

March 19, 2007 Educational Policy Council Annual Retreat Inn at 835, Springfield

Present:

Peter T. Borgia, PhD
Erik J. Constance, MD
Kevin Dale, Class of 2009
Susan T. Hingle, MD
Debra L. Klamen, MD, MPHE
Jerry E. Kruse, MD, Chair
Tracy K. Lower, MD
Erica E. Nelson, MD, Vice Chair
David Rogers, MD

Gary Rull, MD
Sandra L. Shea, PhD
Jason Stone, Class of 2007
Donald S. Torry, PhD
Steven Verhulst, PhD
Brandt Whitehurst, Class of 2010
Reed G. Williams, PhD

Absent:

Linda K. Herrold, MS
Sharon Hull, MD
Regina A. Kovach, MD
Pritesh Patel, Class of 2008

Guest:

Janet Albers, MD
J. Kevin Dorsey, Dean
Becky Hoffman,
Nicole Roberts, PhD
Chris Wohltmann, MD

Discussion Items

1. Announcements/Introductory Remarks

Dr. Jerry Kruse welcomed everyone to the Annual EPC Retreat. The notes and action items of the previous retreat were reviewed. Most action items have received attention; many objectives have been met and others are works-in-progress. The subcommittees for Nutrition and for Pain Management will be appointed soon. The Master Educator and Succession Planning subcommittee has been productive, and the Future of Medicine/Medical Education subcommittee has been appointed and has had one meeting. The EPC has maintained focus on the mission of the SIU School of Medicine and the philosophical objectives outlined in the previous retreats. The most recent version of the School's strategic plan has been reviewed by the EPC, and the section regarding education was read point by point. Enhanced communication with the Faculty Council, the Executive Committee, OEC, OSA, and the general faculty continues to occur regularly. The preliminary report of the LCME site visit in January indicates that the SIU-SOM will receive seven commendations for the educational program and no citations. The faculty is aware of the contents of the documents supplied to the LCME, and is familiar with and utilizes the graduation objectives. All operating papers of the EPC and its subcommittees were reviewed within the past 4 months

2. Curriculum Overview

The annual review of the curriculum was done. The EPC reviewed all of the documents relevant to student performance and satisfaction. Special attention was given to the various components of the comprehensive assessment report and the graduation questionnaire. Each of the year directors prepared reports for the retreat. Each director gave an oral report, and addressed the

following areas: 1) Changes that have occurred in the past year and changes the subcommittee are contemplating, 2) Progress reports of ongoing projects, 3) Comments regarding vertical and horizontal integration of the curriculum. Overall, the comments on the graduation questionnaire were excellent. Vertical integration is proceeding smoothly, and the nurse educator's participation in the Year 1 curriculum has been helpful.

2.1. Doctoring Highlights (Gary Rull, MD)

- The Head-To-Toe examination has been completely integrated across the curriculum
- Empathy 301/401 was launched this year
- The doctoring committee plans changes for the Year 2 mentor program, with specific
- Consideration to the inclusion of more hours for direct teaching of physical examination skills.
- There will be focus on teaching of the musculoskeletal examination in the upcoming year

2.2. Year One Highlights (Sandra Shea, PhD)

- Fewer students chose MPEE projects this year than last (9 vs 16); CARE projects are stable at 43
- Mattie Chamness has been hired to replace Bill Hamilton as the Doctoring Director for Year 1
- Expanded tutor group size of 8 is still being studied and is going well
- Pharmacokinetics has been integrated into each unit
- There are now 57 mentors from 7 different counties

2.3. Year Two Highlights (Peter Borgia, PhD)

- Years 1 and 2 are working to put all questions in NBME format
- Dr. Borgia and Basic Science chairs have begun a 3-year succession plan for unit directors
- The HII Unit will be decompressed by streaming parts of it across the curriculum

2.4. Year Three Highlights (Susan Hingle, MD)

- Year 3 Directors are developing a curriculum for "sign-outs" and transfer of care.
- In almost all areas on the graduation questionnaire, SIU students indicated a higher level of adequacy of training than medical students at other schools. The areas on the GQ rated more inadequate by SIU students than by students at other schools were: medical genetics, human sexuality, biostatistics, cultural competency, and pain management.
- All clerkships continue to show a trend for a higher ratings that has persisted over several years

