

BUSINESS MEETING

The meeting began with vote on items requiring membership action.

I. Items requiring membership action:

- A. Recommendation 1: Approval for President-elect to become seventh EC member for one year should his/her term expire and he/she be so elected.

Vote: Approved (unanimous)

- B. Recommendation 2: That Dr. George Miller be approved as an Emeritus Member of SDRME.

Vote: Approved (unanimous)

- C. Recommendation 3: That the President of SDRME invite AMA and NBME to submit a member of their organization to serve as Ex-Officio member of SDRME.

Vote: Approved (yes:16, no:2, abstention:3)

- D. Recommendation 4: Approval for the following modifications of the Mission Statement:

ADD: Fifth Critical Success Factor, to read:

Encourage the development of a clear academic track for investigators in medical education.

MODIFY: Values, item # 3: Service, to read:

SDRME promotes growth of the profession of research in medical education through services to its members and, through them service to individual researchers as well as relevant institutions and organizations.

Vote: Approved (unanimous)

- E. Recommendation 5: Approval of following from SDRME/NIH Liaison Committee action plan: (see attachment #4 for complete list of options submitted to membership for consideration)

1. I.A. Option 1 - Identification of appropriate SDRME members as NIH reviewers - The Liaison Committee will develop guidelines to identify appropriate NIH proposal reviewers from the SDRME membership. Once approved by the Executive Committee and membership, these guidelines will be used as a basis for self-nomination by SDRME members. Curriculum vitae of the self-nominated members will be forwarded to the Division of Research Grants by the Society. These C.V.'s will be in the form of a biographical sketch in NIH format (on PHS Form 398). Everyone

who self-nominates will be included in the recommended list without further review by the Executive Committee.

2. II.A. Option 1 - Faculty development for the role of grant reviewer - as Directors of offices of medical education research, SDRME members have a responsibility to prepare faculty and staff within their offices for the role of reviewer. Formal workshops, one-on-one consultation, sharing relevant materials by SDRME members, and circulation of information relevant to grant reviews were mechanisms that should be employed to achieve this objective.

Vote: Approved (unanimous)

- F. Acceptance of treasure's report and maintenance of dues at \$200 (see attachment #5)

Vote: Approved (unanimous)

- G. Travel Policy (see attachment #6)

Vote: Approved (unanimous)

- H. Society sponsorship of a AAMC small group discussion on "Professional and Career Opportunities in Medical Education," to be conducted by Dohner.

Vote: Approved (unanimous)

- I. SDRME support for having AAMC meeting permanently held in Washington, D.C.

Vote: Approved (unanimous)

- J. Acceptance of proposal to hold the 1990 spring meeting at Niagara on the Lake.

Vote: Approved (unanimous)

In a related matter, the Society formally recognizes the note Maatsch sent indicating that no new director of OMERAD has been appointed so there will be no representative of OMERAD at the meeting. A telegram was sent to Maatsch congratulating him on his retirement.

SDRME notes, with a deep sense of appreciation of the effort they devoted to the society, the retirement of Loren Williams and Jack Maatsch from both the SDRME and their respective institutions. They were instrumental in setting the path for SDRME and their absence will be keenly felt. We wish them well.

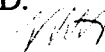
The society also extends its appreciation to Charles Dohner who will step down as President at the end of the spring meeting but will continue on the EC. Under his leadership the Society has gotten off to an excellent start.

III. Announcements:

- A. OME survey has been modified with a pilot to be reported upon at the fall meeting.

- B. Dohner reported that at the April EC meeting, in response to Friedman's letter, consideration was given to whether the field of medical education is a profession (see minutes of April meeting). Friedman was contacted regarding his interest in developing a consensus conference on the topic. So far it is still in the discussion stages.
- C. The fall 1989 SDRME meeting is tentatively scheduled for Monday, October 30, 1989, from 2:30-6:00 P.M.
- D. Abrahamson urged members to support Davis for Chair of GME Steering Committee.
- E. Meleca announced a position is available at Ohio State for an experienced medical educator.
- F. Membership gives accolades to Ginger and Ed for a meeting well run and to the program committee for its excellent work.
- G. Attachment #7 contains the latest SDRME membership list and addresses. Please review your entry and send any modifications to Mark Albanese. Thank you.

