



MEMORANDUM

To: Julio Frenk, President

From: Tomás A. Salerno
Chair, Faculty Senate

Date: April 1, 2019

Subject: Faculty Senate Legislation #2018-60(B) – Create the Department of Medical Education, Miller School of Medicine

The Faculty Senate, at its March 27, 2019 meeting, voted to unanimously approve the proposal from the Miller School of Medicine to create the Department of Medical Education, with the proviso that the proponent return in fall 2019 with a more detailed, in-depth proposal.

The Faculty Senate does not approve budget concepts, therefore no budget information is included here.

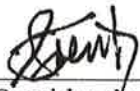
This legislation is now forwarded to you for your action.

TAS/rh

Enclosure

cc: Jeffrey Duerk, Provost and Executive Vice President for Academic Affairs
Henri Ford, Dean, Miller School of Medicine

CAPSULE: Legislation #2018-60(B) – Create the Department of Medical Education, Miller School of Medicine

APPROVED:  DATE: 4/24/19
(President's Signature)

OFFICE OR INDIVIDUAL TO IMPLEMENT: Dean Henri Ford

EFFECTIVE DATE OF LEGISLATION: IMMEDIATELY
(pending any additional approval by the Board of Trustees)

NOT APPROVED AND REFERRED TO: _____

REMARKS (IF NOT APPROVED): _____



Proposal Submission Checklist

Proposals are to be submitted to the Office of Assessment and Accreditation (OAA), if applicable, the Graduate Council (for graduate programs excluding Law and Medical), if applicable, and the Faculty Senate. Refer to the Procedures for Program Changes document for information on the approvals and notifications needed for program changes and the Proposal Submissions Specifications document for an explanation of the process and a list of the materials required.

(Please note that change approvals can take 2 semesters to complete.)

FORM INSTRUCTIONS:

1. Save/download the form as a pdf.
2. After completing the information below, print and scan the form.
3. Insert it with the background materials that are specified, in the order listed, and submit to facsen@miami.edu.

Please note: only scanned versions can be accepted.

Include this checklist at the beginning of each proposal.

KEY CONTACT PERSONNEL INFORMATION

First Name

Henri

Last Name

Ford

Proponent's Title

Dean and Chief Academic Officer

Department, if applicable

School/College

Miller School of Medicine

E-mail

hford@med.miami.edu

Phone

305-243-9678

Title of Proposal

Proposal to Create a Department of Medical Education

(-continue to next page-)

MANDATORY MEMORANDA AND FORMAT

Please check that each item listed below is included in the proposal package of materials, in the ORDER as listed. The applicable title (i.e. Letter of Explanation, Memo from the Dean, etc.) is to precede each section in the materials.

Only proposals conforming to this format will be accepted.

1. This completed checklist.

2. Letter of explanation. (2-3 pages only, double spaced, 12 pt font)

Yes No

If no, explain why:

3. A memo from the dean(s) signifying approval of the faculty of the relevant School(s) / Colleges(s).

Yes No

If no, explain why:

4. A memo that all affected or relevant School / College Council(s) have approved.

Yes No

If no, explain why:

5. A memo from the department chair(s) signifying approval of the faculty of the relevant department(s).

Yes No

If no, explain why:

There is currently no department chair. This is a proposal to create a new department.

6. A memo from the Office of Accreditation and Assessment (OAA) if the proposal involves academic programs (degrees, certificates, majors, minors, concentrations, specializations, tracks, etc.) such as new programs, closing programs, or program changes (such as changes in requirements, program length, modality, name, location).

(To be submitted by OAA to the Graduate Council or the Faculty Senate, as appropriate.)

Applicable Not applicable.

If not, explain why:

7. A memo from the Graduate School Dean signifying approval of the Graduate Council (for graduate programs only).

(To be submitted to the Faculty Senate by the Graduate Council.)

Applicable Not applicable.

If not, explain why:

8. Academic Deans Policy Council (ADPC) approval, for interdisciplinary issues and as appropriate. Please consult with the Dean of the Graduate School or the Secretary of the Faculty Senate to check if this is needed.

Yes No

If no, explain why:

Not needed.

9. Additional required documents as listed on the "Proposal Submissions Specifications," i.e. market analysis, budget information, assessment of library collections, etc. as specified.

List additional documents included:

End form.