2.5. Year Four Highlights (Tracy Lower, MD)

- The switch for neurology into Year 4 (or in Year 3 elective time) is going well
- 24 students have chosen pathways that were introduced this year. A new pathway will be introduced this academic year, Population Health and Prevention.
- The anesthesia rotation is no longer a required curricular element and the vast majority of students are taking the anesthesiology elective.
- The lack of a Spanish elective remains an outstanding issue with students. Y4CC is working to identify a faculty member to conduct this elective.
- **The Visiting Medical Student application process for Decatur and Quincy needs to be revisited to ensure all appropriate paperwork is being submitted to the Office of Student Affairs.**

2.6. Population Health and Prevention (Steve Verhulst, PhD reporting for Sharon Hull, MD)

- The integration of the CDC integrated population healthcare curriculum is going well.
- The subcommittee will work for greater emphasis on education in health systems.

2.7. SPC (David Rogers, MD)

- The system for early identification of noncognitive professional behavior problems is working well.
- The committee plans greater emphasis on professionalism. For deliberations involving specific aspects of professionalism, the SIU-SOM honor code will be used.

3. Longitudinal Performance Assessment (Reed Williams, PhD)

Dr. Williams reported the progress of the Longitudinal Performance Assessment project over the past year. One year's data has been collected from all four classes of medical school, from all three years of SIU family medicine residencies, and from most family medicine faculty members. The clinical data interpretation scores are better predictors of the CCX performance than are the diagnostic pattern matching scores. The tool is being used for CCX remediation in Year 4 and for symptom presentation and clinical reasoning pathways in Year 1. There are plans to correlate the scores with real patient or simulation encounters.

4. Milestones Project (Nicole Roberts, PhD)

Dr. Roberts presented preliminary data from the Milestones Project which she began this year. The project focuses on students who do not reach such milestones as graduation, board certification, licensure, etc., as an attempt to gather data which will improve patient safety. Dr. Roberts discussed difficulty in obtaining relevant data from data sets that are in place, such as the National Practitioners Databank.

5. Education in Medical Microbiology & Immunology (Shea/Borgia)

Medical students have a desire to have the topic of microbiology and immunology introduced in a more systematic manner in Year 1. Advantages, disadvantages, and obstacles for doing this were discussed. The following was decided:

- a.** An advanced organizer on microbiology/immunology will be implemented in Year 1 beginning in FY08 (August 2007). Appropriate SAQ's for immunology will be available in the curriculum. Minor changes to PBL cases to reflect information in the advanced organizer in SAQ's may be made.
- b.** A planning subcommittee will be established to explore all issues related to education in microbiology/immunology in Year 1 and Year 2. This committee will make recommendations to the EPC for long term curricular change. The committee will be composed of Peter Borgia, Sandra Shea, Don Tory (chair), John Martinko, Debra Klamen, Brandt Whitehurst (Year 1 student) and Kevin Dale (Year 3) student.
- c.** The EPC assumes the following:
 1. There is a need to add microbiology and immunology to the Year 1 curriculum.
 2. The EPC has no assumptions about the proper mechanism for this to occur. Resource sessions, problem-based learning cases, and streamers are potential mechanisms.
 3. The EPC understands that some curricular elements will need to be moved from Year 1 to Year 2 to make room for more microbiology and immunology in Year 1.
 4. The committee should consider the introductory week to Year 2, and consider whether more time should be given microbiology and immunology at that time. The EPC also assumes that the doctoring curriculum will not lose any blocked time.

6. Future of Medical Education (Jerry Kruse, MD, and Kevin Dorsey, MD, Dean)

Dr. Kruse reported that the Future of Medical Education Subcommittee (FOME), because of difficulty in finding a Chair and because of illness of various committee members, had met only one time in the past year. The discussion at the retreat was organized in order to speed the process and to help the subcommittee focus on important issues. Dr. Kruse reiterated that the EPC recognizes that basic science and the delivery of medical care are changing rapidly, and that, while the US spends vastly more for healthcare per capita than any other nation, it also lags behind other industrialized nations in healthcare outcomes. He pointed out the importance for the EPC to consider future trends in

medicine and how these trends impact our decisions regarding curricular change. He provided notes from the FOME subcommittee (attached).

