Curriculum Committee Minutes
January 10, 2019
12:00-1:30 p.m.

1. Review of Minutes
   a. Minutes from the November 18, 2018 meeting were reviewed. A motion was made to approve the minutes. The motion was seconded and all were in favor.
   b. Kirk Baston presented Curriculum Committee overview slides, showing importance of objectives.

2. M3/M4 Documents
   a. Sarah Farris discussed changes to the scope of IPM4, which included changes to didactic sections, the addition of a pediatric focus to some of the afternoon cases, the addition of a behavior health case for an agitated patient, the removal of the afternoon code case, a change to the afternoon schedule from 2 hours a day for 10 days to two five-hour blocks of simulation, and the addition of a lecture reviewing Code Management. The process is underway for students to be able to do evaluations via phone through Red Cap (a secure data management program). CME Office physician faculty who are precepting will get CME credit from AMA for participating.
   b. A motion was made to approve. The motion was seconded and all were in favor.
   c. Enrique Urrea-Mendoza presented changes to the two-week M3/M4 Adult Palliative Care elective. Students will participate in 1-2 visits with a home-based palliative care team. After checking with a regulatory team, it was discovered that there would be no additional trainings that students would need before visiting.
   d. Motion to approve, seconded, all in favor with additional of check box

3. PLOs Update and Vote
   a. April Buchanan presented on discussion of new program learning objectives. These new objectives would replace old ones to utilize AAMC that aligns with ACGME competencies. There are two additional competencies beyond the standard ACGME. Two biomedical modules were mapped into knowledge for practice area. It was made certain that clerkships and IPM could map. Originally, PLOS were to be reviewed yearly but have not been since 2014. With an LCME visit approaching, now is a good time to address objectives. After talking with USC Columbia, the biggest area needing work is personal professional development. These goals are difficult to map, but could be mapped IPM 3 & 4 and other areas.
   b. M3/M4 Subcommittee members at their respective meetings were told that the next set of MDTs and DARs for the following year will incorporate new PLOs.
c. A motion was made to approve objectives and their development. The motion was seconded and all were in favor.

4. Integration
   a. Matt Tucker provided an update about mapping of courses.
   b. An action items form is needed. Faculty need to know who did work--team involved, date (timeline), action items box, and then date completed.
   c. Modules that are completed are Lifestyle Medicine,
   d. A vertical integration folder is needed.
   e. The Curriculum Committee subgroup will discuss and bring back to next meeting.
   f. No vote was required at this time.

5. PEAS Report
   a. Bill Wright presented the EOY report for 2017-2018. Students are now coming in at @ .78 SDs below national mean for MCAT and moving to above national average for Step 2 CKCS. CBSE – now taken twice during M2 year. Means for our students and pass rates are above national mean.
   b. New to PEAS End of Year Report is match data.
   c. Program to Date feedback now included.
   d. Next year’s DARS will be mapped to newly approved PLOs.
   e. Make list of PLOs that need further mapping and review (part of self-study process, pull what is missing). DCI (Date Collection Instrument) requires data to be reported a certain way.
   f. Do we want this report to continue this way? Address in subcommittees.

6. M4 Pediatric Emergency Medicine
   a. April Buchanan presented the Pediatric Emergency Medicine Change Form. There is now an ICU Emergency Medicine requirement in fourth year so that students can take care of critically ill px, though we are limited right now in capacity for surgical ICU that can’t be made up in Pediatric ICU or Medicine ICU.
   b. Also, Emergency Medicine is now required in the third year. The two-week pediatric emergency experience is going to become an elective, requiring 8 clinical shifts over two-weeks. The Checklist of Procedures was removed as well as required attendance for an EKG lecture or simulation due to both now being covered in the third year.

7. M4 Emergency Medicine is now a two week selective.
   a. April Buchanan presented. M4 Emergency Medicine is now a two week selective and is in proposal form. Removing experience. Increase shifts to 8 week and doing rural: North Greenville, Oconee, TR.

8. Course Proposals
   a. Rural Emergency Medicine Elective – 2 week/8 shifts, showing limitations and advantages to rural emergency setting. Traded onsite vs. transfer for more specialized care.
   b. Pediatric Inpatient Elective--There are now three pediatric teams in Children’s Hospital. To make sure this is a good experience for the 4th years, it will become an elective 4th year two week rotation rather than a placement for a 3rd year clerkship student. Some 4th year students going into pediatrics cannot get an
acting internship in the hospital wards. This means they don’t get the experience needed for a letter of recommendation or valued by residency programs. This will help.

c. A motion was made to approve. The motion was seconded and all in favor.

Meeting adjourned at 1:30.

Attendees:
Sarah Farris, April Buchanan, Jean-Mar Autl-Riche, John Emerson, Steven Fiester, Bill Wright, Rick Hodinka, Angela Sharkey, Amanda Hurley, Michael Wiederman, Kirk Baston, Matt Tucker, Renee Chosed, Brooks McPhail, Jennifer Grier, Anne Green Buckner, John Swetenberg, Nannette Dendy, Enrique Urrea-Mendoza, Ben Griffeth, Tom Pace