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

March 5, 2019

Tomas Salerno, M.D.
Chair, Faculty Senate
University of Miami
Ashe Building, Suite #325
252 Memorial Drive
Coral Gables, FL 33146


Re: Council Approved a Proposal to Create a Department of Medical Education

Dear Dr. Tomas Salerno,

This is to inform the Faculty Senate that the Medical School Faculty Council met on February 26, 2019 to review the **Proposal to Create a Department of Medical Education, within the Miller School of Medicine.**

The council members voted to *approve* the proposal.

Respectfully Submitted,



Sanjoy Bhattacharya, M.Tech, Ph.D.
Speaker, Medical Faculty



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

March 6, 2018

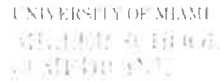
Tomas Salerno, M.D.
Chair, Faculty Council
University of Miami
Ashe Building, Suite #325
252 Memorial Drive
Coral Gables, FL 33146

Dear Dr. Salerno,

On March 5, 2019, a meeting of the Executive Faculty Curriculum Steering Committee, chaired by a member of the Faculty Council, Dr. Adrien Eshraghi, was held to discuss the creation of a new Department of Medical Education. I was present to answer questions and address concerns from the teaching faculty. I am pleased to say the faculty were very supportive of this endeavor and understood the importance and value a Department of Medical Education will bring to the Miller School of Medicine.

Sincerely,

Henri R. Ford, MD, MHA



February 13, 2019

Dr. Sanjoy Bhattacharya
Medical Faculty Council
University of Miami Miller School of Medicine

Dear Dr. Bhattacharya,

Attached for the Faculty Council's review and approval is a proposal to create a Department of Medical Education within the Miller School of Medicine and a copy our FY20 budget. In order to achieve a culture of excellence we must optimize the learning environment for our students and we can do this through the creation of a new Department of Medical Education. The proposal outlines the urgent need for this department and describes how it will be structured, including the appointment of faculty.

Funding for the Department of Medical Education will flow from the Office of the Dean to the Department of Medical Education. It is anticipated there will be no immediate budgetary impact with the formation of this department. Funds currently used to support medical education administration (i.e. from the Educational Development Office) will form the core administrative budget. Funds currently designated to support faculty teaching effort and originating from the Dean will flow through the Department and to the teaching faculty. The overwhelming majority of these funds are derived from tuition revenue.

My hope is that we can move very quickly with getting the proposal reviewed and approved, if possible at the February 26, 2019 Medical Faculty Council meeting, for a review by the UM Faculty Senate at their March 27th meeting. I realize this is a compressed timeline and will appreciate your assistance in helping us move this forward as quickly as possible.

Thank you in advance for your help and support. I look forward to hearing from you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Henri R. Ford'.

Henri R. Ford, MD, MHA

*Henri R. Ford, M.D., MHA
Dean and Chief Academic Officer
Don Soffer Clinical Research Center (DSCRC) | 1120 NW 14th Street | Suite 360S (R-97)
Miami, FL 33136 | Tel: (305) 243-9678 | Fax: (305) 243-8535*

Department of Medical Education Proposal, University of Miami Miller School of Medicine

Executive Summary

Background

“Empower to transform lives, inspire to serve our global community.” This vision statement, developed by faculty, student and administrative leaders at the University of Miami Miller School of Medicine (UMMSM) at a recent retreat, challenges the entire institution to transform medical education so that students acquire the skills to learn in a rapidly changing knowledge and healthcare practice environment and develop a lifelong aspirational commitment to make a more positive impact tomorrow than what can be achieved today. This vision statement is our “why,” our purpose that propels us to help our learners become transformational leaders who will define the future of medicine, direct health systems and impact health globally. In order to achieve these goals, a giant step in innovation and creativity in medical education must occur at the Miller School. Passive learning methodologies must make way for active student-centered learning in a manner that is frankly disruptive to the status quo. Leading medical schools around the country have adopted the pedagogies and philosophies to facilitate this change; candidly the UMMSM has not. Only at the UM-FAU program, which morphed into the MD-MPH curriculum, has there been any significant adoption of active learning (in this instance, problem-based learning).

There are several reasons why innovation and experimentation has been slow to develop, but a significant reason is the “siloes” approach within medical educational planning and implementation. Nothing has made this clearer than the report of the NextGenU curriculum task force which envisions changes in content and pedagogy affecting multiple departments. Just beginning to address this level and magnitude of change with many departmental chairs and faculty is already proving to be resource intensive. A department of medical education created at the UMMSM will serve as the pillar for innovation in medical education for the entire institution and is responsible for providing the foundation for “how” we are going to fulfill our newly crafted “why.”

