Minutes
Education Strategic Plan Subcommittee of the
Medical Education and Research Committee (MERC)
March 14, 2008 at 8:00am – Room 4141 HSLC

Members Present: Molly Carnes, Jeff Grossman, Rick Moss, Pat Remington (phone),
Susan Skochelak (Chair), Jeff Stearns (phone)

Members Absent: Gordon Ridley

Staff Present: Cathy Frey, Tonya Mathison, Eileen Smith

1. Call meeting to order

Skochelak called the meeting to order at 8:05am.

2. Approval of draft February 18, 2008 minutes

Moss moved approval of the draft February 18, 2008 minutes. Stearns seconded and the motion was unanimously approved.

3. Discuss education project initiatives overview and presentation to MERC

In preparation for the meeting, Skochelak asked members to review a draft overview of the education initiatives and to select their top five program priorities. The Subcommittee’s discussion of the ranked priorities resulted in the attached “MERC Education Subcommittee Project Initiatives Overview” which will be presented to MERC in March.

Smith reported that a second MERC meeting will be scheduled in late March focused on the work of the three Strategic Plan Subcommittees – Research, Education, and Service/Outreach.

4. Adjourn

Skochelak adjourned the meeting at 9:00am.

Recorder, Tonya Mathison
The MERC Education Subcommittee met on February 12, February 18, and March 14, 2008. The membership of the subcommittee was as follows: Susan Skochelak (chair), Molly Carnes, Jeff Grossman, Rick Moss, Pat Remington, Gordon Ridley, and Jeff Stearns. In addition, Byron Crouse, Pat McBride, George Mejicano, and Christine Seibert were asked to provide comments on the proposed program priorities.

The Subcommittee reached agreement on the following guiding principles:

**Goals and Guiding Principles**

The Wisconsin Partnership Program will promote innovative education strategies within the SMPH and other targeted programs to meet Wisconsin’s future health professional, public health and scientific workforce needs.

The education initiatives will be based on effective methods for teaching and learning - supported through faculty development – and incorporate program evaluation.

Where possible, new education initiatives will be linked with service learning, support new opportunities for public health education and build on the strengths of the SMPH. Education initiatives will also emphasize the necessity of working on teams to meet the challenges of health care and to advance the frontiers of biomedical and behavioral research.

We must continue to invest in Innovations in Medical Education and the Master of Public Health program to ensure sustainability and continued improvement of these efforts during their initial years of development. Withdrawal of WPP support before the aims and objectives of both programs are substantially developed and implemented, would risk jeopardizing the basic tenets of the transformation to an integrated School of Medicine and Public Health.

Where possible, we will establish connections to the OAC to build collaborative relationships between the SMPH and the community to educate the next generation of public health and health care professionals.

With these guiding principles as a guide, the Subcommittee reached agreement on the following program priorities and initiatives:
MERC Education Program Priorities and Initiatives

I. Innovative Education Initiatives

i. Develop areas of scholarly concentration for medical students across the four years of medical education, such as leadership, research, and public health, and offer certificates in areas of scholarly concentration.

ii. Implement the recommendations of the SMPH Educational Policy Council Task Force report “Integrating Medicine and Public Health: Developing a UW School of Medicine and Public Health Curriculum Model.”

iii. Create programs to develop the next generation of clinicians and leaders to meet the future workforce needs of Wisconsin with an emphasis on new methods of care delivery and new models of practice in primary care. We must also consider exploring the components of GME which could be brought under the purview of the SMPH.

iv. Develop an integrated curriculum on health system issues related to professional practice for all medical and health professions programs. Topics may include: access, cost, quality, drug development and marketing, international health systems, and health systems in underdeveloped countries. Emphasis should also be placed on redesigning the clinical years, which is the next level of IME, to ensure a better balance of inpatient, ambulatory and community/public health, acute care, chronic care management, and lifestyle modification. The objective is to make the curriculum longitudinal by adding basic science blocks in years 3 and 4 as well as adding important prevention and public health content.

v. Establish courses and training opportunities for graduate and postdoctoral students which focus on ethics, clinical research, public health, and professional development.

vi. Establish an Education Advisory Council, with membership from all SMPH training programs, including medical students, health professions students, graduates students, and GME.

II. Faculty Development

i. Establish a faculty development program, similar to the “Master Teacher” format, that will allow a number of SMPH faculty to acquire core knowledge of the principles of public health. Provide support for faculty release time to participate in a core curriculum and to develop and implement a public health education project. Faculty will be selected annually based on the strength of the proposal, anticipated number of learners and feasibility of implementation.

ii. Provide support for a focus on new technology and skills development for disseminated and asynchronous education to foster new opportunities for non-traditional distance education.
III. Link Education with Service

Incorporate a service component in SMPH education programs by:

i. Creating opportunities for multidisciplinary student teams to work in communities;

ii. Expanding service learning opportunities;

iii. Implementing the “Health Care in Underserved Communities” Task Force Report, ensuring opportunities in communities for all students; and

iv. Seeking collaborative relationships with the OAC and communities to advance the education of the next generation of public health and health care professionals.