Respectively Submitted by
Mark A. Albanese, Ph.D.
Secretary, SDRME



Society of Directors of Research in Medical Education
 Financial Statement
 June 12, 1989

Annual Meeting (June 14,15,16)

Income (to date)	\$3160.00	
Expenses (to date)		
Deposit	\$360.00	
Refunds	130.00	
Supplies	11.25	
Total Expenses	<u>\$501.25</u>	
Cash Balance		\$2658.75
Encumbered	\$4055.00	
Unencumbered Balance	(\$1396.25)	
Accounts Receivable	915.00	
Net	(\$481.25)	

Membership

Income		
39 memberships @ \$200	\$7800.00	
Ckg. Acct. Dep.	\$100.00	
Expenses:		
Banking	\$64.86	
Office Supplies	\$594.63	
Executive Committee Exps.	\$2452.70	
Ckg. Dep. Returned	\$100.00	
Total Expenses	<u>\$3212.19</u>	
Cash Balance		\$4687.81
Encumbered	\$430.00	
Unencumbered Balance	<u><u>\$4257.81</u></u>	
Total Cash on Hand (Bank Balance)		<u><u>\$7796.56</u></u>

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ATTACHMENT 1 -- NEW UCLA OME

I. Description of UCLA Environment

Dr. Korenman, Associate Dean for Educational Development, described UCLA environment. The medical school has had 3 deans in its 35 year history. The latest dean initiated a strategic planning effort. Education committee recommended development of a center for educational research.

One hundred sixty eight medical students per year are admitted. Basic science courses are traditional with the exception of interactive sessions begun a year ago. Clinical education is carried out at three different hospitals. NBME's are required.

A Center for Clinical Education grant of 1.2M was received to expand curriculum to include ethics and humanities, expansion of ambulatory experiences, and expand computer-based education experiences. Computer education will include workstations with educational elements including, personal database programs and software for problem-based learning. New programs to be developed include a 4 week ambulatory clerkship in which students are taught what to do before entering the ambulatory environment, and more elective seminars with different tracks.

Tasks needing to be accomplished include: develop goals and objectives, facilities development, and a 2-4 week back to the basics course for M4s. Some testing will be changed to problem based assessments. Curriculum change is a major charge. Innovative ways to reward teaching are needed. Educational retreats are planned.

A. Resources

1. Grants for educational innovation totaling \$100K are available.
2. Staffing: Associate Dean 50%, Ph.D. Educator 100%, Administrative Assistant 100%, Secretary 100%.

B. Environment

1. The curriculum is controlled by the curriculum committee and faculty.
2. Courses are departmentally driven.
3. Existing perception of faculty is that the education is excellent based upon graduate assessments.

C. Imperatives

1. Ambulatory care.
2. Bring computers into curriculum via computer lab.
3. Expand curriculum into new areas.

II. Recommendations of UCLA Working Group 1

Members: Edwards (Chair), Bernstein, Dohner, Nowacek, Ravitch, Sheehan

- A. List of purposes and objectives need reconsideration. List seems to exceed resources.

- B. How center staff work with faculty should be defined--ideal is to work with as opposed to for the faculty.
- C. Center needs to become an academic unit.
- D. Need to clarify governance of unit.
- E. Long term commitment of institution to unit is important to development.

II. Recommendations of UCLA Working Group 2

Members: Sajid (Chair), Abrahamson, Meleca, Mitchell, Schimpfhauser, Smith

Assumptions: chance to share experiences

- A. Dean is very important. Do not take his involvement for granted. Keep him informed and communicate his support to the faculty.
- B. Faculty development should be the major focus. Should be participatory experiences in which key areas of need are identified. Process should be nurturing rather than autocratic.
- C. Commitment of associate Dean to the level of allocating their own time is needed.
- D. First person hired for the center should be a generalist including curriculum, faculty development, etc. rather than evaluation or computers.
- E. Beware of evaluation at start. Allow time for development.
- F. Separate Associate Dean and Director of Center roles. Each role should be well articulated.
- G. Establish a set of priorities.
- H. Structure should follow function.
- I. Form an advisory committee composed of influentials who are at least neutral if not enthusiastic regarding center (no hostiles). Should not be chaired by Assoc. Dean.
- J. First project must be a success.
- K. Center should serve faculty as collaborators in a number of functions.
 - 1. data collection
 - 2. research
 - 3. faculty development
 - 4. program evaluation
 - 5. educational development

