

**Educational Policy Council
February 4, 2008
Annual Retreat – Inn at 835**

Present:

Peter T. Borgia, PhD
Erik J. Constance, MD
Susan Hingle, MD
Debra L. Klamen, MD, MPHE
Regina A. Kovach, MD
Jerry E. Kruse, MD, Chair
Tracy K. Lower, MD
Erica Nelson, MD, Vice Chair

Pritesh Patel, Class of 2008
Nicole Roberts, PhD
David Rogers, MD
Gary Rull, MD
Sandra L. Shea, PhD
Ross Silverman, JD
Donald S. Torry, PhD
Brandt Whitehurst, Class of 2010

Guests:

David Graham, MD
Laurie Lopp, MD
Theresa Waters, EHR Coordinator

Absent:

Kevin Dale, Class of 2009
Linda K. Jerrold, MS
Jodi Huggenvik, PhD
Erin Schafer, Class of 2011
Reed G. Williams, PhD

Discussion Items

1. Announcements/Introductory Remarks

Dr. Jerry Kruse welcomed everyone to the Annual EPC Retreat. He congratulated David Rogers, MD, and Amy Arai, PhD, on their Teaching awards. Dr. Kruse thanked the committee members for their role in the review by the LCME and congratulated them for their part in achieving a final review with no citations and five commendations (a review unequaled by any other medical school in the past 10 years.) Through the LCME process, all SIU-SOM faculty members have had opportunity and encouragement on many occasions to become familiar with the Graduation Objectives and the activities of the EPC.

2. Curriculum Overview

Each director gave an oral report, and addressed the following areas following the Strategic Plan Tasks that Dean Dorsey outlined in a memo sent to Jerry Kruse. 1) General overview, 2) Vertical integration, 3) Weaknesses of the curriculum, 4) What portions of the curriculum are you most proud, 5) What innovations have been implemented and what innovations are needed to stay on the cutting edge?, 6) Are there trends in health care of which you are responsible?, and 7) How should EPC assure transparency with regard to curriculum reform?

1.1. Year One Highlights (Sandra Shea, PhD)

- The overall structure of Year 1 remained unchanged.
- The remediation structure of the CRR, ERG and SSB changed for the summer of 2008.
- There were some faculty changes with new hires and retirees.

1.2. Year Two Highlights (Peter Borgia, PhD)

- For the coming academic year five or six of the eight unit co-directors will change.
- The departure of Sharon Hull from the SOM has left a serious deficit in leadership in the Y2 Epidemiology and Prevention streamer. A successor needs to be identified soon in preparation for 2008-2009 academic year. Currently Steve Verhulst and Tracey Smith are working to direct the curriculum.
- Minor changes were made to the HII unit calendar to better coordinate the lecture topics with the PBL case presentations.
- For this academic year in the NMB unit, Steve Evans replaced John Murphy as the clinical co-director, and Carolyn Holmes replaced Diane Fisk as the Nurse Educator. For 2008-2009, Brian Moore will replace Any Arai as basic science co-director.
- For the ERG unit, Rebecca Hoffman replaced Anna Mies-Ritchie as clinical co-director.

1.3. Year Three Highlights (Regina Kovach, MD)

- The Y3 Curriculum Committee made revisions to the goals that had not been updated since 2001. Any changes that were made were minor with the exception of the addition to expose students to a diverse patient population with a wide variety of acute and chronic medical problems.
- New to Y3's curriculum: All clerkships have implemented methods for formal observations of students' clinical skills; clerkship scheduling changed to afford greater variability in student rosters in clerkships; implemented new process for selection of students for Y3 neurology; approved new transcript designation for students who fail clerkships; patient log format improved; and new Pain Management subcommittee formed.
- There were some faculty changes with new hires and retirees.

1.4. Year Four Highlights (Tracy Lower, MD)

- Some of the weakness that were noticed in the Y4 curriculum are: Electives need to be expanded such as foreign language, service based learning, cultural competency; Encourage student participation in research; Students currently have inconsistent access to EMRs and thus are at risk of not fully benefitting in their clinical experiences; Students maintain a strong "pre-residency syndrome" in certain areas; and there is a need for a Spanish Language Medical course.
- Students are very satisfied with the Y4 experience.
- New innovations that should be noted is the development of the pathways; Exploring the development of residency readiness electives; and Access to a skills lab is mentioned by several areas as a limiting factor to development of specific residency readiness experiences.

1.5. Doctoring (Gary Rull, MD)

- Notable events in the Doctoring curriculum were: Implementation of CAM sessions; Improvements in MS exam teaching; Continued use and integration of HTT exam in Years 1 & 2; Improved integration of clinical skills teaching between all years.
- There were some faculty changes
- The progress plan for Doctoring will be: Expansion of the Aging Across the Curriculum concept to Y1; Expansion and fine-tuning of CAM sessions; Addition of geriatrics teaching points to Y1 and 2 PBLMs.
- Noted strengths in the Doctoring curriculum are: Dedicated core faculty and support staff; Standardization of history and physical exam skills; Aging Across the Curriculum; PACs;

Early and ongoing clinical exposure in Years 1 and 2; Health policy, health care systems, and law & medicine education.

