



Year Three Curriculum Committee September 22, 2008 Minutes

Present:

Regina Kovach, MD
Hossum AbdelSalam, MD
Peter Borgia, PhD
Reginald Bulkley, MD
Susan Hingle, MD
Gary Johnson, MD
Fran Kovach, MLIS
Harald Lausen, DO

Kerri Lockhart (Class of 2010)
Lauri Lopp, MD
Tracy Lower, MD
Nancy McCann-Stone, MA
Robert J. Pary, MD
Nicole Roberts, PhD
Sandra Shea, PhD

Absent:

Erik Constance, MD
Aisha Covington (Class of 2009)
Christina Doerr, MD
Gary Dunnington, MD
Debra Klamen, MD, MHPE
Gary Myers, PhD (Proxy)
Erica Nelson, MD
Gary Rull, MD
Dustin Stehling, MD

Guests:

Jean Afflerbach
Cheryl Ashburn
Phil Davis, PhD (Proxy-Myers)
Cherie Forsyth
Carolyn Holmes
Ivajean Mitchell

Stephen Robinson, MD
Jwa-Seop Shin, MD, PhD
Tracey Smith
Theresa Waters
Brenda Yale

The September 22, 2008, Year Three Curriculum Committee Meeting was called to order at 3:05 PM.

1.0 Review of Minutes

The minutes of the August 25, 2008, meeting were reviewed and approved unanimously.

2.0 Curriculum Reports

2.1 EPC/Executive Committee

Dr. Kovach reported at the last EPC meeting the Joint Admission/EPC Survey Committee announced that a recent survey found, of the top ten things faculty/alumni want from students being admitted, #1 is motivation. Also discussed was a policy proposal Dr. Klamen had submitted which addresses the issue of unexcused absences from examinations.

2.2 Departmental Reports

All of the clerkships reported things were going well. Short clerkships are completing the second rotation of the year. The first rotation of the long clerkships is finished and the first Y3 Option Periods are currently underway.

2.3 Doctoring Team Report

No report at this time.

2.4 Student Reports

Ms. Lockhart reported on the survey she undertook with her Classmates regarding the amount of radiology currently in the clerkships. She indicated that 20 students responded to her query and the opinions were split about equally. Approximately one-half of the respondents expressed that radiology teaching was adequate, while the other one-half felt it was inadequate in their opinion. Some expressed a desire for a teaching session and others expressed that there could be opportunities for teaching by residents and encouraged clerkships to help students by urging residents to seize any teaching moments.

3.0 Curriculum Issues

3.1 SIU Medical Students – Identification of Role to Patients

Dr. Roberts called the group's attention to the documents that were distributed. She indicated that the subcommittee's charge was to develop a mechanism whereby learners (resident and medical students) are identified to patients and families such that they understand the level of care they can expect to receive from this learner and the level of responsibility this learner has for the care of the patient. The proposed program was discussed in some detail and there were offers to assist with revisions to the wording. A final proposal will be brought to the Y3CC meeting in November. The subcommittee recommended that this system be piloted in the SIU Clinics and a system to monitor its usefulness be developed to determine the efficacy of this information as perceived by the patients.

3.2 Response to Student Feedback (FCM, MedHum, IM, & Peds)

Dr. Kovach called the group's attention to the report of Responses to Student Feedback distributed previously which summarized the presentations that would be made by Drs. Lausen, Davis, Hingle, and Lower. She indicated that after each presentation, clerkship directors would entertain questions from the membership.

Family and Community Medicine: Dr. Lausen reported that the student feedback for both the Year Three Appraisal and the End-of-Clerkship continues to be quite positive. Once again, students identified strengths of this clerkship to include preceptors as role models, clinical autonomy, and the diversity of experiences both in patient population and types of conditions seen. Students also ranked clerkship organization, educational opportunities and faculty contact and feedback as strengths. He indicated that weaknesses identified by students included feeling unprepared for the exam, distance learning, and logbook design. He indicated that they are implementing a new curricular design which represents a major change and uses presentation and assignment topics to highlight characteristics of the patient-centered medical home (PC-MH). Some of the curricular components will be continued such as reading assignments that are reviewed during online discussion sessions. The student workload has not been reduced, but rather refocused and modified to represent more meaningful learning experiences. Dr. Lausen summarized indicating that overall the FCM feedback remains positive, but they will continue to monitor the changes made to ensure a quality experience for all students.

Doctoring Medical Humanities: In Dr. Myers' absence, Phil Davis presented the response to the student feedback on the Year Three Appraisal. Dr. Davis reported that overall the feedback from students was favorable for those areas in the Y3 Appraisal survey which pertained to the Medical Humanities curricula. Students take this 2-week clerkship either right before or just following the holiday break. Among the positive results, Dr. Davis noted students' responses that they were well prepared for the examination and felt faculty were professional role models. He reiterated that the percentage of positive responses was up overall in virtually every category. In response to Dr. Kovach's inquiry, Dr. Davis reported that End-of-Clerkship Feedback would be sent to her for her review.

Internal Medicine: Dr. Hingle compared the Class of 2009 with the ratings of Classes over the past four years. She reported that students offered many favorable comments regarding IM's inpatient ward experience and call nights, their mentor experience, CMC conferences, and noon seminar series. