

Evaluation Committee of the Curriculum Renewal Project Meeting Notes
October 23, 2008

In attendance: Srinath Adusumalli, Kimberly Ancheta, Melissa Bradner, Diane Biskobing, Craig Cheifetz, Radha Chirumamilla, Scott Harrison, Brian Kaplan, Kedar Lavingia, Paul Mazmanian (Co-chairman), Roberta McKnight, Sherif Meguid, Azhar Rafiq (Co-chairman), Fidelma Rigby, Sara Trigero, Kiila Tollerson, Elizabeth Waterhouse, Angela Wetzell

1. All those in attendance introduced themselves by name and role. Examples include M2 student; Associate Dean, Office of Continuing Professional Development and Evaluation Studies; and faculty, Division of Endocrinology.
2. Dr. Azhar Rafiq, Co-chairman of the Evaluation Committee of the Curriculum Renewal Project, described an Outcomes-based Logic Model for use in evaluating the current Curriculum Renewal Project. (See appended PowerPoint file, Logic Model and Reporting.) One slide superimposed the *Backward Design* course planning constructs of L. Dee Fink (Fink LD. Creating Significant Learning Experiences. San Francisco, CA: Jossey-Bass, A Wiley Imprint, 2003) over the Outcomes-based Logic Model (<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>).

Dr. Rafiq described a six-tiered approach to measurement of outcomes including participation, satisfaction, learning, and performance (under controlled conditions), patient care, and patient outcomes.

Paul Mazmanian introduced a table (attached) describing traditional methods for collecting information for evaluation and advantages and limitations of each. During discussion, methods were matched to examples of outcomes in the tiers.

3. There was a brief discussion of the Liaison Committee on Medical Education (LCME) standard ED-5a.

ED-5a The educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning. [Part 2 of revised standard ED-5 and annotation approved by the LCME in October 2006 and effective immediately]

It is expected that the methods of instruction and evaluation used in courses and clerkships will provide students with the skills to support lifelong learning. These skills include self-assessment on learning needs and independent identification, analysis, and synthesis of relevant information, as well as the assessment of whether information sources are credible. Students should receive explicit experiences in using these skills, and evaluation of and feedback on their performance.

- There is an existing curriculum that failed to meet ED-5a; the School of Medicine received a citation from the LCME, “The preclinical curriculum is predominantly lecture-based and provides few opportunities for students to engage in self-assessment of learning needs or to independently identify, synthesize, and evaluate information to meet those needs.”
- In response, students and faculty were invited to consider the best evidence for effective medical education and to participate in focus groups identifying the most valued outcomes for students, and how best to educate and assess students’ progress and determine whether faculty are teaching toward the valued outcomes.
- The focus groups formulated eight valued outcomes to drive the curricular change to meet ED-5a.
- Now, for each of the eight valued outcomes, a Curriculum Planning Committee is developing curricular interventions intended to produce that outcome.
- A Faculty Development Committee is: a) identifying competencies required to produce the desired outcomes, and b) implementing interventions intended to achieve those teaching competencies for faculty.
- The Evaluation Committee is responsible for evaluating progress in achieving goals associated with curricular change and faculty development.

The attached table, Summary Data on Courses and Clerkships, reports data reviewed by the LCME in making its decision.

4. Paul Mazmanian described general functions of the three ad hoc committees appointed by Senior Associate Dean for Medical Education, Dr. Isaac Wood. They are the Curriculum Planning Committee, which meets every 2 weeks throughout the current academic year; the Faculty Development Committee, which is scheduled to meet once a month through December 2008; and the Evaluation Committee, which also is scheduled to meet once a month through December 2008. There was a question regarding when students might enter the first redesigned course.

* (On October 27, 2008, Dr. Wood suggested changes could be implemented as soon as “...the next academic year.”)

5. Dr. Sherif Meguid inquired about the mission of the Evaluation Committee. No mission statement could be recalled. Dr. Meguid asked how we will know what we are doing if we do not know what is presently done in the curriculum. Dr. Mazmanian volunteered to follow-up with Dr. Wood.

* (On October 30, 2008, Dr. Wood suggested the following mission statement: *To evaluate the efficacy of the current curriculum in achieving the valued outcomes*

identified by faculty and students and to provide continued evaluation of curricular changes in relationship to the valued outcomes.)

Ms. Angie Wetzel responded that several documents already are accessible and she will make them available to the committee.

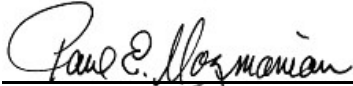
6. A summary of results (<http://www.medschool.vcu.edu/curriculum/index.html>) from faculty and student focus groups was presented to the Evaluation Committee. Dr. Roberta McKnight was recognized as the person most able to interpret them. She described eight major findings that will be used to drive the Curriculum Renewal Project. They include:
 - a) ability to identify, analyze, synthesize, and access creditability of relevant information,
 - b) be lifelong learners within intellectual curiosity,
 - c) ability to integrate foundations of medicine,
 - d) ability to self assess learning needs (reflective practice),
 - e) ability to function in systems and teach each other (teams),
 - f) demonstrate competence (outcomes),
 - g) be active learners, and
 - h) emotional intelligence, be able to deal with the patient, a love for the profession.

Dr. Craig Cheifetz reminded the Evaluation Committee that the new curriculum should be competency based. There was a brief discussion of what is meant by competency and the role of the ACGME/ABMS Core Competencies in graduate medical education, Maintenance of Certification, and Maintenance of Licensure.

7. Dr. Melissa Bradner suggested that input of medical students regarding their satisfaction and ideas they might gather from other organizations could be helpful. The students agreed to submit those and also to inquire of fellow students who hold experience within our curriculum a year before or a year after, i.e., M1 and M3.
8. Paul Mazmanian recalled a recent meeting of the Advisory Committee of the Center for Human Simulation Center and Patient Safety and that Dr. Ike Wood had invited course directors to volunteer to “fast-track” their course for curricular redesign. All services in curriculum planning, faculty development, and evaluation would be brought to bear. The application of curriculum theory (Fink’s Integrated Approach to Designing College Courses) might be interpreted against action.
9. There was conversation regarding when the Evaluation Committee should meet, if it should be more frequently than every month. There was a discussion

of either 2 weeks or 3 weeks. There was no resolution, although there was a clear sentiment that 2-3 weeks might be better than waiting for a month.

10. There was a discussion about breaking into groups, but no organizing principles or assignments developed from the discussion.
11. The group adjourned at 1:00 PM.

A handwritten signature in cursive script that reads "Paul E. Mazmanian". The signature is written in black ink and is positioned above a horizontal line.

Paul Mazmanian, Co-Chairman
Evaluation Committee
October 30, 2008