Call to order

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

Approval of Minutes

The minutes of the August 4, 2011 meeting were presented for the approval of the committee.

*The minutes were approved by acclamation.*

New Business

1. Competencies

The first order of business was to begin the review of the competencies. The last time they were reviewed was in 2005 when they were created. This task will have two parts: first to review and edit and second to determine the expectation of curricular coverage of these competencies. The purpose of this task is to insure that our curriculum is current. This type of analysis will allow us to better develop curricular changes and manage the curriculum. We will go domain by domain and we will start with Patient Care.
I. PATIENT CARE

Students must be able to participate in the provision of family-centered patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to:

1. demonstrate caring and respectful behaviors when interacting with patients and their families.
2. demonstrate consideration of patients’ privacy, dignity, and psychological needs (confidentiality).
3. obtain an appropriate medical history accurately and efficiently.
4. perform an appropriate physical examination accurately, efficiently, and respectfully.
5. identify the extent of evaluation needed, appropriate to the patient presentation, choose appropriate diagnostic study (this may fit under Medical Knowledge better).
6. perform bedside clinical and laboratory diagnostic procedures from a core skills list defined by the faculty.
7. interpret results of common laboratory studies (Medical Knowledge).
8. use information technology to support patient care decisions and patient education. (covered III)
   
   NOTE: This is similar to “III. Practice Based Learning and Improvement, #3 locate, appraise, assimilate and apply evidence from scientific studies related to patients’ health problems.”
   
   Suggested change: Locate, appraise the quality, assimilate and apply evidence from peer reviewed medical and public health literature with implications for care at patient and population levels.
9. recognize personal limitations and biases and seek consultation/help when appropriate Professionalism.
10. formulate an appropriate diagnostic assessment including relevant differential diagnosis.
11. develop appropriate patient management plans for common medical problems. (chronic??)
12. appropriately evaluate and recognize the importance of relieving pain and suffering in patients and demonstrate knowledge of appropriate means to relieve pain and suffering.
13. recognize identify life-threatening emergencies and initiate appropriate intervention and know appropriate initial intervention.
14. demonstrate effective appropriate patient education and counseling skills.
15. provide health care services aimed at disease prevention and health promotion.
   
   Suggested change: Apply primary and secondary prevention strategies that prevent disease and improve the health of individuals, families and populations. (review with systems)
16. collaborate with health care professionals, including those from other disciplines, to provide patient-focused care. (systems)
16. New: Integrate emerging information on the individuals’ biologic and genomic risk with population level factors when deciding upon prevention and treatment options.

17. incorporate integrative modalities in evidence based patient care

2. Year 3 and 4 Revision: Dr. Donner informed the CIC about a change in the curriculum for the 4th year students. Mercer is going to require that the students take a month long sub-I in the field of their choice. This will result in a shift from the current 22 weeks of electives that they currently take as well as the amount of PCR hours that are required. Drs. Donner and Thompson have already reviewed these plans with the chairs of all the departments and they are supportive. Surgery and Internal Medicine will take the bulk of the students. These Sub-I’s can also be taken at any institution that is approved by Mercer and this will help take away some of the overload on the preceptors as well. There will be a method put in place to evaluate any sub-I’s taken at an outside institution.

Updates

Dr. Thompson informed the committee that Mercer is going to be opening up a clinical campus in Columbus GA beginning a year from this July. The campus will be able to take up to 10 students and this will relieve some of the overload in Macon by the time the class of 2014 starts their clinical years.

Adjournment

There being no further business to discuss, the meeting was adjourned at 6:00PM

Minutes recorded by:
Leigh Anne Kirkland