

I. Review of the Curriculum: Year 2 Medical Psychiatry Course

Rich Comi reviewed the information he was given by Dave Nierenberg at the November meeting regarding the SBM/Psychiatry Course and reported the following:

- A. Based on all of the information available, Rich created the following course summary:
 - 1. A very strong course in terms of breadth and depth of content;
 - 2. Teaching technique makes strong use of patient presentations and small groups;
 - 3. A large number of faculty are involved and are rated highly by the students;
 - 4. Pharmacology lectures could be better integrated into the course (as of '04; this was addressed in '05); and
 - 5. The course could evaluate competencies more comprehensively.

- B. Based on the student evaluations from last year, Rich reported the following areas of strength:
 - 1. Small groups and patient presentations;
 - 2. Lecturers;
 - 3. Final exam.

- C. Based on student evaluations from last year, Rich reported a few minor areas that could be improved:
 - 1. Course could be condensed, especially childhood and development lectures;
 - 2. One small group co-leader was absent from several sessions;
 - 3. PowerPoint slides were not always available before a lecture; and
 - 4. Pharmacology lectures were out of step with the course.

- D. Don West, course director for SBM/Psychiatry presented the following goals in his 05-06 Annual Course/Clerkship Update:
 - 1. More consistency in grading for small group experience;
 - 2. Encouraging all faculty to make PowerPoint slides available to students on a timely basis;
 - 3. Making the final exam more consistent with what is taught in class.

- E. The following issues were discussed by the membership:
 - 1. Were preceptors able to assess competencies in small groups in the class the just finished? (Don West replied that the preceptors did assess more consistently. Rich Comi offered to provide Dr. West with a standardized form that would expedite the process.)

2. Can the types of cases included on the board exams be discussed in small groups? (Dr. West replied that most of the subjects covered on the board exams are covered in small groups but would be interested in formalizing the process.)
3. Is psychoanalysis discussed in the course? (Dr. West acknowledged that the subject is not dealt with much of late and that the demand for this subject is not plentiful at DMS.)

II. Key Metrics: USMLE Boards Policy (cont'd)

- A. Given the failure of six DMS students in 2005 on the USMLE on Step II of the boards, Dave Nierenberg, Eric Shirley, and Susan Harper are in the process of drafting a new policy concerning deadlines to take the boards. The following are key points of the draft:
 1. The deadline for taking Step I for the first time will not change;
 2. If a student needs to repeat Step I, he or she will have to do so before April 1 of Year 3. DMS will not require passing of Step I, but the student needs to honor the deadline in order to allow for early intervention. If the student does not pass Step I by the end of Year 4, he or she will be allowed to graduate with an MD degree, but will not be eligible to match at most residencies.
 3. Step II – Clinical Knowledge (CK) must be taken by December 15 of Year 4, and Step II – Clinical Skills (CS) must be taken by November 15 of Year 4 in order for the results to be available for residency matching and to allow for early intervention in the case of academic weakness or failure.
- B. The following issues were discussed:
 1. Students need to be made more aware of the difficulty of Step II (even though many emails are already sent);
 2. Students need to be made more aware of the importance of Step II (Reviewers are impressed with high scores on Step II and residencies in 40 states require the passing of Step II for licensure. It was predicted that eventually all 50 states will require it.) even those already covered in memos;
 3. Students need to be made aware of the importance of taking and passing Step II early due to the difficulty of rescheduling for failures and the need for timely reporting of scores for early matching;
 4. Should there be a penalty for not honoring the deadlines? (The policy, once endorsed, will be a school requirement and will be treated as such).

III. Special Topic: Preliminary Discussion of Possible Restructuring the Architecture of Year 3 Clerkships

- A. Dave Nierenberg reported that a new scheduling structure was being considered for Year 3 for the following reasons:
1. Some students believe that there is not enough opportunity for electives in Year 3, which especially affects students in subjects with early matches;
 2. If a student becomes ill, or for any other reason is delayed in completing a clerkship, because of constraints in volume and capacity, the present system allows for little opportunity for rescheduling.
- B. To replace the current system that allows for 7 weeks and 1 day for some clerkships and 7 weeks and 3 days for others – with ICE courses interspersed, the following schedule is being considered:
1. All clerkships will be 7 weeks long;
 2. ICE courses will be held at the beginning, middle, and end of the year in one week blocks; and
 3. One 7 week period will be allowed to be used for electives, selectives, study, vacation, or any priority (or combination of activities) at the discretion of the student.
- C. The above delineated schedule would provide the following advantages:
1. It provides much greater flexibility for students;
 2. It allows more capacity in clerkships, to help provide greater flexibility to students;
 3. It allows for accommodations for students' illnesses, failures, or other delays.
- D. The following issues relating to the new schedule were discussed:
1. How will traveling students be accommodated? (The student will return on the last day of the clerkship.)
 2. Would the intensity of the schedule affect the health of the students? (No. Several clerkship blocks are not subject to night call, and students can schedule the elective blocks at their discretion.)
 3. The clerkships that require 7 weeks and 3 days will not be able to achieve academic goals and licensure requirements within the shorter time frame. (DMS is acutely aware of the time requirements for licensure in all forty states and will be working to accommodate that.)
 4. Could the elective block be accommodated within the current schedule? (No. Not without pushing major clerkships into Year 4).
 5. Could the new schedule be launched in the '06-'07 academic year? (No. The best achievable start date would be June of 2007.)

6. Is the imminent growth of class size the driving force behind the change of schedule? (No. Despite the phasing out of Brown/Dartmouth students and the new influx of a few Sophie Davis students, the growth of the student population is not significant.)
7. Could only the students who desire electives in Year 3 be accommodated? (No. Not without compromising capacity issues.)

IV. Agenda for Feb. 21 Meeting

- A. Review: Andy Daubenspeck will review SBM/Oncology;
- B. Review: Roshini Pinto-Powell will review SBM/Endocrinology;
- C. Key Metric: New language for policy on USMLE boards; and
- D. Key Issue: Report on AAMC Graduate Survey (continued).