Dr. Fuller opened the meeting stating the meeting served as a debrief for the LCME mock site visit last week.

Discussion Presented and Led by Dr. Craig Hoesley.

LECTURE HOURS: Preparing for the LCME visit 2 years ago we knew that in one of the standards ED5A, which is the active learning standards, we would be vulnerable in that area and potential linkages to the way we deliver content. Lecture intensive curricula have been scrutinized nationally which led to citations for ED5A. We met with external consultants the DJW group before the database was completed. They commented we were vulnerable. Steps were taken in the summer of 2013 to work with module directors to reduce the number of lectures measured by percent of lecture hours. Module directors were asked to reduce the hours by 10% for the 2013-14 academic year and an additional 10% in the 2014-15 academic year. This was mentioned in the mock visit last week that this would lead to a citation (see attachment for numbers). Most modules with the exception of Neurosciences did not meet the 10% mandate. We hoped to provide additional data in the form of an addendum to our database that would demonstrate improvement and that we are committed. We did not measure up. Figuring out how to deliver content in a meaningful way other than lecture is a challenge. The LCME Committee felt that the MEC should be familiar with the data, consider the data, and approve to move forward. No more than 50% of content should be delivered by lecture. This will give module directors enough time for the 2014-15 academic year to develop activities. Not that content is not important, but it needs to be delivered in a different way to promote independent learning, team based learning, and problem based learning.

ATTENDANCE: With the change in the curriculum in 2007 it required an enormous amount of effort for the faculty to change the way things were done. Audience response systems were introduced, faculty development relative to large group discussions were done, and basically many had to change lectures. One issue that came up in the development of the curriculum from the faculty is the effort put in compared to the low number of attendance was not worth the effort. The MEC approved an attendance policy for the new curriculum in 2007 which has not been revisited since. Right now full
Attendance is expected in any small group, lab based or patient experienced activity. Lecture attendance is linked to points in raw score if the benchmark is met. The past year we tried to make the benchmark more homogeneous which resulted in a reduction of the requirements. Now it is 70% attendance in order to meet the incentive and for organ based modules it is 50%. Once module directors decided, but the Students wanted a more consistent policy. Echo recordings have been valuable and the use is almost uniform amongst students. Issues with Echo are that it has to be preprogrammed. Since lectures will be reduced and everything is being recorded, the MEC needs to revisit if we need a lecture policy. Before 2007 there were only about 12 students to show up for attendance. The parallel benefits of having an attendance policy are the students know each other. Students in attendance are seen as more familiar which helps later in years such as in clerkships. It was discussed that if lectures are reduced there should be some other mandatory activities to draw students.

EVIDENCE BASED MEDICINE: The intention was to start with the current 2nd year class. Dr. Shaneyfelt, the author of the course, did not want to begin this year because of the web based platform. The course is done now and is something for the MEC to consider. Previously, the evidence based medicine content was delivered in an embedded format within the modules. The feedback from Dr. Shaneyfelt and the students who assisted in creating the course is it was not optimal or lining up with the content in the module. Students viewed it as busy work, did not see the importance in it, and were not engaged. He felt students needed more of longitudinal delivery of content, not necessarily in an independent course, but on a more fixed schedule. He was in favor of a more web based content. Through an HSF intramural grant he developed the course which has been presented to the MEC demonstrated to the members. There are 7 online modules. The proposal is to make this an academic year long course which will begin will Musculoskeletal Skin and end with Repro. There would be deadlines for students to independently review the module. Then combined scheduled classroom, discussion, and quizzes will be added. The initial proposal is to not link it to a raw score to be straight pass/fail. This could be changed in the following years. This would be a promotion requirement to pass before moving on to Step 1 and move on to the clinical curriculum. It must be estimated exactly how long it would take for a student to finish a module which is thought to be around 40-50 hours. The course weight will be either 2 or 3 weeks. This will begin in August of 2014. It was suggested that a raw score be linked for a ranking to incentivize engagement of the students. If they know it is linked to a raw score and ranking there will be more effort. The proposal will be modified on the recommendation that a raw score should be used.

An electronic vote will be sent out to vote on the three topics discussed.

Next Meeting March 11, 2013.