The UMMSM recently underwent an extended review from the Liaison Committee on Medical Education (LCME), the entity responsible for accrediting U.S. and Canadian medical education programs. The process identified concerns in 14 different areas, including strategic planning and continuous quality improvement, sufficiency of faculty, adequacy of financial resources, and curriculum management and enhancement. The LCME reminded us of several shortcomings within our educational program and underscores the need for a centralized, highly visible home for medical education.

Formal departments of medical education provide a clear message about institutional commitment to and value of the education mission, equivalent to clinical care and research missions. Top-tier schools such as Keck School of Medicine of USC, Northwestern University Feinberg School of Medicine, Dartmouth Geisel School of Medicine, Loyola Stritch School of Medicine, University of Michigan, Southern Illinois University, University of Alabama at Birmingham, and the University of Texas Dell Medical School are a few examples of medical schools that have successfully developed departments of medical education.

Department of Medical Education Proposal, University of Miami Miller School of Medicine

Education at the UMMSM includes undergraduate medical education (Office of Medical Education), graduate medical education (Office of Graduate Medical Education), continuing medical education (Office of Continuing Medical Education), educational development (Educational Development Office), and accreditation (Office of Academic Accreditation), all under the supervision of the Executive Dean for Education and Health Policy. Graduate research education programs are under the supervision of the Executive Dean for Research and Research Education. Education faculty have primary faculty appointments in the clinical and basic science departments of the UMMSM; some devote most if not all of their time to educational activities, although some have substantive clinical and/or research responsibilities in addition to education. While all the components of an educational program are in place, the lack of an academic home where innovation and change can be focused has impeded progress.

A department of medical education can serve three main functions. First, a department equips teachers, through faculty development efforts, with the skills necessary to be effective in their educator role. This includes issues related to the content of what is taught, and the pedagogy used to teach the content. Second, a department helps to create and support a culture of educational research, scholarship, and innovation. This includes developing faculty to initiate, promote, and sustain educational research, attracting funding sources, keeping abreast of current educational literature, and contributing to the field of medical education through publications and communications of findings and resources. Third, a department of medical education provides an academic “home” for faculty whose primary focus is education and allows for the development of new and creative approaches to educating learners.

The Department of Medical Education at UMMSM

The primary purpose for a Department of Medical Education at UMMSM is to create a formal infrastructure that addresses the deficiencies and shortcomings described above, centralizes our educational functions, particularly those related to undergraduate medical education, and capitalizes on the synergies of an integrated educational program. It will provide an academic “home” for faculty whose primary focus is education and will support faculty responsible for delivering, supervising and continually innovating curricular and pedagogical approaches related to the M.D. and other associated combined degrees. The faculty of the department will consist of educators who have their primary appointment in the Department of Medical Education and educators who have primary appointments in other academic departments of the School of Medicine with secondary appointments in the Department of Medical Education. This structure will support and acknowledge their significant and substantive roles in medical education.

The Department of Medical Education will make primary appointments to the faculty whose primary focus of activity will be education and research activities related to education. It is envisioned that faculty who have primary appointments will be almost exclusively on the educator and educator-related tracks, although faculty on other tracks (e.g., clinical-educator, research) whose primary activity is specific to education may be appointed to the Department of Medical Education faculty.

Department of Medical Education Proposal, University of Miami Miller School of Medicine

The UMMSM, like many medical schools, relies heavily not only on full time teaching faculty but also on voluntary or affiliated faculty teaching in community settings, or on the medical staff of affiliated hospitals, clinics, or other health systems. Currently, these individuals are given faculty appointments that are either Voluntary (faculty who work in private settings or those that do not have formal affiliation agreements with the University of Miami) or Affiliated (faculty who are employed by institutions that have formal affiliation agreements with the University of Miami). A Department of Medical Education creates a meaningful home and title for the voluntary and affiliated faculty who function exclusively as educators and relieves other clinical and basic science departments of the bureaucracy and administrative workload associated with renewal of hundreds of voluntary appointments for medical education.

Multiple existing offices related to the undergraduate educational mission of the UMMSM will be consolidated in the new department, all of which will benefit from economies of scales and synergistic efforts of faculty who frequently teach in all areas. The department will also be responsible for the support and development of faculty educators throughout the School of Medicine. Along with the Academy of Medical Educators and the Office of Faculty Affairs, a series of programs intended to develop and reinforce education as a core academic activity will stem from and be supported by the department. The mentoring of junior faculty and the development of outstanding faculty teachers and educational investigators will be one of the responsibilities of the department.