ATTACHMENT #2 -- OREGON CURRICULUM PROJECT

I. Description of Oregon Environment.

Dr. Deveny is a surgeon and chair of the curriculum committee. State support is 16% of budget. Ninety-two medical students per class. Last curriculum revision was 1968-69. Traditional 2 years of basic science plus 2 years clinical. Problems encountered: curricular gridlock. Curriculum committee has primary responsibility for assignment of credit hours and curricular innovation. Time is the province of the departments. Patient evaluation course gets buried by a heavy examination schedule in the basic science courses. NBME is required to be taken (do not have to pass). Very little clinical relevance in first two years. No communication (if not hostility) between basic science and clinical faculty. There is currently enthusiasm for a new AHEC.

Curriculum committee is composed of junior faculty. There is no real review of courses or curriculum. There is no central information on who teaches what.

Stimulus for change:

1. Curriculum gridlock.
2. GPEP.
3. Pressure from some mid-level faculty and those coming from other schools.
4. Faculty are convinced students are not interested in learning as compared to graduate students.

Current activities:

1. Students are documenting where topics are taught.
2. Investigating curricula at other medical schools.
3. Survey of students regarding their view of the curriculum.
4. Establishing task forces of curriculum committee to study assorted topics (8 different task forces). Members of task forces were chosen from recommendations of faculty and department chairs.

II. Recommendations of Oregon Working Group 1

Members: Arnold (Chair), Anderson, Brooks, Littlefield, Rosinski, Williams.

- A. Use of data will be an important component in initiating curriculum change.
- B. Need to develop an administrative route to change.
- C. Need to foster faculty involvement.
 1. Faculty retreat
 2. Routine communication with all faculty--newsletter
 3. Use consensus model.
- D. Utilize a blue-ribbon committee, faculty who are enthusiastic, powerful people.
- E. People responsible for change need to be empowered.

- F. Need to clarify position with the Dean and Assoc. Dean.
- G. Need to provide more staff support.
- H. Tangible reward structure for involved faculty should be put into place.
- I. Provide good professional support for various committees.
- J. Should not:
 1. get bogged down in comprehensive evaluation.
 2. call topic curriculum review.

III. Recommendation of Oregon Working Group 2

Members: Albanese (Chair), Baumber, Davis, Ravitch, Rubeck

Changing curriculum directly seemed impossible given resources available and lack of curriculum governance.

Instead, committee suggested importing useful parts of problem-based curriculum at New Mexico as an experiment to run concurrently with the traditional track. The new track could be called the Oregon Trail with the director referred to as "Trail Boss." Management team should include enthusiastic faculty, best teachers and key influentials such as chair of medicine and stronger basic sciences departments. It should incorporate formative and summative evaluation. Curriculum should have the following key elements: multi-disciplinary, integrate AHEC into ambulatory experiences, self-directed learning, and medical informatics. Trail Boss should report directly to a Dean, by-passing curriculum committee. Bring in external consultants, perhaps for 12-month sabbatical to provide guidance.

Steps to accomplish above.

- A. Pick key people, including dean, and go visit New Mexico.
- B. Bring New Mexico team in to talk to a larger group of interested faculty about their curriculum.
- C. Hire an educational development specialist for the Oregon Trail.
- D. Hold a retreat for management team in which curriculum is planned. Bring in a curriculum specialist to run retreat. Craft curriculum proposal to Oregon strengths and weaknesses with an aim to diffuse to main curriculum. Make proposal to faculty for approval of new Oregon Trail. Minimize threat to traditional curriculum. Develop funding proposal.
- E. Market Curriculum to the maximum.
- F. Admit only new students who make application.
- G. Rigorously evaluate the new curriculum.