Curriculum and Instruction Committee
Meeting Minutes
Thursday, July 5, 2012

Attendees:

Carolyn Klatt, MLIS  Grady Carter, MD
Edward Klatt, MD       Tina Thompson, PhD, Chair
Roberta Weintraut, MD   Steve Williams, MD
McKinley Thomas, EdD    David Baxter, MD
Michael Smith, PhD      Dominique Broccoli, PhD
                        W. Patrick Roche, MD

Absent:

Wade Fletcher, MD       Marie Dent, PHD
Wayne Glasgow, PhD       Robert Donner, MD
Erin Meehan, MSIV        Blanca Lopez, MD
Jeff Ignatoff, MD        Ashley Horner, PhD
Alec Ridley, MSII        Phillip Lunsford, MSIII

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 from May 17, 2012 were presented for approval of the committee.

*The minutes were approved by acclamation.*
**New Business**

1. The first order of business was to introduce the new members of the CIC. The first new member is Dr. David Baxter who has replaced Dr. David Burtner as the 3rd year program director. The second new member is Dr. Dominique Broccoli with is the new basic science member. She is taking Dr. Ed Perkin’s basic science position.

2. The second order of business was to approve the Patient Encounter/Procedure list for 2012-2013. This list was created by the clerkships and discussed by the clerkship directors at the CDSC meeting. These lists changed significantly 2 years ago, however since then they have not had major revisions. Dr. Weintraut brought up the concern that students currently keep track of their patient encounters in books with patient stickers in them. She noted that this would be a HIPPA violation if any of the students were to lose the books. Dr. Mike Smith and Dr. Steve Williams added that the clerkships need to encourage the students not to carry around these books but instead to enter the patient encounter into the system at the end of each day to avoid the possibility of a HIPPA violation. It was also recommended that Dr. Elliott use this as an example in his professionalism course. A motion was made to approve this list and was approved unanimously. Dr. Thompson informed the committee that she would bring the recommendations to the clerkship directors.

3. The next order of business was to review and approve the Patient Encounter/Procedure policy statement for 2012-2013. A copy of the current policy was presented to the committee for review and the floor was opened for discussion. As the policy stands a student who does not meet the required amount of numbers and kinds during a clerkship will receive an incomplete clinical encounter on this component of the clerkship until remediation can be completed. The student must meet with the clerkship director and make a plan to take care of the deficiency. This could include making up the encounter in another clerkship or any other suitable source. All remediation must be complete within 8 weeks of the completion of Year 3. Students can proceed to the 4th year while taking remediation however, students who do not finish the remediation within 8 weeks will go before the SAPC. The floor was opened for discussion. Recommendations were made to change the language slightly and to clarify that patient encounters must be met but procedures will be tracked to see if they are being met. If they are not consistently being met, the clerkship directors will be tasked with either revising the procedures list or identifying appropriate strategies to help students meet these procedure expectations.

4. The last order of new business was to review Step II assessment data. A copy of this data was presented to the committee. This data from 2010-2011 show that Mercer students fall below the mean for Integrated Clinical Encounters but we are above the mean in communication and interpersonal skills. This has been the trend for the last two years. The floor was opened for discussion. Dr. Steve Williams is disturbed by student performance on CS. He informed the
committee that a student (who graduated 2012) spoke with him and told him that the OSCE’s are too easy when it comes to deriving a differential diagnosis. He said that most of the patients “have the diagnosis stamped on their forehead”. He said that they should be more like the CPEX where the student has to come up with differential diagnosis and then they have to defend it with the history and physical findings of the patient. Dr. Thompson informed Dr. Williams that the OSCE’s were set to be reviewed this year and Dr. Williams agreed to handle the review and suggest any changes.

**Old Business**

1. Dr. Thompson let the committee know that she had not received many comments on the competencies, however, there were a few that needed to be discussed. We will take care of this at the next meeting.

2. We need to go over the review schedule at the next meeting. The CIC needs to decide how often to review the pre-clinical, clinical and full curriculum as a whole. We will also decide which members will review which component.

**Adjournment**

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

Minutes recorded by:
Leigh Anne Kirkland