ANNOUNCEMENTS
New members of the MEC – Mason Frazier, Radiology; Todd Peterson, Emergency Medicine; Michael Bonnett, Palliative Care; and Teresa Wilborn, Pharmacology.

GOALS/OBJECTIVES FOR ACTING INTERNSHIPS
An email will be sent for electronic votes.

INCORPORATING ACTIVE LEARNING INTO THE CURRICULUM I:
MEC needs to review active learning activities throughout medical education. As far as active learning, The LCME has discussed different types of learning: teacher centered, student centered, engaged learning, and active learning. Active learning is not where the student participates in class but is where a student is inspired, performs research, and teaches others on what they have learned. There are ways to have active learning in the classroom. In the past engaged learning was considered active learning of polling the class. LCME suggests active learning is discussed by the Medical Education Committee on a regular basis. Trying to reach goals on the way education is conducted. What is meant by active learning?

SCHOLARLY ACTIVITY
Peter Smith presented scholarly activity. Scholarly Activity is a mentored scholarly project ranging anywhere from the medical amenities through clinical research, etc. It is an 8 week block of dedicated time during the 3rd year in which students have no additional obligations other than working work on their dedicated projects. At the conclusion of their 8 week block, students resume their training. By the first of February of their 4th year they are required to submit a written document in the form of a manuscript that summarizes their project. The report is approved by the student’s mentor. Many are published or form the basis for oral or postal presentations at local and national meetings. Presently students are not required to give a formal presentation of their work due to the complication of 3 campuses. Medical Student Research day is held in October of each year and students are invited to present their scholarly projects at that time. With regard to an active learning component within the Scholarly Activity, for some students the project is entirely student driven and initiated. They submit an idea for a project and then assistance is provided in finding a mentor. They devise the methodology and the project with the mentor. They summarize the results and may end up going to meetings to present their research. For other students there are components that are student initiated. Many students are interested in a particular aspect of medicine, for example radiology or emergency medicine. They wish to use their scholarly activity to begin to explore such specialties or subspecialties. Students will work on an ongoing project under the direction of the faculty individual or a faculty mentor. Thus, it is not student initiated because the project is pre-established by the mentor. However, the students are actively involved in developing the IRB protocol, in writing the survey instruments that go through IRB for approval, etc. Some students are charged with creating a database that requires them to use their unique knowledge/skills or
to seek out others on how to create an effective database that can be later mined by the mentor. Some students will take the mentors project and veer in their own direction or where as others may have to maintain the direction established by the mentor. In summary, active learning within the scholarly activity can be entirely student initiated or partially student driven. It should be noted that for some students, active learning in the scholarly activity is limited. (Is it a problem for the LCME? LCME does not require active learning with all students but expect it to be available.)

**PRE-CLINICAL COMMITTEE**
Each module reported for the LCME. Annual data from past reviews were streamlined. Information will be collected post-module. Every three years modules will be externally reviewed. Committee members will meet to make suggestions for improvements and changes. Reporting required by Module Directors will give them a better view of their modules on a yearly basis. The first modules to be reviewed will be PDS and musculoskeletal.

**REVISION OF MEC BY-LAWS**
In process of changing the status of Module Directors and Clerkship Directors to become subcommittees of the MEC. Information will be sent out to the MEC for comments and suggestions.

**CLERKSHIP REVIEW – PSYCHIATRY (CLINICAL COMMITTEE)**
(Presentation by Dr. Leon, see attachment.)

**MEC ANNOUNCEMENTS**
There have been questions about renting out lecture room space. Due to high expenses, other suggestions are needed. Contact Hughes Evans to join the temporary task force that will work on education needs and create recommendations to be presented to the new dean.

MEC meetings may be moved from the 3rd Tuesday of alternating months to the 2nd Tuesday of alternating months.

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Next MEC Meeting  September 17, 2013