

## Deans Luncheon 24-Oct-17

Dr. Biskobing:

Will hold meeting at noon on 19-Jan; students can attend, discuss exam devt, test-taking strategy, answer questions re STEP exams

Dr. Whitehurst-Cook:

Admissions Office is open to M4 students for electives!

Actively recruiting at nearby colleges. MMI format going well and looking for interviewers.

First set of acceptances 104 send out on 16-Oct, 60% in state

Dr. Buckley:

- Dr. DiGiovanni was at the monthly meeting w chairs of clinical dept, delivered a presentation to chairs re harassment, culture of training of med students, good job sharing exit survey results. It is difficult to pinpoint single individuals who are responsible of harassment. Currently working to highlight severe cases of clear harassment vs more off-color treatment. The department heads are good advocates for students, as are Drs DiGi and Woleben - championing the cause of making harassment elimination a clear priority in clerkships vs an ill-defined, amorphous initiative.
- Necessary for future success of SOM to make learning environment enviable  
Recruitment - ongoing faculty recruitment, number of colleagues joining div of academic affairs, helpful to students
  - Dr. Sally Santen, senior assoc dean for educational assessment - excellent recruit for our school, fill in gap between undergrad learning and grad learning, and lifelong learning
  - Make this a seamless transition, build on work of Paul Mazmanian; demonstrate to accreditors that VCU builds on feedback and institutional self-assessment
  - Dr. Robin Hampwell, Quality - senior recruit, working w Ron Clarke to continue quality improvement journey of VCU health system; Patterson Endowed Chair
  - [2 candidates, will move quickly on offer], chief devt officer - goes downtown, advocates for money for school, funding from indiv, scholarship funds
  - [final interviews of 2 candidates, anticipate decision/announcement soon], chair of Neurology - strengthen Neurology training program, research program
  - Necessary for future success of SOM to make learning environment enviable
- Fundraising staff continue to be active, scholarship funds continue to pour in, ongoing area of work
- 7 task forces re accreditation - will distribute info email on strategic plan; educ, philanthropy, resources, VA, recruitment, future planning for med school
- At Medical Society of Virginia meeting this past month, pledge of allegiance delivered by M4
  - Well developed leadership in SOM

Dr. DiGiovanni:

- Student health insurance - major concern, in past had student health insurance policy, but insurance was not mandatory for undergrad campus; marketplace insurance plans cheaper, approx 25% SOM students enrolled in group plan
  - Also an issue at many other universities,
  - Currently, marketplace appears to be imploding, possible necessary to create consortium plan w other med schools in VA, discuss negotiations w other med schools re working out collective plan
  - Increasing loan coverage for increasing cost - will need estimates from variety of students, will increase cost of attendance according to increased need from health insurance
  - Currently ~4k annual allocation, might not be adequate in current marketplace climate
- Building Security - changes rolling out in next 2 months in MMEC and Sanger, security desk downstairs MMEC, swipe-only entrances; KMSB and MMRB will be swipe-only 24/7; if have any issues getting building access, notify curriculum office
  - Bridge must remain open to public during weekday business hours, will have camera installed, end-of-day sweep to verify that only individuals who belong after-hours are in the building
  - Anticipate some hiccups on roll-out
- STEP 1 advising meetings underway
- Frustrations with ECHO 360 system
  - New contract for lecture capture - SOM incapable of making its own contract, enforced by IT Governance (determine who receives contract for IT)
  - Can give feedback
  - Problem w Phys class feedback, some comments were outrageous, claiming that curriculum office is sabotaging video
  - SOM uses system more frequently than any other school on campus but pay the same; cannot give SOM higher priority; sometimes make special requests
- Recording - will record lectures, will not record problem sessions and small group/TBLs
  - Exercises which are best done in class, in groups - chief advantage is the process of working through problems
  - Faculty are encouraged to post summary material which captures key take-away points
- More rolling white boards - excellent suggestion! Will investigate cost of getting more
- Scheduling classes post-exam
  - If possible, will schedule pm classes as possible to accommodate based on lecturer availability
  - Most afternoon classes are components of education which are req by LCME; try to make it as interactive, useful, relevant as possible, but must be a part of the education program
  - PCM schedule is set in stone based on small group leader schedule
- Noise in studios - must be addressed by student leadership
  - Not an option to lower dividers during lecture

Dr. Ryan:

- Policy and Advocacy elective - uncertain currently an option, but open to M4 independent projects (process for creating an elective is straightforward - just create 3 clear objectives, present to curric council)
  - Dr. O'Bannon might be very interested
- Step 2 CS planning - can switch w other students, limited number of AI spots for everyone, impossible to accommodate AI placements for all students
  - In past, students deferred clerkships to M4, have been transitioning out of this, but students scheduled as saw fit; but specialties w limited number of
    - => Ex Emergency Medicine, nobody could do AI during block 1 or 2 b/c all scheduled Step and aways during first 2 months
  - 3rd party vendors selling spots
  - Number of students who can't schedule step 2
  - Last yr, scheduled AI's first, but currently available to take CS earlier
  - New devt: many programs waiting on both CS and CK scores to offer interview
  - In future, will shift to having a Step 2 block btwn M3&M4
  - Anticipate clarification on the process during 30-Oct mtng; will attempt to have M4's present
- Surgery hours - no restriction on 5am start per LCME, internal policy for surgery dept; timeframe is