A Department of Medical Education will also function in the role of a service provider. Medical education occurs across the continuum and throughout the health care system. A department will provide faculty and staff across the UMMSM and UHealth with access to evidence-based, best practice in teaching and learning, curriculum development, assessment, and program evaluation. This will be of even greater importance as the roles of medical educators continue to evolve. A department focused on medical education will also nurture the careers and professional development of medical educators. Just as it is the responsibility of a clinical or basic science department faculty to mentor their junior faculty, seasoned faculty in a Department of Medical Education has a responsibility to ensure medical educators feel valued and have the necessary skills to grow, develop, and be recognized for their educational expertise.

Structure and Governance

Chairperson: appointed by the Dean after recommendation by a Consultative Committee

Divisions: To be determined

Initial Faculty: Primary or secondary appointments will be offered to all faculty on the educator tracks. Faculty on the clinical educator tracks whose primary responsibility is education (with minimal clinical responsibilities) will also be offered primary or secondary appointments. All changes in primary appointment will occur with the approval of the current departmental chairpersons. All current decanal faculty with educational responsibilities will have secondary appointments immediately (with the support and approval of their primary department chairperson). All current decanal faculty with educational responsibilities will have secondary

Department of Medical Education Proposal, University of Miami Miller School of Medicine

appointments immediately (with the support and approval of their primary department chairperson).

Administrative Staff: With the Dean's approval, support staff from the various educational offices will transition to the Department.

Funding

Funding for the Department of Medical Education will flow from the Office of the Dean to the Department of Medical Education. It is anticipated that there will be no immediate budgetary impact with the formation of this department. Funds currently used to support medical education administration (i.e. from the Educational Development Office) will form the core administrative budget. Funds currently designated to support faculty teaching effort and originating from the Dean will flow through the Department and to the teaching faculty. The overwhelming majority of these funds are derived from tuition revenue.

Department of Medical Education Proposal, University of Miami Miller School of Medicine

Overview: Proposal to form a new Department at the Miller School of Medicine

The Department of Medical Education

Mission (purpose and goals):

Purpose: To enhance the visibility, functionality and overall excellence of Medical Education at the Miller School of Medicine.

Goals: To serve as the incubator for educational innovation at the Miller School and continuously look to develop and deliver the “how” to the why statements developed above.

This will be accomplished by

- a) New and enhanced programs of faculty development in education and educational research
- b) Providing an academic home for faculty who consider education their primary activity at the School either as primary appointments (educator tracks), secondary appointments (faculty who view education as a major part of their activities) and voluntary and affiliated appointments (community-based faculty who play a vital role in education)
- c) Incorporating and supporting the Academy of Medical Educators
- d) Partnering with the Office of Faculty Affairs, the Office of the Executive Dean for Research and the other academic departments especially in the area of mentoring
- e) Centralizing support for faculty teaching effort and ensuring the transparency of such support
- f) Providing support and infrastructure for School-wide committees: Admissions, Curriculum, Appointments, Promotion, & Tenure, etc.
- g) Managing Liaison Committee on Medical Education (LCME) and other educational accreditation requirements for the School

Market Analysis/Demand:

There is an urgent need to elevate the visibility of education and underscore the importance of our teaching mission at the UMMSM. One emerging strategy among medical schools is the creation of a department of medical education. These formal departments provide a clear message about institutional commitment to and value of the education mission, equivalent to clinical care and research missions. Top-tier schools such as Keck School of Medicine of USC, Northwestern University Feinberg School of Medicine, Dartmouth Geisel School of Medicine, Loyola Stritch School of Medicine, University of Michigan, Southern Illinois University, University of Alabama at Birmingham, and the University of Texas Dell Medical School are a few examples of medical schools that have successfully developed departments of medical education.

Department of Medical Education Proposal, University of Miami Miller School of Medicine

Assessment of Library Collections and Detailed Budget:

No library collections currently exist. A detailed budget is attached.

LOC comments on proposal to create a ***Department of Medical Education***

February 16, 2019

Dear Dr. Bhattacharya,

Our LOC committee has reviewed the proposal to create a ***Department of Medical Education*** within the Miller School of Medicine with a great interest. The LOC concurs with Dean Ford's assessment that these changes are urgently needed. Our educational programming is severely behind current standards, and the plan to create a department of medical education that will be responsible to make the necessary changes and allow for innovations is considered as an excellent advancement in our Medical School.

The LOC is very supportive of this proposal but would like several clarifications with the respect to:

1. How would the function of the current educational offices change and align with new Department of Medical Education. We currently have five offices: undergraduate medical education (Office of Medical Education), graduate medical education (Office of Graduate Medical Education), continuing medical education (Office of Continuing Medical Education), educational development (Educational Development Office), and accreditation (Office of Academic Accreditation). " Will they be merged with this department or continue to exist simultaneously?
2. Regarding the budget, there is an increase of roughly \$2m from 2019 to 2020, majority of which is allocated to 'miscellaneous expenses'. Can this be clarified and provide some items for expenses covered under this category? In addition, the consulting fee of roughly \$1.7m is planned. Can the purpose of the consultancy be clarified and the reasons for having this expense every year?
3. The LOC also need clarifications on the Executive Summary language: "Primary or secondary appointments will be offered to all faculty on the educator tracks. Faculty on the clinical educator tracks whose primary responsibility is education (with minimal clinical responsibilities) will also be offered primary or secondary appointments. All changes in primary appointment will occur with the approval of the current departmental chairpersons." There are several scenarios which can occur and may need to be considered:
 - " .. appointments will be offered...." What would happen to educators who do not want to join the new department but want to stay in their current department while still devoting their time to medical education ? Similarly, this scenario can apply to clinicians "with minimal clinical responsibilities" and researchers who partially devote their time medical education. Would they be able to still have their clinics, even minimally and continue to do their research, keep their lab space and apply for their grants ?

- "With the approval of the current departmental chairperson." What would happen if the chairperson declines the transfer? Will the educator faculty be able to continue with medical education duties even if not as a part of the DME?
- In terms of the educators who only partially participate in medical education, it is important to define their medical educational activities in addition to their clinical and/or research activities. We believe that these educational activities are also essential for the scientific quality of medical education. The status of these combined activities is not defined in the document.

Submitted on behalf of LOC

By the LOC chair

Response to LOC Comments

We would like to thank the LOC for reviewing the proposal to create a new Department of Medical Education. Below we have outlined the questions brought to our attention and drafted a response.

1. How would the function of the current educational offices change and align with new Department of Medical Education. We currently have five offices: undergraduate medical education (Office of Medical Education), graduate medical education (Office of Graduate Medical Education), continuing medical education (Office of Continuing Medical Education), educational development (Educational Development Office), and accreditation (Office of Academic Accreditation). " Will they be merged with this department or continue to exist simultaneously?

Under the newly proposed structure, only the Educational Development Office (EDO) will be fully subsumed under the Department of Medical Education. The EDO encompasses the Academy of Medical Educators, faculty and instructional development activities, and provides support for educational research, scholarship, and innovation. The Department of Medical Education will also include the Office of Program Evaluation and Clinical Skills Program.

2. Regarding the budget, there is an increase of roughly \$2m from 2019 to 2020, majority of which is allocated to 'miscellaneous expenses'. Can this be clarified and provide some items for expenses covered under this category? In addition, the consulting fee of roughly \$1.7m is planned. Can the purpose of the consultancy be clarified and the reasons for having this expense every year?

Miscellaneous Expenses: These expenses are related to our efforts to expand and improve our undergraduate medical education program. This includes monies to support curriculum renewal activities, build out of a robust standardized patient program, reinvigorate the Academy of Medical Educators, primary care clerkship enhancement, purchase of National Board of Medical Examiner (NBME) customized assessment exams for years 1 and 2, and purchase of new computer lab equipment.

Consulting Fee Expenses: These funds support our Palm Beach County physicians for MD-MPH Program. Per UM policy, in order to teach our students individuals must have an affiliated appointment with the University of Miami. In order to get these affiliated teachers paid, we process them through the UM vendor system and pay them as consultants.

3. The LOC also need clarifications on the Executive Summary language: "Primary or secondary appointments will be offered to all faculty on the educator tracks. Faculty on the clinical educator tracks whose primary responsibility is education (with minimal clinical responsibilities) will also be offered primary or secondary appointments. All changes in primary appointment will occur with the approval of the current

departmental chairpersons." There are several scenarios which can occur and may need to be considered:

- a. "... appointments will be offered..." What would happen to educators who do not want to join the new department but want to stay in their current department while still devoting their time to medical education? Similarly, this scenario can apply to clinicians "with minimal clinical responsibilities" and researchers who partially devote their time medical education. Would they be able to still have their clinics, even minimally and continue to do their research, keep their lab space and apply for their grants?

