Curriculum and Instruction Committee
Meeting Minutes
Thursday, November 18, 2010

Attendees:

David Burtner, MD
Grady Carter, MD
Marie Dent, PhD
Robert Donner, MD
Wade Fletcher, MD
Wayne Glasgow, PhD
Ashley Horner, PhD

Edward Klatt, MD
Erin Meehan, MSII
Umangi Patel, MSIII
Patrick Roche, MD
Michael Smith, PhD
Tina Thompson, PhD, Chair

Brenda Gerbert

Absent:

Klugh Kennedy, PharmD
Carolyn Klatt, MLIS
Blanca Lopez, MD
Joseph Harmon, MSI

Abhi Saxena, MSIV
Allison Scheetz, MD
McKinley Thomas, EdD
Jerry Tift, PhD

Call to Order

Dr. Tina Thompson, Chair of the CIC Committee, called the meeting to order 4:35 PM.

Approval of Minutes

The minutes of the October 21, 2010 meeting were presented for the approval of the committee.

A motion to approve the minutes as presented was made, seconded and approved.

Old Business

CM Review Update

At the last CIC meeting, Dr. Dent was asked to contact Dr. Templeton for exact dates when the Committee could expect answers regarding issues related to the family assessment issues mentioned in the Community Medicine Review. Dr. Thompson indicated that Dr. Templeton has responded with dates and that all concerns have been addressed. The Community Medicine review is complete.

New Business
Year 3/Year 4 Curriculum Proposal

Dr. Donner presented a summary of the Year 3/Year 4 Subcommittee findings to the CIC. In January 2009, Dr. Bina asked the CIC to review the Year 3/Year 4 clinical curriculum with the idea of recommending any changes if necessary. The subcommittee is composed of the Program Directors of the curriculum, student representatives, representatives from both affiliate hospitals, and a member of the Community Medicine Faculty, a member of the Basic Science Faculty and the Chair of the CIC, who served as chair of the Task Force. A complete copy of the report is attached.

Since MUSM was established, significant changes have occurred that have had an impact on health care and medical education. The major changes which affect the curriculum, which have been defined by Ludmerer, consists of the molecular revolution in medicine, the growing importance of chronic diseases in the US, the erosive effects of managed care and socio-economic factors on the health care system and the learning environment, and the growth of and dependence on information technology.

To establish the recommendations, a set of curricular principles was created that represented the framework of the curriculum. Through the use of the principles, 16 standards that defined the specific content and structure of the curriculum were established.

In addition to proposing recommendations that address the four major issues affecting health care and medical education, the report contains recommendations that address other issues affecting the curriculum. The additional recommendations would update and improve the curriculum by providing greater structure in Y4; assuring inclusion of professionalism elements and medical ethics throughout the curriculum; enhancing and expanding the clinical skills activities; increasing the ambulatory care/outpatient experiences; adding pertinent content components (selectives) that will enhance and broaden the Y3 curriculum for each clerkship; requiring experiences in the form of sub-internships in Y4 that will better prepare students for residencies; and creating integrated longitudinal courses in Y3 and Y4 that will address issues and topics that cannot be addressed efficiently in individual clerkships and other courses.

The report contains a time table that provides dates for implementation of the specific standards. Also included are recommendations that define the ongoing management and the academic responsibility required for each standard.

Through the use of the curricular recommendations, it is expected that an enhanced curriculum will be the outcome in three years. In addition, the curriculum should be more flexible and should become more responsive on an ongoing basis to academic, scientific, and socio-economic factors affecting the health care system and medical education.
Overview of Year 3 and Year 4 Curricular Revision Proposals

Clerkships - The clerkship format and lengths will be retained.

Competencies - The curriculum will be competency-based.

Curriculum Challenges - The curriculum will address key present-day challenges facing medicine.

Curriculum – Core - The curriculum will address traditional core content related to the diagnosis, prevention, treatment, and management of classical and/or common acute and chronic illnesses.

Curriculum – Selectives - The clerkships will provide selectives that will complement and enhance the primary core curriculum.

Ambulatory Care Settings - The clerkships will provide significant experiences in ambulatory care settings as well as hospital-based settings.

Sub-Internships – Discipline Requirements - Each core discipline with a residency will provide 4 weeks of sub-internships during Year 4.

Sub-Internships – Student Requirements - Each student will be required to take a 4-week sub-internship in Year 4. (See Appendix A for description).

Electives - Reduction in elective time will be necessary to accommodate the additional curricular requirements in Year 4.

Interdisciplinary Longitudinal Course - A Year 3 longitudinal course that crosses all clerkships will address topics including but not limited to emerging medical disorders, socio-economic issues, safety issues affecting patient care, and health-care reform.

Capstone Course - An interdisciplinary CAPSTONE Course will be required in Year 4 and will address topics that include but are not limited to introduction to practice management, development of leadership skills, health-care reform, medical-legal issues, and quality improvement and safety/error prevention.

Professionalism - Competencies of Professionalism will be incorporated within all components of the curriculum.

Medical Ethics - Competencies of Medical Ethics will be incorporated within the Year 3 and Year 4 curriculum.

Clinical Skills - Clinical Skills will be emphasized to include standardized patients and simulated patient care.
Interprofessional Collaboration - Inter-professional teamwork and collaboration will be incorporated into the curriculum.

Health Information Technology - The use of health information technology will be emphasized within the curriculum.

The subcommittee recommended specific dates of implementation of the curriculum proposals. Dr. Donner said that after the CIC has had the opportunity to see and understand the report, the report would then be presented to chairs of clinical departments, back to the working committee, back to CIC for final vote and then to the Executive Council for final approval.

After presentation of the report, discussion arose and many questions were asked. Although the CIC felt it recommendations were a good framework for change, they thought more discussion was needed. They felt there needed to be more details of implementation of the standards. Cost issues and subspecialty overlapping was felt to be vague. The CIC members were asked to send their concerns to Dr. Donner or Dr. Thompson by December 15th. Dr. Carter recommended that the CIC members share their comments between each other to spark collaboration. The concerns and suggestions will be reviewed by the subcommittee along with the concerns/suggestions from the chairs of the clinical departments. Dr. Thompson did not want another subcommittee to review the concerns/request and felt the Y3/Y4 Subcommittee had the right to complete the report since they created it. The revised report will be brought back to the CIC by February 1, 2011 for final approval prior to being send to the Executive Council.

Dr. Thompson thanked Dr. Donner for the report.

Year 4 Selectives

Dr. Thompson reiterated the requirements of the Year 4 selectives. Emergency Medicine will be reviewed by the CIC at the next meeting. Dr. Thompson noted that the Savannah campus has a new director for the Emergency Medicine selective who is interested in re-writing the learning objectives for the rotation. He also wants to change the assessment so that it is specifically drawn from these learning objectives, which will go from a 30 question open book test, to a 100 question USMLE like exam. Dr. Thompson and Dr. Donner questioned if since this is a selective, is Mercer still under the same directive, do the two curricular elements have to be identical on the two campuses. Or is more like an elective that can be different on the two campuses. There has been no communication between the two emergency departments.

Dr. Burtner recommended that the committee ponder this question to the review subcommittee’s report at the next meeting.
Adjournment

There being no further business to discuss, a motion was made and seconded to adjourn the meeting at 5:55 PM.

Minutes recorded by:
Debbie Brickner