- Challenges to be noted are: Recruiting and retaining clinical mentors for both Years 1 and 2; and Recruiting and retaining standardized patients for Year 1.
- Deb Klamen explained how SIU has adopted the Longitudinal Performance and taken the data and implemented it back into the curriculum.

1.6. Population Health and Prevention (Jerry Kruse, MD)

- Innovations are the Regional Medicine and Public Health Education Center (RMPHEC) Grant, MPEE Projects, IL Department of Health Care and Family Services and SOM are working on projects for students. Working on Y4 Clinical Epidemiology elective.
- Trends are: Electronics in geriatrics.
- Greater emphasis will be placed on the identification of biostatistics and clinical epidemiology topics in the curriculum.
- A Population health and Preventive Medicine pathway has also been developed.

2. 2007 Graduation Questionnaire (Jerry Kruse, MD)

Jerry Kruse compiled data from the 2007 Graduation Questionnaire and presented it to the Council. The data is of 68 students who responded to the questionnaire. Following is information compiled in the report.

- Narrative Comments

Positive Comments: Clinical Skills Training; the SIU atmosphere; early clinical exposure; the faculty; problem-based learning; clerkships; communications skills and relationships.

Negative Comments: Split campus; general basic science comments; specific basic science comments.

The report also included responses and US Mean of Quality of Clerkship Education; Quality of Basic Science Education; Evaluative Methods in Clerkships, and other notable findings.

For more information please refer to the entire 2007 Graduation Questionnaire.

3. LCME Standards (Debra Klamen, MD)

Deb Klamen highlighted three new standards from the LCME that will become effective July 1, 2008. The first one being Standard MS-31-A which states, that medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students. Dr. Klamen feels SIU already meets this standard. The second is Standard IS-14-A which states, medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation. Dr. Klamen feels that SIU already meets this standard. The last is Standard ED-17-A which states, the curriculum must introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care. This standard is going to be looked at by a strategic planning subcommittee.

4. EPC/Admissions Strategic Survey Committee (Jerry Kruse, MD)

The Admissions Committee and the Educational Policy Council have been charged by the Dean to implement three specific tasks from the SIU School of Medicine Strategic Agenda. These tasks involve surveys of various constituencies. The Admissions Committee and EPC will establish a joint subcommittee to address these tasks. This committee will be known as the Joint EPC/Admissions

Strategic Survey Committee (SSC). A progress report or final report from the SSC will be due to the EPC and Admissions committee by September 2008.

5. SIUSOM – Assessment Report (Jerry Kruse, MD)

The Assessment Report was updated and distributed to the Council for review. The report will be sent to the Executive Committee.

6. Value Added Graph (Jerry Kruse, MD)

Jerry Kruse distributed a graph sheet that compared the MCAT and USMLE percentiles. He explained the graph and the comparisons to the Council.

7. Educational Applications: EHR and Health Information Technology (Jerry Kruse, MD)

The Council invited Theresa Waters, the EHR Coordinator, Lauri Lopp, MD, and David Graham, MD, to the afternoon session of the EPC retreat to give expertise to the Council regarding their knowledge of Electronic Health Records. After discussions, following is the direction the Council would like to see the EHR go in regards to the medical student's usage:

- A. To assess all aspects of the educational applications of the various types of health information technology at the SIU-SOM, in the P&S practices, in preceptors practices, and in our teaching hospitals.
- B. To give particular attention to issues regarding student access to HIT, the effectiveness of the educational process, the continuum of the educational process (medical student to resident to practicing physician), quality improvement and safety, and enabling and reinforcing types of medical education.
- C. To consider specific issues recommended by the EAEHR, including the following:
 - (1) Construction of templates for the students for each clerkship
 - (2) Coordination with clerkship directors about how the forms should be built
 - (3) Creation and implementation of an educational process for the students that is sensitive to the clerkships' and clinics' needs
 - (4) Construction of the reporting forms for the clerkship directors
 - (5) Generation and distribution of the forms the clerkship directors require
 - (6) Identification of the needs for the Year 1 and Year 2 curricula
 - (7) Design and implementation of the educational server
 - (8) Design of the cases needed for the educational process (simulation scenarios)
 - (9) Assessment of growing educational research questions
 - (10) Organization of the group (faculty, staff, students and residents) that is critical to the educational process.

A Committee will be formed which will report to the EPC. Committee members will consist of:

Lauri Lopp, chair	Rick French	Earl Barrientos, MS-2
David Resch	Deb Klamen	Sandy Walters
Don Scott	David Graham	Luke Crater
Theresa Waters	Maureen Francis	Reed Williams
Karen Thomas	Rhona Kelley	Ryan Diederich

(additional students, residents, and hospital representatives may be added)

The Retreat adjourned at 3:30 p.m.

Next Educational Policy Council Meeting - March 10, 2008