**University of Central Florida**

**College of Medicine**

**M.D. Program Curriculum Committee Minutes**

Meeting Date: 6/17/2016 Start: 2:00 pm End: 3:45 pm

Chaired by: Dr. Richard Peppler

Drs. Berman, Cendan, Davey, DeCampli, Gros, Harris, Hernandez, Husain, Jacobs, Monroe, Pasarica, Payer, Peppler, Selim, and Verduin. Ms. Berry, Ms. Borges, Ms. Dexter, M1 Du, and M3 Kendall.

**Minutes**

* [**May 20, 2016 minutes**](Meeting%20Minutes_5.20.2016.docx) **were approved as submitted**.

**Student Updates**

* Students were surveyed regarding the grade change proposal. The specifics were discussed later in the meeting.
* Only one student has not completed the ISA out of 430 students for the LCME. Several incentives, including raffles for cash prizes, were promoted in order to entice 100% participation. Once ISA is completed they will move into the Data Analysis Phase.

**LCT Subcommittee**

* The first third year LCT experience will take place next Friday, June 24th. Geriatrics, Medical Informatics, Ethics and Patient Safety will be represented through a case-based activity.

[**Report on Curriculum Reform: The Harvard Model**](../Agendas/June%2017,%202016/DeCampli%20Curriculum%20Reform%200416.pdf)

* Dr. DeCampli conducted a one-day site visit of Harvard Medical School to gain knowledge of their curriculum reform initiative. The purpose was to increase knowledge of the theory, models, development and implementation of reform in medical education. Dr. DeCampli gave a PowerPoint presentation, and shared the following information with committee members:
  + All faculty members intending to teach in the new curriculum are required to read *Make It Stick – The Science of Successful Learning* by Brown, Roediger and McDaniel. The Dean asked the development faculty to apply the concepts from *Make It Stick* to all three tiers of reform: structure, pedagogical approach, and flow of knowledge.
  + The structure of the reformed curriculum includes CBCL, longitudinal and vertical integration, small-group learning, early clinical experiences, and the assertion that pre-clerkship modules should teach only what is needed to successfully move to the wards.
  + Dr. DeCampli observed a classroom session that included two faculty members in each ‘learning studio’, which contained 40 students. The topic was being taught simultaneously in four ‘learning studios’ (totaling 8 faculty members and 160 students). Each studio contained 11 tables that accommodated no more than four students per table. Learning group membership is defined at the start of the module and remains constant throughout the 10-weeks.
* The next logical step is to determine whether the College of Medicine should embrace this model either in part, or in entirety, and how it would be implemented.

[**Grade Change Proposal**](../Agendas/June%2017,%202016/letter%20grades%20to%20honors%20pass%20fail.docx)

* During the May 20th curriculum meeting the committee discussed and approved to change C (Conditional) to (Pass). Now that C is no longer conditional, the committee was asked to discuss appropriate clarification in regards to monitoring and probation. After careful consideration, the committee approved *Academic Monitoring*(used as a formative warning), and *Academic Probation*. Students on *Academic Monitoring* will be allowed to run for office.
* Grade change proposal was discussed. **Committee members recommended that a taskforce be appointed to make a recommendation to the committee by December 2016 on how to implement P/F (for first and second year), and H/P/F (for third and fourth year). This taskforce will also address questions raised by the committee such as grading scale, standards, and class rank.**
* The assessment office will initiate a survey to all faculty (core and non-salary) about the grade change proposal. These surveys, along with those of the students, will be handed to the taskforce to consider when making their recommendation.