

## **Dean's Charge to the Medical Education Committee (version 5/25/05)**

**General Purpose of the Medical Education Committee (MEC):** The Medical Education Committee is one of several permanent standing committees of the medical school faculty, and is charged by the Dean to oversee and direct the entire four-year curriculum leading to the MD degree. It is the goal of the faculty to train the next generation of doctors to be superb physicians whom we would welcome as colleagues in the care of our patients, our families, and ourselves. It is the responsibility of the MEC to make sure that our medical school curriculum develops and offers a curriculum to train future physicians who are highly knowledgeable; clinically skilled; professional and caring; excellent communicators; committed to lifelong learning and continuous assessment and improvement in all that they do; and skilled at practicing within a complex healthcare environment. Our graduates enter many different areas of healthcare practice, teaching, or research, but we expect all of our graduates to have the knowledge, skills, and commitment necessary for them to excel at and improve their chosen areas of healthcare.

The MEC has direct responsibility and authority for determining what is taught, learned, and assessed in all of the major competency areas. It designs the general architecture of each year, and decides what courses should be offered, placement of these courses, etc. The committee relies on the wisdom and experience of individual course directors, clerkship directors and their faculty to decide details of course content and evaluation strategies. The MEC makes specific recommendations concerning new and important content areas, modes of instruction, and especially techniques for assessing student achievement and performance in our six broad domains of competency. In all decisions, the MEC shall put the needs of medical student education ahead of narrower interests of individual courses, clerkships, or departments.

**Specific responsibilities of the MEC:** As it does its work, the MEC will assure that it pays attention to the following specific objectives:

1. Ensure that all relevant requirements of the LCME and various state boards of medicine are addressed by our UME curriculum: For example, it is the responsibility of the MEC to be sure that our curriculum includes enough total weeks of instruction, and sufficient instruction in specific areas, to permit licensure of our graduates in every state. The MEC must also be able to document that our students are meeting specific learning objectives in every clerkship, and at every clerkship site.
2. Maintain excellent channels of communication with both faculty and students, especially when reporting new policies or initiatives: It is also important that the MEC listen carefully to the expressed needs of students, course directors, and faculty.
3. Recommend curriculum-related educational policy that applies to all courses and clerkships: For example, a requirement for all students to purchase laptop computers would need to be decided at the level of the MEC
4. Build upon best learning practices: Identify “what works” in terms of adult learning strategies, especially as validated in medical schools or other doctoral training programs
5. Use data to identify/evaluate weaknesses: Pay close attention to many outcome measures to be sure we know which parts of our curriculum are working well, and which require specific targeted improvements. When necessary, develop data systems for documenting the effectiveness of teaching and learning, the ability of students to achieve learning objectives and targets, etc.

6. Use the model of continuous quality improvement in our work: Provide clear leadership for ongoing curriculum improvement, change, and innovation within courses and within each year.
7. Develop a system for periodically reviewing the outcomes of every course and clerkship: Focus its attention on helping to improve those courses and clerkships each year that appear to be most in need of design changes and reassessment
8. Ability to focus on highest priority items: Keep an eye on new and important curricular themes that may not be congruent with existing courses or clerkships, and which require planning, nurturing, or greater attention (e.g. medical ethics, information technology, cultural competency, substance abuse, etc)
9. Encourage dialogue and communication between course directors: Make sure we include deliberate overlap, redundancy, and sequencing, but not accidental wasting of curricular time or excess duplication
10. Maintain oversight of grading system: Ascertain that methods used for evaluating student performance, and reporting out formal grades, remain consistent with our desire to foster the highest academic achievement of each student while minimizing excessive competitiveness that can interfere with cooperative and collegial learning

**Reporting and communication relationships of the MEC:** The MEC is empowered to make and enforce all policies affecting the formal DMS curriculum leading to the MD degree. The Medical Education Committee reports directly to the Dean, and to the Faculty as outlined below. The Chair of the MEC will provide periodic updates to, and seek advice from, the Dean as part of their standing weekly meetings together. The Dean will arrange for periodic reports by the Chair of the MEC to the Dean's Academic Board, especially when advice or input is requested. When the Dean determines that a new or proposed policy of the MEC represents a major change in the curriculum (e.g. approval of a new or deletion of an old course or clerkship, change in the architecture of a complete year, change in the grading system, etc.), then the Dean will refer the recommendation of the MEC to the General Faculty for discussion and ultimately approval of the new policy. In addition, the Dean will arrange for the Chair of the MEC to provide a yearly report to the general medical faculty as part of a scheduled faculty meeting. Finally, the Chair of the MEC will meet with any department at the department chair's request to facilitate feedback and discussion, and will extend the same courtesy to the Student Government, when requested by the President of that organization.

**Membership of the MEC:** The MEC will meet monthly, 8-9 times per academic year. The chair will be the Associate Dean for Medical Education. Other voting members shall include the Coordinator of Year 1, the Director of SBM (in Year 2), the Assistant Dean for Clinical Education (from Year 3), one of the course directors from Year 4, and an official representative of the Community Preceptor Board. Nine additional voting members will be selected by the Dean from faculty members from basic and clinical departments, each to serve one or possibly two three-year terms, on a staggered basis (with three slots becoming open each year). Faculty members will be selected by the Dean based upon their demonstrated experience and interest in the broad medical school curriculum. The MEC will strive for approximately equal numbers of faculty members from basic science and clinical departments. Finally, each medical school class will select two student representatives to the MEC, with each class having one vote. Additional guests and nonvoting members may attend as well.

Approved by the Dean on 5/25/05  
Approved by the MEC on 5/24/05  
Presented to the DAB June 2005