MINUTES
MEC MEETING
12:00pm Volker Hall 302
Tuesday – April 8, 2014

Members in Attendance: Chair – Dr. Cathy Fuller, Drs. Michael Barnett, Laura Cotlin, Craig Hoesley, J.R. Hartig, James Jackson, Laura Kezar, Kevin Leon, Robin Lester, Stan Massie, Kristina Panizzi Woodley, Marjorie Lee White, Vinita Yalamanchili, and Teresa Wilborn. Mike Belue; Caroline Kennemer, MS-1; Ryan Khodadadi, MS-1; John Killian, MS-2; Vince Laufer, MS-3; Patrick McCabe, MS-4. Huntsville: (by videoconference) Drs. Anupama Yedla, Pareka Yedla, Allan You, MS-3. Tuscaloosa: (by videoconference) Drs. Scott Arnold, Heather Taylor, Thad Ulzen, Harriet Myers, James Leeper, and Erica Young, MS-3.

OBGYN CLERKSHIP REVIEW (Marjorie Lee White)
This is the 2nd to last of the clerkship reviews. The final clerkship review will be presented next month.

CHANGES TO MPH PROGRAM (Laura Kezar)
Electronic votes will be sent for proposed changes.

ORGANIZATIONAL CHANGES TO ICM COURSE (Stan Massie)
Proposal to organize and consolidate the ICM curriculum:
- ICM spans the 1st two years of medical school.
- Presently there are three courses of ICM:
  - ICM I – History of thinking (1st year course)
  - ICM II – Introduction to Physical Diagnosis (1st year course)
  - ICM III – Clinical Skills Integration (2nd year course)
- Before the school changed to an organ system curriculum there was ICM1 for 1st year students and ICM2 for 2nd year students. Would like to go back to this scenario. The ICM curriculum was organized so it would integrate with the organ system modules. Initially, ICM I was the history taking part during the introduction material of the first 6 months. Then for the organ system modules ICM II ran through 2nd year that began in the fall of the first year. This caused administrative problems, particularly if a student failed ICM II they would need to remediate the second half of the 1st year and all of the 2nd year. It was previously difficult getting preceptors, so the material has been reorganized to concentrate on recruitment of those who can teach history taking and those who can do physical exams. Now that there is a Clinical Scholar’s program with a dedicated group of faculty to teach the course, there is no longer an issue. In the current structure ICM ends before the winter break and grades must be completed and finalized before the first day of January when school starts again creating stress for the students as well as The School of Medicine administration in getting together grades, preceptor evaluations, OSCE scores, and etc. The content will remain the same but the description of the ICM curriculum and how it is split will be changed.
- An email will be sent out for electronic votes.

PRECLINICAL SUBCOMITTEE: UPDATES (Laura Cotlin)
No updates at this time. PS, Fund 1 & 2, Neuro and Musculoskeletal will be reviewed in the next few months.

**CLINICAL SUBCOMITTEE: UPDATES** (Marjorie Lee White)
Review of the clerkships will finish with the pediatric clerkship in May. The next round will begin with ICM in the fall. The second mission is developing a review process for 4th year courses. The third part is to have a retreat where faculty can review data, possibly to occur in February 2015.

**LCME: UPDATE** (Craig Hoesley)
The LCME site visit went well last month. The feedback received on our database was that it is the most well written database the site visitors have seen. At the end of the site visit preliminary findings were provided which are areas where they think a citation may be likely. The formal LCME will occur in mid-June when we will receive a letter of formal action. We can take the preliminary findings and anticipate they will be included in our formal assessment.
On average, the proportion of schools that have been assessed in recent years who had an adverse of significant action is 60% and the mean number of citations of school experiences are somewhere in the 8 to 9 range.

There were four areas of concern:
1. Diversity
   a. Admissions and recruitment of unrepresented minorities was acknowledged
   b. Progress needs to be made with recruitment of faculty
2. Audio in Lecture Room A
   a. Recommendations to address audio issues
3. Active Learning - ED5A
   a. LCME site surveyors were impressed with the active learning initiatives
      i. Scholarly activity meets their definition of active learning
      ii. Encouraging students to develop their own elective opportunities in special topics meets their definition of active learning.
The embedded active learning elements within our required courses are less favored. They tagged that to the frequency of lectures. The votes relative to the reduction of lectures two month ago was to make progress on this. A citation was expected.
4. Clerkship grading
   a. They have concerns about complexity of grading and have asked us to review it through education or by reviewing the way we grade.
   b. Focus groups will be developed to begin working on the issue this year.
   c. It would be easy to make it pass/fail but that could be potentially dangerous to our students according to match.
   d. The data is good but the complexity needs to be worked on.

**STEP 1/STEP 2 RESULTS** (Craig Hoesley)
- See handout/presentation

**MEC ANNOUNCEMENTS** (Cathy Fuller)
Will aim for a MEC meeting in May. Items for discussion should be sent to add to the meeting agenda.

Next Meeting May 13, 2014.