Dean's Faculty Advisory Committee  
University of Tennessee, College of Medicine  

May 3, 2010

Call to Order

The meeting was called to order by the president-elect, Dr. Laura Spraberry, at 12:07 PM on May 3, 2010, in the Coleman building, Room A101.

Attendance

The following members were present:

Louisa Balazs, MD, PhD, Martin A. Croce, MD, Maggie DeBon, PhD, Allen S. Edmonson, MD, Bob Foehring, PhD, Elias A. Giraldo, MD, MS, Stephen King, MD, E. Haavi Morreim, JD, PhD, William R. Morris, MD, Edwards Park, PhD, Renate Rosenthal, PhD, Claudette Shephard, MD, Laura Sprabery, MD, Thad Wilson, PhD, Parker Suttle, PhD

The following guest(s) was (were) present:

Lacey Smith, MD; Polly Hofmann, PhD, Robert Shreve, PhD

Approval of minutes

The minutes of the previous meeting were approved as written. Minutes had previously been distributed by electronic means.

Business

President-elect Laura Spraberry, substituted for Pres. Fitzpatrick, who was unexpectedly detained out of town. She introduced Robert Shreve, who presented information on the current state of the curriculum revision process. The process began in March, 2008 when the LCME returned for a followup after its 2006 site visit. They indicated that the curriculum badly needed revision back in 2006 and that it was now time to place serious emphasis in this area. UT could potentially be placed on probation, if satisfactory curricular changes are not made.

The Curriculum Revision Task Force has been meeting for over a year, initially looking at what we are doing now before attempting to determine what sorts of changes need to be made. It has been the traditional mode of basic sciences in the first two years and clinical encounters in the latter two, with a heavy emphasis on lectures during the basic science years. Little time is left for such things as learning research skills.

The LCME's main themes have been [a] integration (requiring a move away from department-based courses toward more multi-disciplinary courses, as well as integrating basic with clinical sciences), and [b] a more active learning model, as opposed to the classroom lecture approach. Of the 130 medical schools in the US, only about 1/3 still have this older model. The other 2/3 of schools use varying approaches, with no single model predominating.

The Task Force initially formed 6 committees:

- basic science,
clinical science, teaching assignments, rewards, recognitions and development, vertical integration, instructional design, and oversight outcomes measurement.

The goal is to come up with a rough draft by June or July of this year, after which the draft will be discussed by faculty, students and others. The ultimate goal would then be to begin the new curriculum by August of 2011. Dr. Shreve shared with DFAC a survey that invites input into this process.

Dr. Shreve indicated that the basic science committee has been meeting intensively. The current proposal is to have fewer courses, each of which would feature a number of different disciplines.

Dr. Polly Hofmann then discussed the faculty committee (teaching assignments, rewards, recognitions and development). This committee is considering questions such as how assignments for teaching will be made. Chairs that viewed a very early draft expressed concern, and revisions are being made. That subsequent draft is now being revised and will be shared, e.g., with DFAC. Another question is how to protect faculty time for teaching, in the face of other demands such as achieving RVUs in clinical practice, research demands, and the like. One thing that may be necessary is to determine just how much time faculty actually spend in teaching, including teaching done outside the CoM. Other issues concern peer review. Currently students, and only students, review teaching. Possibly a teaching academy will be established, or the like. It is important that these changes not create significant disruptions for faculty. Dr. Hofmann indicated that one criticism has been that these changes are being too heavily driven by administration. She emphasized that faculty are in charge of students' medical education, and faculty are encouraged to participate as actively as possible in this entire curriculum revision process. The six committees are comprised of faculty, not administrators.

Other schools' curricula are being examined, to extract whatever may be useful here at UT. However, each school faces its own challenges. For instance, a systems-based curriculum was tried back in the 1970s, unsuccessfully, and it was concluded that although the curriculum might have been inherently good, the implementation process was problematic. It was essentially imposed with no faculty input and no faculty buy-in. That unfortunate outcome is to be avoided.

One overall challenge is that small-group learning places high demands on faculty. Team-based learning is one way of doing small-group learning, in a small group setting. Essentially it involves small groups meeting in a larger room, with one or two faculty facilitating for the various groups. It requires special training, which will be offered at UT in the near future, featuring nationally known experts in the area.

Dr. Shreve pointed out that another area of inquiry is to consider whether to retain the traditional grading system that uses letter grades. UT is not ready to move to a completely pass-fail type of system, but UT people are looking at other schools' experience with this approach.

Next Meeting

The next meeting of the committee will be held on June 7, 2010, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 12:47 PM.
Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary