In attendance: Michael Martin, Tim Duket, Kara Nacharelli, Tom McGuinness, Kathy Dunn, CK Cheung, Stefan Hoderlein, Michael Moore, David Quigley, Akua Sarr, David Vanderhoeft, Greg Kalscheur, Bill Petri, Radha Patel.

Previous Minutes: Minutes for November 29, 2012 and February 7, 2013 distributed, reviewed and approved.

Next Meeting: Monday, May 6, 9-11 a.m. in Gasson 105.

Agenda:
1. Initial discussion of proposed Medical Humanities minor.
2. Subcommittee report on proposed Biology Minor.


David Quigley introduced the proposal, noting that it was the work of an interdisciplinary committee with much of the legwork that of Prof. Amy Boesky of the English Department. It is remarkable as “a very complete proposal” based on extensive and careful preparation.

Clare Dunsford added a stress on its interdisciplinary origins within Arts and Sciences.

The proposal calls for a pilot group of as many as thirty (30) students.

Q. What will be the likely demand? Various comments.
A. (Clare Dunsford) Interest will be overwhelming. Pre-meds first, but also strong likely interest from the literature side.
A. (Kathy Dunn). An advanced (500 level) Biology seminar on the literature of disease and restricted to Bio Majors has ten students, a high level of interest.

Q. Can you limit a minor? What are the criteria for ruling people out?
A. (Clare Dunsford) The number thirty (30) is not meant to exclude, but to pilot. This was what the committee thought could be handled. That said, the selection is not by GPA, but by courses selected, short statement by the student, and faculty recommendation. The process will burden a small admissions subcommittee at first.

Q. (Michael Moore) The perennial “degrees of freedom” dilemma. Minors and required courses in general discourage deeper investigation and research.
Q. (Kathy Dunn) Structure of the minor quite robust and demanding, raising the question of rates of completion. As with all minors, dropping is easy.
A. (Clare Dunsford) All minors have attrition. The initial cap at 30 was for a pilot. Long term no expectations of such a cap so that the rate of completion question will likely be moot.
Q. (David Vandenhooft) Generally in support of the project, as “Devil’s Advocate”, he asks: Why a minor when any student can pursue these courses by independent choice?
A. Credentials. Allows the possibility for recognition outside the university where specific credentials matter, whatever we may think of them. Science students will look better as “humanists” for med schools.
A. (Tom McGuinness) The minor shows the integration among all these courses.
A. (Radha Patel) Student perspective. New committee member Radha introduced. As a student with interest in Health Care Administration, the minor is the very thing she sought after she (1) began as pre-med; (2) found little support for a student outside pre-med in health-care policy and medicine. And she (3) has taken as many health care related courses as possible (these were always packed). (4) For comparison BU has a public health program.
A. (Bill Petri) The typical pre-med would see the minor as a boost to her profile, i.e. “minor sounds good”.

Q. (Bill Petri) Numbers of students interested, “just this morning a freshman asked about the [not yet in place] minor”. He suspects that as we speak there is a large number of second semester frosh who would find this interesting (hundreds?).
A. (David Quigley) Suggests that we ask Amy Boesky to inquire from other schools what the demand for the minor was there and may be here. He recommends that the description of the minor be precise to display what the minor also isn’t – e.g., not “public health policy”. Finds the broad faculty interest an important positive in the proposal. He likes the idea of a three year pilot that EPC can “sunset”.

Q. (David Quigley) Will the departments be coming to the dean with requests for full-time faculty since the proposal assumes some dedicated teachers, lab assistants, and a budget for outside speakers. This therefore will include buy-out from responsibilities in home departments.
A. (Clare Dunsford) Amy Boesky [and the committee she heads] is being very careful in this regard. Most are already existing courses. Demand and interest can then be used to push [for more resources]. Interest will be strong and sustained because of “parallel interest” from economics and other social sciences.
A. (David Quigley) Returning to the earlier observation about what the minor “isn’t” [see above], he urged making clear what the central interests of the program are.
A. (Michael Martin) This includes a clear picture of the distribution expected for students in the minor.