We envision that existing faculty will have a choice, based on agreement with their chair of their existing department: (a) retain primary appointments in their original or home departments while simultaneously being eligible for secondary appointments in the Department of Medical Education or (b) transfer their primary appointment to the Department of Medical Education with the possibility of maintaining a secondary appointment in their original department. Faculty who do not wish to have a secondary appointment in the Department of Medical Education will not be required to have one and will still be able to devote time to medical education. All faculty who have clinical responsibilities will be able to continue their clinical practice and those who conduct research will be able keep their lab space and be eligible to apply for grants. Research and clinical activities for these faculty will not be hampered in the least.

- b. "With the approval of the current departmental chairperson." What would happen if the chairperson declines the transfer? Will the educator faculty be able to continue with medical education duties even if not as a part of the DME?

Educator faculty will continue with their assigned medical education duties even if they do not have a primary or secondary appointment in the Department of Medical Education. An appointment in the Department of Medical Education is not required to participate in the educational program.

- c. In terms of the educators who only partially participate in medical education, it is important to define their medical educational activities in addition to their clinical and/or research activities. We believe that these educational activities are also essential for the scientific quality of medical education. The status of these combined activities is not defined in the document.

Faculty with primary or secondary appointments in the Department of Medical Education will have clearly defined educational responsibilities. These may vary based on the interests, effort distribution, and availability of funding for educational activities of the faculty member and the needs of the Department, but may include (a) assigned teaching, (b) course or program administration and

leadership, (c) educational research, (d) participation in curriculum design and implementation, and (e) educational mentorship.

There will be no change in the relationship in the applicability of the clinical incentive plan whether or not the faculty member has a secondary appointment in the Department of Medical Education. Faculty compensation for teaching activities will be handled the same regardless of the location of primary and secondary faculty appointments.

Department of education Proposal Comments

Commenter#1

Generally, I am in favor of establishing a department of this type. I have seen them be successful at other institutions. I haven't expressed any written thoughts on the issue, so here they are:

One of my first thoughts is on the process. It seems to be going quite quickly with little to no faculty input. This is concerning – especially for faculty who may be affected by this change. Many faculty are unaware that this proposal even exists. Why is there a rush to approve this? Would it be better to have a “town hall” type meeting with all interested faculty to lay out the pros and cons for the formation of new department?

About the new department: Would an “academic” be the department head or an “administrator”? Would there be a national search for a department head – like other departments? Would the department have representation with the other department heads – as a co-equal department – or is it merely an administrative department that can house faculty? Presumably the department would have faculty ranks, evaluate faculty for promotion, etc. Would it be tenure-granting or are only non-tenured faculty in the department? Would the department have its own budget with faculty lines, support and administration? Would it be required to derive any of its budget from grants or other sources? (According to the documents, it appears to be fully funded by tuition revenue). Would the department have its own allocated space and would it have to “pay” for that space (like other departments)? Would all of the primary faculty be housed in the department? Would the department be represented on committees where other departments have permanent members (faculty promotions, for example)?

The Dean will appoint the leadership of the Department by processes already defined by the rules of the Faculty Council and Faculty Senate. The Department Chair will report to the Dean. Faculty will have a personal choice about whether they want to have a primary appointment in the DME, or if they want to remain in their current department and have a secondary appointment in the DME (or have no appointment in the DME). This proposal does not obligate faculty or chairs to commit to appointment in this department. It is not envisioned at the present time that granting tenure would be likely by the Department; however, the Faculty Council is currently rewriting the bylaws governing these questions so a wait and see answer is appropriate.

At the outset, centrally located space for the Department may require use of currently allocated space. As the new Medical Education building moves forward and is completed, the Department will be housed (administrative and primary faculty) in the new building. Primary faculty would be treated as all other faculty and would have opportunities for full participation on Committees, Task Forces, etc. The Faculty Council would need to expand its membership to allot Council seats and alternates to include Department of Medical Education faculty consistent with other departments.

