Curriculum and Instruction Committee
Meeting Minutes
Thursday, January 19, 2012

Attendees:

Robert Donner, MD
Carolyn Klatt, MLIS
Edward Klatt, MD
Jeff Ignatoff, MD
McKinley Thomas, EdD
Grady Carter, MD
Blanca Lopez, MD
David Burtner, MD
Roberta Weintraut, MD
Ashley Horner, PhD
Alec Ridley, MSI
Tina Thompson, PhD, Chair
Wayne Glasgow, PhD
Steve Williams, MD
Erin Meehan, MSIII
Michael Smith, PhD
Ed Perkins, PhD

Absent:

Wade Fletcher, MD
Heather Henry, MSII
Umangi Patel, MSIV
Klugh Kennedy, PharmD
Marie Dent, PHD
Jerry Tift, MD

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 from the January 5, 2012 meeting were presented for approval of the committee.

The minutes were approved by acclamation.

1. The first order of business was to vote to approve the new Sub-I requirement beginning with the Class of 2013. The CIC asked the 4th year committee to be very specific about what a Sub-I would entail. Leigh Anne Kirkland provided several examples of Sub-I’s currently posted in
VSAS to the 4th year committee. Using this information as a guide, the 4th year committee came up with general parameters for the Year IV Sub-I. They are as follows:

*Sub-Internships are designed to give the senior student an opportunity to function as an Intern functioning directly under a Senior Resident/Attending Physician.
*Sub-Internships are to be undertaken at Academic Medical Centers which have an ACGME accredited residency program in the discipline or serve as the primary teaching hospital of an LCME accredited medical school.
*The duties to be included in a sub-internship may include but not be limited solely to the following:
  a. Performing initial history and physical exam on new admissions
  b. Formulating differential diagnosis
  c. Assessment of patient
  d. Plan of treatment
  e. Daily progress notes
  f. Admission/Daily orders
  g. Interpretation of lab work/imaging studies
  h. Interaction with consultants
  i. Performance of any procedures needed
  j. Attendance of outpatient clinics if applicable
  k. Completion of discharge summary
*All orders are co-signed by Senior Resident/Attending Physician
*Attendance of all didactic lectures
*Attendance of Morning Report if applicable

These parameters come as a recommendation from the 4th Year Committee. Following discussion, the vote was called: 14 votes yes/1 abstention

2. The second order of business was approval to allow the ER selective to be taken off campus. The CIC asked for clarification from the 4th year committee to define the experience so that it would closely mimic the experience students have at MUMC and MCCG. The defined requirements would be as follows:

*The Year IV EM Selective may be undertaken at a hospital which has an ER residency or at a hospital which serves as the primary teaching hospital of an LCME accredited Medical School.

These requirements come as a recommendation from the 4th Year Committee. Following discussion, the vote was called and approved unanimously.

3. The third order of business was to approve the scheduling of a one week Capstone Course beginning with the Class of 2013. Dr. Grady Carter presented a power-point showing possible content categories and curricular methodologies that might be included in the course. He made it clear that there was still a lot of work to do before they were ready to present a final course description. For now, they propose the following:
The Class of 2013 will have a one week capstone course as a requirement for graduation. This course will last for one week and will be scheduled for the week of April 22-26, 2013. A motion was made and seconded to recommend a one week capstone course. Following discussion, a vote was called and the motion approved: 13 yes/2 abstentions.

4. The final order of business was to review the Professional competencies.

V. PROFESSIONALISM

Students must demonstrate professional behavior, adherence to ethical principles, and sensitivity to a diverse patients population. Students are expected to:

a. Demonstrate respect (tolerance), compassion, altruism and integrity when interacting with peers, staff, faculty, and patients.

b. Demonstrate reliability and integrity by being present, on time and prepared for all educational, administrative, and patient care activities.

c. Understand and maintain proper professional boundaries (physical, sexual, financial, emotional and confidentiality) with peers, patients, peers, faculty, and other members of the health care team and the public at large.

d. Be truthful about medical data, appropriately deal with medical errors, convey information honestly and tactfully, and engage in truthful interactions with patients, peers, faculty, and staff.

e. Maintain their physical and mental health (or physical and mental wellness) and recognize and avoid impairment by substances and fatigue.

f. Systematically assess their own level of competency and recognize limitations and continually assess their own level of competency while actively pursuing.

g. Actively pursue the knowledge, skills, and attitudes necessary to be a physician.

f.g. Maintain appropriate confidentiality in all patient care and educational setting.

G. Recognize and manage situations that present a potential conflict of interest, including balancing obligations to patients with one’s self interest.

1. Demonstrate respect, compassion, and integrity and altruism when interacting with peers, staff, faculty, and patients, responding to the needs of patients and society.

2. Demonstrate accountability to patients, society, and the profession.

3. Demonstrate a commitment to excellence and ongoing professional development. Captured elsewhere.


5. Demonstrate the capacity to take responsibility for their own actions, including errors, recognition and acceptance of limitations of one’s knowledge and clinical skills, and recognition of the need for supervision and self-assessment. Captured elsewhere.
6. project a professional image in manner, dress, grooming, and interpersonal relationships consistent with the medical profession’s contemporary standards in the community. Consider omitting or “maintain professional dress and demeanor”

7. demonstrate respectful, appropriate social interaction and interpersonal behaviors with peers, staff, faculty, patients, and all members of society at all times. Omit, see 1

8. be a good citizen of the community and society.

9. demonstrate comportment consistent with the role of physicians in society, including those behaviors required to obtain and maintain medical licensure.

10. mentor others in professional behavior (i.e. serve as a role model and teacher). Either omit or consider “teach and mentor others”

11. recognize personal limitations that may affect patient care and professional behavior, including but not limited to medical conditions and substance abuse.

12. recognize ethical dilemmas and demonstrate a commitment to ethical principles (consider stopping here) related to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

13. recognize ethical dilemmas and identify sources of appropriate consultation (e.g. hospital ethics committee). Moved to 12

14. describe the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine. Recognize and manage situations that present a potential conflict of interest, including balancing obligations to patients with one’s self-interest.

15. accept that the patient is a person with important values, goals, and concerns, who lives in a family/community context; and that these factors have a significant effect on the disease process and treatment. Omit--Some is captured in reliability, respect, and honesty above. Recognizing effect on disease and treatment fits better under knowledge, patient care, and systems.

16. demonstrate tolerance and consideration for the concerns and opinions of others.

17. recognize the effect characteristics such as culture, age, gender, and disability have on patient care, preferences/perceptions and outcomes.

Adjournment
There being no further business to discuss, the meeting was adjourned at 6:05PM

Minutes recorded by:
Leigh Anne Kirkland