Q. (Michael Moore) Mentioning his position against minoring in general, he pointed out the effect of minors like this on spreading themselves too thin.
A. (David Quigley) In acknowledgement of the strength of the Michael Moore principle, he celebrated Radha’s [see above] quest to find all the “medicine in the humanities” and health policy opportunities on her own as suggestion that this might be more valuable than the pre-packaged minor itself.
Q. (Kathy Dunn) What is the actual credential in this minor? It seems a minor not cohesive enough to be described as “certification”.

A. (Clare Dunsford) The minor was not conceived for purposes of credentialing. Arose from faculty intellectual interests - succeed when this is the case. As the faculty group is already a group and growing community, the students will coalesce as an intellectual community, too. The minor will have a focus on health ethics. As one of founding group, James Keenan is “tip of the iceberg” among Theology faculty. The committee itself faced these questions in the contentious discussion of title. “Medical humanities, health and culture” is a compromise.

A. (David Quigley) Notes a “Two Cultures” [C.P. Snow] element in the origins of the minor from both sides of the faculty (humanities and sciences) that makes it very persuasive.

2. Proposed Biology Minor.

Bill Petri reported the results of two rounds of subcommittee meetings and exchanges with the Biology department.

The subcommittee likes the structure of the minor and supports it unanimously. But all involved are asked whether we have the resources. If there is an unexpected bump in demand, what will we do?

Possible influx:
1. e.g., CSOM students wanting to get into health care policy from the business side.
2. Current numbers of students who participate in the major, then drop (150 after sophomore year) would need only two more courses to complete the minor – this could lead to a possible increase in total numbers?

Can Biology estimate this effect? Can Biology restrict some courses to majors? Do minors have the same privileges as majors? To what extent will it be expected that minors will be “privileged”?

Kathy Dunn addressed these concerns about numbers. Already there is pressure on enrollments from SON for one (Pharmacy, Nurse Practitioners, etc.) that affects anatomy and physiology labs, in particular. But the minor will not be affected by such pre-professional categories – these are already in the mix. Let’s assume the minor exists. CSOM decides a student would benefit from a Health Care “credential”. The Biology Minor would be that likely credential, in theory. But it is an as yet not recognized need. Admittedly, this interest could grow. Kathy asked Joe Quinn (Economics) about this from the social science/economics side. There is a group of dropped majors who would keep minor and shift to social sciences. These groups do seem to suggest possible increased pressure, but not in the same courses – social sciences would be drawn to Bioinformatics, for example.

David Vanderhooft observed that in the proposal the benefit of the minor to the Biology Department itself was said to be minimal and asked how the minor fits “current requests for needed resources”.

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David Quigley proposed a set of questions for Tom Chiles, Biology Chair.

1. Why is the Minor a priority? Why is what is a “university need” placed ahead of Biology’s strategic plan?
2. In the short term, can Biology assure that majors will be “held harmless” in all respects – faculty time, research opportunities, etc.?

Kathy Dunn replied that the majors are safe in the short term. Future numbers of Biology Majors may be a concern.

The discussion turned briefly to the distribution of university resources. Michael Moore commented that the Provost has stated that no department owns a slot. The issue is one of encouraging departments to innovate. Resources do move and have moved. If so, how can Biology both innovate and risk over-extension? Difficult balance. Michael Martin pointed out as well that new programs may attract a pool of new applicants to the college.

Tim Duket returned to the question of the proposed minor and the social sciences. What did Joe Quinn have to say about the impact on economics? Kathy Dunn answered that Biology/Economics double majors might shift to the minor. Many pre-med washouts go to Economics. David Quigley proposed a consultation with Dick Keeley and Frank Gollop in Economics to see if this might be an “unmet need”. Kathy Dunn noted that “if it exploded, we would need more resources”. Stefan Hoderlein (Economics) represented that this not likely a big bump from economics majors (unlike the Medical Humanities, Health, and Culture minor discussed earlier). He saw this resulting from the Biotech industries and the growing importance of health care policy as federal policies take effect.

Last word. Michael Moore, a propos Minors and the like, noted that CSON includes a “Minor” in Psychology for which all nursing students take their minor in Psychology (A&S). Psychology itself does not have a psychology minor. Food for thought.

Motion to adjourn seconded and voted.

Respectfully submitted, Tim Duket