Curriculum and Instruction Committee

MEETING MINUTES

DATE: Thursday, April 20, 2017
TIME: 4:30 P.M.
LOCATION: COL-DLR MAC-ECR SAV-ECR

Attendees
Tina Thompson, PhD, Chair
Marshall Angle, PhD
Michael Arrington, PhD
John Buckholtz, MD
Frank Carlton, MD
Ed Grimsley, MD
Alice House, MD
David Baxter, MD
Susan Cline, PhD

Jeff Ignatoff, MD
Carolyn Klatt, MLIS
Edward Klatt, MD
Joshua Masdon, MSII
Zachary McGalliard, MSII
Larry Nichols, MD
Anna Spelts, MSIII
Kristjan Thompson, PhD
Kelly Tipton MSI
Bob Visalli, PhD
Roberta Weintraut, MD

Absent
Kirby Chisholm, MSIII
Blanca Lopez, MD
Mahesh Patel, MD
Steve Williams, MD, Vice Chair
Jacob Beltz, MSIV
Butch Wolff, MD
Bobby Donner, MD

Guests
Christina Kelly M.D.

Call to Order:
Dr. Tina Thompson, Chair of the CIC Committee, called the meeting to order at 4:32pm.

Approval of Minutes:
Dr. Thompson asked for approval of the 4/6/17 minutes. Hearing no corrections or objections minutes were approved.

New Business:

PC-ACT -Christina Kelly
With the launch of the new PLB curriculum, it was necessary for the PC-ACT curriculum to make modifications to its schedule.

There are two PC-ACT tracks:
Family Medicine – Columbus - Macon - Savannah
Internal Medicine – Macon – Savannah
The PC-ACT Curriculum includes the following different components:

- **ACT 1** – at end of Year 1 and before Year 2 begins
  - Foundation of Medicine Block 1 (18 weeks)
  - Professional Growth and Development (3 weeks)
  - Organ Systems Block 2 - Neuro/Behavior/MS/Derm - (17 weeks)
  - ACT 1/Population Health (6/3 weeks)

- **Longitudinal Component Part 1** - between ACT 1 and ACT 2
  - Organ Systems Block 3 – Cardiovascular/Pulm/Renal (16 weeks)
  - Professional Growth and Development (PGD) Rotation (3 weeks)
  - Organ Systems Block 4 – GI/Repro/Endo/Heme Onc (18 weeks)
  - Step 1 Study time (6 weeks)

- **ACT 2** – at end of Year 2 before Year 3 begins
  - For Year 3 of medical school (M3), PC-ACT students will complete their respective Family Medicine and Internal Medicine rotations with the same goals and objectives as the MUSM students completing the traditional curriculum, but the structure and length of the rotations will differ.

- **Longitudinal Component Part 2** – between ACT 2 and sub-I
  - Build on clinical exposure to date and identify what skills are still needed for the students to have
  - an easy transition to residency
  - Continue to improve development of treatment plans, weighing the risks and benefits of diagnostic tests and treatment options
  - Document clinical reasoning for a working diagnosis that is understandable by all healthcare team
  - members
  - Develop ways to discuss treatment plans with the patient and all members of the healthcare team
  - Identify methods to quickly look up evidence for direct care of a patient
  - Learn evidence-based approaches to team-based care in the outpatient and inpatient setting
  - Understand the significance of processes and systems that focus on patient safety and reducing medical errors

- **Sub-Internship** and Transition into residency at the end of medical school
  - FM-ACT and IM-ACT students will complete a sub-internship with their assigned residency site.

Professional Growth and Development and Population Health Competencies through the PC-ACT Program.

- Due to the accelerated nature of the curriculum, the overall goals and objectives for PH and PGD blocks will be accomplished through one project that has different components and the support of faculty from different departments.

**IM-Clerkship Review** - Anna Spelts

Internal medicine student review met on 3/21/2017.

The review group consisted of 3rd and 4th year students from each campus who had completed the IM rotation.

**Competencies, Learning Objectives, Instruction, and Assessment**
Macon students felt that competencies and learning objects were communicated effectively.
Savannah and Columbus felt that learning objects were communicated effectively but competencies were not.

**Instructional Content**
- All three campuses genuinely felt that the allocation of time was adequate.
- Only Macon and Savannah felt that teaching topics were accurate and adequate in depth and breath.
- Columbus would like YouTube videos to standardize lectures.

**Evaluation of Student Performance**
- Each campus used differing methods to evaluate student performance from student surveys to peer and resident observations.

**Overall Improvements**
- Macon and Savannah gave satisfactory marks to the clerkship.
- Columbus felt that the clerkship needed improvement.

A copy of the executive summary and student summary were given to the IM clerkship directors for their review and recommendations.

**Campus Specific Curricular Issues:**
- **Columbus** – None
- **Macon** – None
- **Savannah** – None

**Subcommittee Reports:**
- **BMP/PBL** – None
- **Clinical Skills** – Finished MPRA
- **Community Med** – No Report
- **Year 3** – None
- **Year 4** – None

Meeting adjourned