Dr. Dorsey reiterated his strategic vision that SIU School of Medicine would be “the best of the best” in medical education. He pointed out that we had received an excellent review from the LCME, and that the LCME reviewers stated that SIU’s best days are yet to come. He related his desire to have the best students, the best curricula, and the best teachers. He challenged the committee to devise metrics to fully assess the outcomes of our students, our graduates, teachers, to continue to develop innovative curriculum to fulfill our mission, to train the best doctors, and to get the entire institution (including students, residents, faculty, and staff) to be involved in the relentless pursuit of excellence. Following are some of the results of the discussion on FOME:

- a.** What do students need to know?
 - 1.** What we will ask our graduates ten years after graduation?
 - 2.** We will perform analysis of future trends and outcomes
 - 3.** We will ask faculty members from various specialties about what other specialties need to be taught
 - 4.** **The EPC will work with the Office of the Associate Dean for Students**
- b.** Metrics – there is a need to better measure what we do.
 - 1.** Do we need to evaluate students differently? (i.e. milestones project, longitudinal performance assessment project, etc.) Our current metrics are found on the EPC webpage, and we will seek SPC opinion.
 - 2.** **This task will be given to the EPC Program Evaluation subcommittee to give direction on development and refinement of metrics for evaluation.**
- c.** Get the entire institution on board with the vision for the future of medical education
 - 1.** The success of and the pressure for clinical growth and its affect on medical education will be considered.
 - 2.** The EPC will ensure continued and improved efforts for school wide communication.
 - 3.** **This task will be given to the Master Educator Succession Planning Subcommittee.**
- d.** The continuum of predoctoral, graduate medical education, and continuing medical education
 - 1.** Consider school wide change of the administrative structure
 - 2.** Consider ways to make resident physicians part of the SIU culture
 - 3.** How can we revamp CME to make it relevant and effective?
 - 4.** **This task will need a school wide task force**
- e.** How good are our students and why are our students good?
 - 1.** We will consider a system of formal structured interviews with program directors at other schools
 - 2.** **This will be coordinated by the EPC and the Office of the Associate Dean for Student Affairs**
- f.** Training in health policy in government to advocacy
 - 1.** The importance of a requirement for student time with legislators was discussed
 - 2.** **This will be given to the Doctoring subcommittee and also be discussed with the Department of Medical Humanities**
- g.** Demographic forces, business, and government
 - 1.** What will be the composition of the medical team of the future?
 - 2.** What is the role of health information technology and other technological medical advances
 - 3.** **3. This will be the major responsibility of the FOME subcommittee, with the assistance of the Academy for Scholarship in Education XII Group**
- h.** Selection of medical students
 - 1.** **This is the responsibility of the admissions committee, and input from the EPC, the OEC, the OSA, the SPC, the Faculty Council, and other faculty groups is necessary**

- i. Succession planning
 - 1. This is underway and is being examined by the Master Educators Succession Planning Subcommittee**
- j. The SIU School of Medicine's Strategic Plan
 - 1.** Add the word "effective" to the list of adjectives in strategy #1.4
 - 2. The Master Educators Succession Planning Subcommittee will help write objectives for the strategic plan, as directed by the educational oversight group, which will be appointed by the Dean**
- k. New Methodologies
 - 1.** Important new methodologies to be carefully considered are health information technology, the simulation center, several new Master's programs, and consultations with medical futurists
 - 2. This will be the responsibility of the Future of Medical Education Subcommittee**

7. Old Business:

7.1. Approval of Four-Year Calendar for AY 2008-2009, 2009-2010, 2010-2011

Four year calendars for academic years 2008-2009, 2009-2010 and 2010-2011 were reviewed. It was noted that these calendars are subject to change should there be curriculum changes. Following discussion, a motion was made and seconded to approve the calendars for each academic year noted. Vote was unanimous.

8. Next Educational Policy Council Meeting – April 9, 2007.