Curriculum and Instruction Committee
Meeting Minutes
Thursday, December 1, 2011

Attendees:

Robert Donner, MD  Ashley Horner, PhD
Carolyn Klatt, MLIS  Marie Dent, PHD
Edward Klatt, MD  Alec Ridley, MSI
Jeff Ignatoff, MD  Tina Thompson, PhD, Chair

Absent:

Wayne Glasgow, PhD  Ed Perkins, PhD
Robert Weintraut, MD  Jerry Tift, MD
Heather Henry, MSII  McKinley Thomas, EdD
Blanca Lopez, MD  Steve Williams, MD
Grady Carter, MD  Michael Smith, PhD
David Burtner, MD  Wade Fletcher, MD
Umangi Patel, MSIV  Erin Meehan, MSIII
Klugh Kennedy, PharmD

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 of the November 17, 2011 meeting were presented for the approval of the committee.

The minutes were reviewed, but approval is pending quorum.

New Business

1. First order of business was to review the Systems-Based Practice competencies.

VI. SYSTEMS-BASED PRACTICE

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Students are expected to:
1. Operate effectively within health care delivery systems by understanding such issues as financing, quality of care, access and information management systems.

Suggestion: Describe the organization and financing of the U.S. health care system, and their effects on access, utilization, and quality of care for individuals and populations.

2. Describe the impact of the current health care systems on physician practice. Demonstrate an understanding of how patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.

3. Compare and contrast different types of medical practice and delivery systems, including methods of controlling health care costs, and allocating resources and maintaining quality of care.

4. Identify cost effective health care and resource allocation that do not compromise quality of care.

—Participate in population health improvement strategies (e.g. systems and policy advocacy, program or policy development, or other community based interventions.

4. Discuss the ethical implications of health care resource allocation and emerging technologies on population health.

5. Describe ways in which a physician can engage the community, contribute to the reduction of health disparities and advocate for quality patient care.

6. Demonstrate ability to assist patients as they navigate through available medical and non-medical community resources, including physician, other medical and non-medical community resources.

7. Demonstrate the ability to help the patient and family navigate through end-of-life issues. Such as appropriate use of palliative care, hospice, durable power of attorney for health care, and living will.

8. Identify community health care needs, identify community resources, and develop community based strategies that decrease risks for disease or injury and promote wellness.

Suggestion: Assess the health status of populations, identify community assets and resources and using available data (e.g. public health surveillance data, vital statistics, registries, surveys, electronic health records and health plan claims data). Suggestion: Identify community assets and resources and develop community-based strategies that improve the health of individuals and populations.
9. work in interdisciplinary teams with other medical and non-medical service providers.(review)

10. analyze health care outcomes and barriers to intended outcomes in the context of health care delivery systems.

11. demonstrate understanding of physician’s responsibilities in reporting events such as notifiable diseases, deaths, births, child abuse and adverse drug reactions.

12. identify physicians’ roles and responsibilities in the identification and management of events related to bioterrorism and emergency preparedness.

This one could replace 11 and 12.

11. Discuss the functions of public health systems including those that require or benefit from the contribution of clinicians, such as public health surveillance, reporting of adverse events, emergency preparedness, and prevention of chronic conditions.

Additional suggestions:
- Explain how community engagement strategies may be used to improve the health of communities and to contribute to the reduction of health disparities.

Check on patient safety and quality improvement process.

2. The second order of business was to discuss the Piedmont Cardiology Elective. This was approved but with a few minor changes:

1. Remove SGE from title. This will be treated like any other MUSM elective (we have several which don’t occur on campus).
2. Get a course number assigned.
3. Have an email sent to the class notifying the students that it is available.

Leigh Anne said that she would get with Keysha to set up a master schedule so that students sign-up for the spots on a first come basis.

Adjournment

There being no further business to discuss, the meeting was adjourned at 5:30PM

Minutes recorded by:
Leigh Anne Kirkland