on the MDE. Questions not approved would be removed from consideration for the MDE. Members of the group could change as long as there was one member in each group. Dr. Thompson presented a table indicating the number of physiology questions on the MDEs for the upcoming year (attached). Right now the group would be working on Host Defense (10) and Pulmonology (46) for a total of 56 questions. The review would then be performed sequentially with Phase A, Phase B and Cardiology to follow.

Dr. Thompson opened the floor for discussion.

A question arose as to the possibility of getting a question writer from a neutral reviewer, such as NBME, to assist in the review process. It was noted that it would be very difficult to get someone from the outside that has experience in writing the NBME questions that would be willing to share their question writing expertise due to conflict of interest. It would also make the physiology faculty feel that their ability to identify content was being threatened. It is not the intent to make them feel they are not trusted to write questions of content, but to write questions clearly and that they are assessing the content they are hoping to assess. It was noted that Dr. Klatt and Dr. Carter do have experience with writing NBME questions.

Dr. Klatt stated that each question should reference an objective in the study guide and then should be identifiable. The objectives should dictate what the content of the question is.

Dr. Smith questioned what materials would be provided to the group. He felt the question writer should identify the objective from which the questions are drawn. He would also like to see discrimination and difficulty values and the item analysis that is the basis of the question.

Dr. Carter suggested reviewing all questions in the pool along with the questions taken directly off the MDE so this process would not have to be repeated each year. This would be more efficient in the long run. The pool is one and a half times the total MDE questions for all disciplines except Pathology.

The Phase coordinators are also trying to institute a similar system for all question writers. This will be a faculty development piece for all.

Dr. Donner asked how the CIC will answer the question from the discipline that you are not arbitrarily picking on them.

*Physiology is being reviewed, along with all programs, clerkships, courses on a three year cycle. It was reviewed and a consistent finding of the problem questions was*
identified. This problem was originally identified three years ago in the review of the discipline. Nothing has happened to correct the problem, it is not appropriate for the CIC to allow an identified problem to continue to exist without acting on it.

What is the mechanism to get them to participate? *It is an administrative requirement that they cooperate. The CIC is mandated to the oversight of the curriculum.*

Dr. Dent stated there have been workshops offered, bringing speakers in and offerings within departments that individuals have not taken advantage of. If we see this as a faculty development offering, then the person having difficulty writing the questions needs to be at the table. They need to be able to defend their content and accept input from the committee.

There is a proposal on the table to deal with the concerns over physiology questions for the two years of the curriculum. Do I have a motion to support the proposal to address these concerns as outlined? *A motion as made and seconded (12 for, 0 opposed, 1 abstaining)*

Dr. Thompson will talk with Dr. Bina before presenting it to the physiology faculty to make sure we will have support from the administration. Dr. Donner requested that it be known that the basis of this review is the authority given to the CIC to supervise formative and summative evaluation.

**New Business**

**Family Medicine Review**

The Family Medicine review was forwarded to CIC members for their review prior to today’s meeting. Dr. Carter, the discipline reviewer, and his committee were overall pleased with the clerkship.

To summarize his report:
- As a whole, the clerkship is well organized and well run.
- Students would like more diversity of patients and settings.
- The text book is not optimal.
- Students have no meaningful way to document patient encounters.
- The clerkship requests funding to assist the Director and Coordinator in attending the annual Society of Teachers of Family Medicine meeting.

Dr. Carter suggested that a format/template be created to help the reviewers know the standard expectations of the review. He suggested that this form be stored somewhere where it is easily retrievable. Dr. Thompson asked for volunteers to create this format/template. Dr. Roche will work on a template for clerkship reviews, Dr. Klatt will work on a template for disciplines reviews.
Adjournment

There being no further business to discuss, a motion was made and seconded to adjourn the meeting at 6:15 PM.

Minutes recorded by:
Debbie Brickner