How would the department interact with the other offices in the medical education administration: student affairs, student finance, registrar, etc? Would these be housed under Dr. Mechaber's office while the department would report separately to the Dean? Also, how

would the department interact with the curriculum committees, since one point made in the document was about "curriculum renewal" within the department? Also, would the department be responsible for all educational evaluations and course assessments or would this be under the medical education administration?

The offices of student affairs, student services, admissions, etc. will continue to report to the Senior Associate Dean for Undergraduate Medical Education. Under the newly proposed structure, only the Educational Development Office (EDO) will be fully subsumed under the Department of Medical Education. The EDO encompasses the Academy of Medical Educators, faculty and instructional development activities, and provides support for educational research, scholarship, and innovation. The Department of Medical Education will also include the Office of Program Evaluation and Clinical Skills Program. The Department will also provide support for the curriculum committees, course assessments and educational evaluations.

From a personal point of view – would the willd body program / gross anatomy laboratory fall under the purview of the department or would it remain under the medical education administration?

The Willd Body Program is likely would remain part of an administrative area.

Commenter#2

Suggestion #1:

The following section should be deleted from the proposal:

Passive learning methodologies must make way for active student-centered learning in a manner that is frankly disruptive to the status quo. Leading medical schools around the country have adopted the pedagogies and philosophies to facilitate this change; candidly the UMMSM has not. Only at the UM-FAU program, which morphed into the MD-MPH curriculum, has there been any significant adoption of active learning (in this instance, problem-based learning). There are several reasons why innovation and experimentation has been slow to develop, but a significant reason is the "siloeed" approach within medical educational planning and implementation. Nothing has made this clearer than

The LCME recognized the reliance on passive learning methodologies in their review. While there are some small group active learning sessions in the current MD curriculum, there is a significant reliance on traditional lecture methodology.

Suggestion #2:

It is stated that "there will be no immediate budgetary impact with the formation of this department." But please address the projected longer-term budgetary impact. Creation of this DME sounds like the "foot in the door" to hiring of multiple educational consultants, educators to replace basic science teachers, counsellors to guide students along the myriad pathways envisioned by NextGen, etc.

The initial budget for the department will flow from allocations in the Dean's office, based primarily on tuition. Over time, the expectation is that the department's expansion would be supported by extramural funding for educational research and programming, as well

as targeted philanthropy. There are no plans to hire educational consultants or educators to replace basic science teachers.

Suggestion #3:

The goal of a Department of Medical Education (DME) should be to devise a medical curriculum best suited to medical students at the University of Miami.

The goal should NOT be just to imitate other medical schools. A DME needs to take a critical look at educational experiments/changes at other medical schools, including both short- and long-term consequences. And only then select those changes aimed at correcting specific problems identified at UM that we have the ability and funds to correct. Parts of the current curriculum that aren't broken don't need to be fixed.

These are all questions the NextGen faculty teams will consider; the final decision making will rest with the faculty as represented by the curriculum committees.

Suggestion #4:

Omit mention of the Academy of Medical Educators. This body was killed many years ago, within a month after it was born. Faculty met, identified their concerns, and elected representatives. But the elected representatives met only a few times, and faculty groups identified at the first meeting received no administrative support. The academy now exists only in the minds of administrators. Basically an Academy of Medical Administrators.

The Academy, while mostly inactive, will be an important component of our faculty development program going forward. It will take leadership and financial resources to build a robust academy and the Dean is committed to making this happen.

Commenter#3

After listening to the discussion last evening and the Dean's responses, I have concerns about the DME. It is not clear to me exactly what is the mandate for this department. On one hand, the Dean said that any faculty whose primary function is teaching can join the department (which could make it an enormous department), and then at times he indicated he wanted the department to focus on being creative, developing new curriculum, new methods of teaching, scholarly studies of educational practices, etc. If both are true, then this could lead to a split department in which some are simply teaching and others are actually doing scholarly work on education. This could lead to problems. For example, what would be the criteria for promotion in such a department? Would the faculty be in the tenure track, educator track, or both? Would the teachers be expected to do any scholarly work?

Some of these questions are unknown; considerable discussion regarding faculty tracks and appointments appear in the proposal and the responses to the LOC of the council.

Secondly, why is there such a rush to set up this department that we must go ahead without enough thought and discussion? We have not had such a department, and waiting to do it right should be most important. A few months more or less will make no difference in the long run. We are being forced to vote on this without sufficient consideration and with very few details of exactly what the department will be.

The Dean considers this a high priority for his administration. He has asked the Faculty Council for support.