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 February 16, 2012 meeting were presented for approval of the committee.

*The minutes were approved by acclamation.*

New Business

1. A proposal was brought to the CIC from the FM department/clerkship in Savannah to require 3rd year Savannah students to spend 2 of the 8 week FM rotation in two ambulatory clinics in
Statesboro, GA. This request is based on the need to provide optimal experiences for outpatient training of increasing numbers of medical students and limited options for suitable ambulatory sites in Savannah. The first site is the FM office of Drs. Riley and Davis. This is a busy, Family Medicine office which would provide the students the opportunity to see many patients, use an EMR and be instructed by enthusiastic faculty. The second site is the GSU Student Health Center. This facility is a busy and large facility with multiple providers very interested in being part of MUSMs educational experience. They have Family Medicine physicians on site who would be responsible for the day to day teaching of the medical students. Because of the nature of the clinic, there is the possibility that this site may be an option for Gyn, pediatric adolescent and internal medical adolescent educational opportunities in the future. The FM department in Savannah will take responsibility for insuring that the faculty of these facilities are provided training on the goals, learning objectives and assessment methodology required of all FM experiences. Housing (a 2 bedroom apartment) will be provided for the students for the extent of their stay however Statesboro is within community distance if students choose not to stay in available housing.

The proposal was open for discussion. There was a question of whether this rotation had to be identical to the experience in Macon. It was pointed out that the learning objectives and assessments had to be identical but not the entire experience. We already do a similar experience with the Sandersville options for IM, Peds and FM. A motion was made and seconded to accept the proposal. The motion was approved 6 for, 0 against and 2 abstentions.

**Old Business**

1. We continued the discussion of the motion to provide a formal MDE question appeal process. This was a process brought first to the CIC by Dr. Donner. It has gone to the PCCs and a special task force for comment and potential editing. Dr. Ed Klatt reminded the group of the details of the proposed process. (See attached proposal and summary highlights) The major change from the current process is the following: Students can request a reconsideration of a denied challenge. The question writer (or designee) and the discipline head (or designee) must meet within 3 days to agree or disagree on the challenge. If they cannot agree, then the challenge is successful and Academic Records is to be notified. The Phase coordinator will oversee the challenge process and must be informed by Academic Records if the challenge was not handled in a timely manner or if was not handled adequately. The office of Academic Affairs will establish a suitable timeline for the process.

The floor was opened for discussion. Dr. Weerasuriya expressed concern that the policy presented at the meeting was not identical to a previous version he recalled from the task force. He was informed that several modifications of the proposal were made over the months of deliberation and that the proposal presented to the CIC was based on the final submission of the task force to the PCC. The date of that document would be verified. The motion was approved 8 for, 0 against.
2. We continued the discussion of the motion to set minimal standards for MDE questions based on item analysis. Dr. Donner presented a power point with 10 principles and data for discussion. (See attached). Dr. Thompson expressed concern that if students perform so poorly on an MDE question that either 90% of the class gets it wrong or 80% get them wrong AND it has a negative correlation we as faculty have to admit there is a problem. That problem may be a poor or faulty question, inadequate emphasis of the concept in the phase, lack of correlation to a learning objective, vague learning objective, inadequate primary references or inappropriate instruction. It is very difficult to justify using these types of questions to assess competence. Drs. Carter, Weintraut and Donner expressed the belief that the proposed standard was a step in the right direction but it may be too lenient. Dr. Thompson reminded the members that a complete review of the preclinical curriculum was slated for the Spring of 2013 and this issue could be addressed at that time. Dr. Weerasuriya expressed his opposition to the proposal (concern over organized ‘punting’ and belief that question data should be collected over several years before a decision is made) and a desire for the issue to continue under discussion with more input from the BMP faculty. He was reminded that this issue has been discussed at multiple PCC meetings, discipline head meetings and through e-mails to the question writing faculty. The motion was approved 7 for, 1 against.

3. The last order of business was to review again and vote on the policy presented by Dr. Burtner at the last meeting regarding the policy on clerkship credit after a student fails Step 1. The floor was opened for discussion. Several members were not comfortable voting at this time so this will be discussed again at the next meeting.

Adjournment

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

Minutes recorded by:
Leigh Anne Kirkland