Curriculum Committee Minutes  

April 4, 2017  

12:00-1:30 p.m.

Attendees:

- Chris Wright
- Allison Young
- JeanMarc Ault-Riche
- April Buchanan
- Mendy Ingiaimo
- Theresa Baultrippe
- Abir El-Alfy
- Thomas Nathaniel
- Jenni Knight
- Sergio Arce
- Kirk Baston
- Faye Towell
- Anne Green Buckner
- Rebecca Russ-Sellers
- Matt Tucker
- Josh Brownlee
- Holly Pace

1. Review Meeting Minutes from March 7, 2017  
   a. Motion to approve, seconded, all in favor approved

2. Endo/Repro End of Module Report (Young)  
   a. A 4 week module that covers endo, repro, and breast. 3 formative exams, 1 summative, 87% average on summative exam. 2 failures, though no specific portion of the module was failed.
   b. A motion was made to accept this end of module report, seconded, all in favor approved

3. Cardio/Pulm/Renal End of Module Report (Young)  
   a. M2 module that covers 27 class days and 2 summative exams. This module had significant revisions from the year before, and was reviewed positively by students and faculty. 85% and 88% average on the summative exams, 1 failure
   b. A motion was made to accept this end of module report, seconded, all in favor approved

4. IPM3 (Russ-Sellers)  
   a. There was a session added with the intention of improving communication between the patient and physician.
   b. A motion was made to accept this change, seconded, all in favor approved

5. Defenses and Responses End of Module Report (Arce)  
   a. M1 module. 4 weeks. 1 summative and 3 formatives. This short module is heavily packed with information, resulting in students’ declining acceptance.
   b. Changes made to include review in the fourth week of content, remove the project of the module and extend module by 1 week for this year.
   c. Motion to accept, seconded. All in favor approved
   d. DAR – motion to accept, seconded, all in favor approved

6. Mind, Brain, and Behavior End of Module Report (Tucker)  
   a. 4 weeks, in the month of January. 3 weeks lectures, 1 week study for summative. 95% summative grade, 5% project. Ratings of module and module faculty were slightly better than previous year. Will reorganize some sessions to improve the flow and make content more digestible.
b. Motion to approve, seconded. All in favor approved.

7. Hematology/Oncology End of Module Report (Knight)
   a. M2 module, unchanged from prior year. Evaluations were positive. Changes include restructuring to include new content in first 3 weeks, and integration sessions in the last week.
   b. Motion to approve, seconded, all in favor approved

8. Course Proposals (Buchanan)
   a. M4 Vascular Surgery
      i. Get more experience, and provide more match options
   b. M4 Bariatric Surgery
      i. Not offered before. Opportunity to rotate at Hillcrest where there are 4 faculty. 2 week rotation
   c. M3 and M4 General Thoracic
      i. 2 or 4 week inpatient and outpatient. 3rd year and 4th year rotation
   d. M4 Endocrine Surgery
      i. New. Thyroid, breast, head, neck
   e. Trauma Al
      i. Trauma rotation with acute trauma
      ii. Acute Care Surgery Al Course Change
   f. Motion to approve All course proposals, seconded, all in favor approved

9. New Pediatric Electives (Brownlee)
   a. Pediatric Cardiology, Gastroenterology, and Nephrology M3
      i. Accommodate more M3 students, M4s already have access to them. 2 week elective. Pass fail, assessed on clinical evaluation
   b. Motion to accept, seconded, all in favor approved

10. Core Clerkship MDTs (Buchanan)
    a. Surgery
       i. Least formal sessions, and lowest shelf exam scores. 2 reasons: directives on what to study were not broad enough, students ask for more learning sessions but they are so spread out that it is very difficult to do.
    b. Family Medicine
       i. Changed the date of the workshops
    c. Motion to accept all Core Clerkship MDTs, seconded, all in favor approved

11. Family Medicine Intensification 2017 (Emerson)
    a. Well child checks for families in Peds. Looped in to Intensification.
    b. Accept MDT as presented, seconded, all in favor approved

12. Lifestyle Medicine Progress Testing (Ingiaimo)
    a. Pilot beginning with M1s 2017-2018. M1 testing dates: Sept 5, April 10, totally optional. This is baseline testing where they learn about LM.
    c. Buchanan: these are additional assessments for students, so everyone needs to be aware. Questions: look at assessment calendar, make sure everyone is aware.
    d. Motion to move forward with the pilot, seconded, all in favor approved for the pilot to move forward

13. Interpersonal Communication Vertical Integration (Buchanan)
    a. Program Level Objectives
i. Easier to see what objectives are being hit on throughout various modules, rotations, and IPM. Did not map acting internships, as they have different objectives.

ii. MDT has the detail down to the sessions. Buchanan reads the questions at hand, and the committee either agrees or disagrees.

iii. Committee agrees that all questions apply to the vertical integration of objectives.

14. Professionalism Vertical Integration (Buchanan)
   a. Program Level Objectives
      i. Baston – CPR and MBB are two areas that would contain the specific topics. Buchanan – could maybe map renal. Cardiac skills, like murmurs, renal, pathophysiology as a whole. Mapping is key word based. JeanMarc – a ton of material that is dropped in for 3 weeks and then not really seen in the first and 2nd years. Vertical Integration looks at pulling a topic all the way through.
      ii. Our model is normal, abnormal, clinical practicing. Is that the best? A good question to ask ourselves as a curriculum team.
      iii. El-Alfy – Substance Abuse would be a great one to assess. If you have students consistently doing poorly in Psych rotation, you would need to go back and look into Neuro and MBB.
      iv. MSPYs are now asking us to comment on professionalism. Would be great to be able to comment on that with an honor incident report where it can be formally documented what that student did.
      v. Questions are read to the committee, the committee agrees that the questions work. Must be shown that we track and map these longitudinal objectives.
   b. Motion to accept, seconded, all in favor approved.

15. M3 Core Clerkship Evaluation
   a. Evaluation for students in their 3rd year. The issue was that some stems were very long and hard for the physicians to use. Changed words to keep the essence, but left every topic the same. Cleaned up the stems on about 4 questions.
   b. Accepted for informational purposes

Meeting adjourned at 12:52 p.m.