Curriculum and Instruction Committee
Meeting Minutes
Thursday, January 6, 2011

Attendees:

David Burtner, MD
Grady Carter, MD
Marie Dent, PhD
Robert Donner, MD
Joseph Harmon, MSI
Ashley Horner, PhD
Klugh Kennedy, PharmD
Carolyn Klatt, MLIS

Edward Klatt, MD
Erin Meehan, MSII
Patrick Roche, MD
Allison Scheetz, MD
Michael Smith, PhD
Tina Thompson, PhD, Chair
Jerry Tift, PhD

Absent:

Wade Fletcher, MD
McKinley Thomas, EdD
Wayne Glasgow, PhD
Abhi Saxena, MSIV
Blanca Lopez, MD
Umangi Patel, MSIII

Call to order

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

Approval of Minutes

The minutes of the December 16, 2010 meeting were presented for the approval of the committee.

The minutes were approved by acclamation.

Old Business

Year 3/Year 4 Curriculum

At the November 18, 2010 CIC meeting, Dr. Donner presented a summary of the Year 3/Year 4 Subcommittee findings. At that meeting, the CIC members were asked to send their thoughts, comments, or suggestions to Dr. Donner or Dr. Thompson for review. Dr. Donner reported at the December 16, 2010 meeting that the most commented on issue was why and how selectives would be added to the third year curriculum. The most compelling reasons to consider these selectives are:

1. The educational component that they would provide for the students, allowing broader and deeper coverage of clerkship objectives/topics. Selective examples are: Neurology, ID, cardiovascular disease, rural medicine, rural surgery, endocrine and renal disease.
2. The site of the selectives would play an important part. These would be non-hospital based, set in ambulatory care clinics and/or private offices helping to decrease the impact of increasing number of students in the hospital setting.

Several solutions were recommended:

• No change in clerkship structure and content. Incorporate increased number of students into present structure
• Outsourcing students to hospitals and incorporating same curriculum.
• Outsourcing students to ambulatory/out-patient settings with standard curriculum.
• Outsourcing students to ambulatory/out-patient settings with sub-specialty curriculum that will complement and enhance the primary core curriculum.
• Modify length of clerkship to create Selective blocks
• Some of each.
• Other

The major issue of discussion at today’s meeting was the proposed Selective component in the Year 3 curriculum.

Dr. Donner stated it is reasonable to incorporate selectives into the Year 3 clerkships, but not into all clerkships. One reason to consider the addition of selectives is to broaden the student’s outpatient/ambulatory care experiences. Internal medicine clerkship already incorporates 4 weeks of an ambulatory approach. Discussion ensued; one recommendation was to put the selectives into clerkships that are 8+ weeks in length (Peds, Surgery, FM, and IM). Discussion continued with a recommendation of clerkship specific selectives. A question arose as to how preceptors would convey the same amount of information to students if students are off campus for two weeks. How well would the students test evenly? Would these selectives water down the clerkships? Concerns were expressed regarding the meeting of course objectives by outside physicians.

Dr. Dent questioned how much ambulatory care experience did the CIC want for our students, they receive 10 weeks of ambulatory care through Community Medicine. Dr. Carter indicated that studies have pointed at some redundancy of ambulatory care in the FM and IM clerkships. It was mentioned that there is not much diversity in the one month in ambulatory care in Internal Medicine. At least it is different patients with different stages of disease processes. Dr. Burtner mentioned that this issue would be hard to mandate if the CIC didn’t have resources. Dr. Donner indicated that a specific office at the Dean’s level would need to be dedicated to the ambulatory experience and scheduling. If the CIC says the selectives are necessary, the medical school would have to realize it and increase resources. Development of hospital affiliations would fall under this office.

The action items were divided into two questions:

1. Should we have selective opportunities in Year 3?
2. And if so which clerkships would have selectives and how would they be incorporated into the curriculum?
Motion: Should we have a selective opportunity made available for our students in Year 3? 8 for, 1 apposed, 4 abstained The majority voted yes.

Dr. Thompson asked in which clerkships should we offer these selective opportunities or should we leave that up to the individual clerkships to decide?

Dr. Carter suggested informing the Clerkship Directors that the CIC was encouraging them to include subspecialty experiences (selectives) within their clerkships and to increase the ambulatory experiences for students. They would be asked to provide to the CIC a plan to include/create selectives for their clerkship. We should encourage all clerkships to offer selectives. Initially there would not be a mandate but we would reserve the right to go back to the individual clerkships with specific recommendations for selectives if none were being identified.

Dr. Carter was asked to draft a proposal to be sent to the CIC on this topic. Dr. Carter asked for 2 weeks to assemble his thoughts.

New Business

Scheduling the Senior Clinical Skills Assessment

Dr. Roche and the Clinical Skills Staff have suggested dates for the Class of 2012 Senior Clinical Skills Assessments. In the past, the assessments were held during one week but since there will be 90 students completing the assessments; the staff has suggested holding the assessments for two weeks: July 11 thru July 14, 2011 and July 18 thru July 21, 2011. The Tuesday and Thursday sessions will start at 10:00 AM in order to accommodate the Savannah students and travel time. Students will be asked to sign up for one of the days.

A motion was made to endorse the suggested dates of July 11 – July 14, 2011 and July 18 – July 21, 2011 to hold the Class of 2012 Senior Clinical Skills Assessment. The motion was seconded and approved with no opposition.

SGE – Zachary Cohen

Allison Scheetz, MD presented an SGE for Zachary Cohen entitled “Mission trip to Nigeria” March 14 – March 25, 2011. Dr. Scheetz noted that the SGE has been approved by the 4th Year Subcommittee.

The CIC unanimously affirmed the approval of the SGE by the 4th Year Subcommittee.

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