Curriculum and Instruction Committee
Meeting Minutes
Thursday, January 15th, 2015

Attendees:

Carolyn Klatt, MLIS  Tina Thompson, PhD, Chair
Kristjan Thompson, PhD  Dominique Broccoli, PhD
Marshall Angle, PhD  Jacob Beltz, MSII
Bob Visalli, PhD  Jeff Ignatoff, MD
Susan Cline, PhD  Steve Williams, MD
Roy Russ, PhD  Alice House, MD
Edward Klatt, MD  Blanca Lopez, MD
David Baxter, MD  Fiona Bell, MSI
Grady Carter, MD  Curran Dalal, MS
Michael Smith, PhD  Robert Donner, MD
Ed Grimsley, MD

Absent:

Dina Linfoot, MD  David Parish, MD
Roberta Weintraut, MD  John Bucholtz, MD
Alec Ridley MSII  Phil Malan, PhD, MD
Butch Wolff, MD  Mahesh Patel, MD

Call to order

Dr. Tina Thompson, Chair of the CIC Committee, called the meeting to order at 4:30 PM.

Approval of Minutes

The minutes from the December 18th, 2014 meeting were presented for approval of the committee. Some corrections were needed. Correction #2 – Global Health Learning Opportunities. Correction #1G - Dr. Klatt seconded the motion giving Dr. Williams and Dr. Carpenter approval to modify the Capstone curriculum (not goals/objectives) to incorporate EPAs.

New Business

1. Dr. Thompson presented campus comparisons at the half year mark. The data presented was preliminary and was listed by discipline. The committee was asked to review the data and to remember that this is not presented to encourage competition.
   a. BMP Program – Class of 2017- Dr. Klatt commented that the classes that are being tracked are not large so a shift is dependent on the least performing student. Scores are getting better and disciplines are getting closer. Class of 2018-Dr. Thompson stated that students have different strengths coming into the program. Student performance is comparable across all measures.
b. Clerkships – Comparison of all components that contribute to summative evaluation of students across all three campuses.

1. Surgery – Savannah oral exam scores are trending higher than those from Columbus, but this probably due to small numbers in Columbus. Oral exams consist of 2 to 3 exams and then the scores are combined. Overall scores are very similar across the three campuses.

2. Psychiatry – Last year there was a discrepancy in clinical evaluation scores across campuses; this precipitated a review of and training with the grading rubric. Clinical scores now very similar across campuses. Shelf exam score continue to be very high. Overall scores are very similar across the three campuses.

3. Pediatrics – Reviewed the clerkship twice in the last two years. There was concern last year about performance on the midterm exam in Columbus. Strategies to improve performance (postings to Blackboard, review of lecture topics, clear indication of topic coverage, etc) seems to have helped performance. Number of students is small so this will continue to be reviewed. OSCE is trending lower in Columbus and as this is scored in Macon will require continued monitoring. There have been 3 shelf failures to date: 2 in SAV and 1 in MCN

4. Family Medicine – Students get points if 50% of patient encounters are logged by the mid clerkship and then 50% at the end. Columbus is getting their student encounters but not recording them in the system therefore they are not getting the points. The importance of logging patient encounters in a timely manner has been addressed with the students by the clerkship. Last school year there were 13 shelf failures across the 3 campuses. The clerkship directors are working as a team to improve student outcomes. One concern expressed by the students in that the midterm exam is not reflective of the content on the shelf exam. Clerkship directors are going to review the shelf exam at the face-to-face meeting. In additional each clerkship discipline has been asked to review the national board data to see if the passing score for the shelf exam should be adjusted. Passing scores at the national level are running 4th-5th percentile and family medicine at MUSM is set at the 9th percentile.

5. Internal Medicine – Performance on assessments are very comparable across all three campuses. OBGYN – Scores are very tight across the campuses.

c. Boards – Step 1-Preliminary scores: 95% passing; average 224 (230 national ave) both are improvements from last year. There are more resources for students to prepare for the exam. Step 2 Clinical Knowledge-No national data to compare to Mercer at this time but MUSM ave is 230 and percent passing is 90%. This is lower than previous years, we have had several students who have failed it more than once. Step 2 Clinical Skills-Passing rate is better than last year although a number of scores are still out. Students must have a score before they graduate. It is recommended that the test be taken in September or October because it takes three months to get the score back. Failures take a while to reschedule.

2. Dr. Klatt updated the committee on the block design from the curriculum design committee. The learning is both vertical and horizontal. A series of subjects are taught over a series of blocks. Common threads run through the block process. Each block has specific content with major exams every 4 weeks. Schedule is not discipline based, it is content based.
a. Dr. Thompson asked what methods are going to be used to teach the students. Dr. Klatt stated there will be regular small group case based experiences - labs, clinical skills, large group learning - team based and lecture. Issues will be delivery - what faculty, staff, professionals will participate. The schedule is set so there has to be a commitment early.
b. Jacob Beltz had a question about labs – what will they do? Lab content is not set, they will be relevant to the discipline. Lab schedules are set and will have to have faculty commitments early.
c. Another concern is will reading be reduced and when will the students be able to study. The schedule is full and a mechanism will have to be in place to make changes where needed. In this block process there is a committee managing content and resources.
d. Dr. Donner had some concerns about other topics not being addressed in the blocks such as – clinical medicine, demographics, socio-economics and humanities. Dr. Thompson explained that some of these will be addressed in community medicine and in the professionalism and ethics components that make up some of the block time.
e. Curran Dalal had some concerns that the block system is very structured and may be hard for some professionals to teach in. It was explained that this system is actually more flexible and allows multiple ways for faculty to participate (group (not necessarily a needed commitment of 5-7 weeks; large based sessions: team-based learning/lectures/clinical correlates), doctoring, laboratory sessions, etc.
f. Dr. Smith felt that there needs to be the opportunity for schedule variability across blocks and not just weekly and daily schedules within all blocks.
g. Dr. Klatt will post the power point presentation to black board. The committee will continue to work on the schedule. CIC members are encouraged to discuss these proposals and the work of other sub-committees with their faculty constituents.

Campus Specific Curricular Issues

1. Savannah (Tina Thompson) - Due to construction the meeting room for Savannah is going to be hard to schedule. Be aware that the location may change from meeting to meeting. LCME will be in Macon from 2/17 – 2/20. If there is a need to meet with the CIC Committee, the meeting will take place in Macon.
2. Macon (Steve Williams) - None
3. Columbus (Alice House) - Chris Scoggins is the new fulltime Clerkship Coordinator and will cover all 6 clerkships.

Subcommittee Reports

1. BMP (Ed Klatt) – No update.
2. CS (Bianca Lopez) – No update
3. CM (David Parish) – Not Present
4. Year 3 (David Baxter) – No update.
5. Year 4 (Steve Williams) – No update.

Adjournment

There being no further business to discuss, the meeting was adjourned at 6:00 PM.
Minutes recorded by:
Katie Davis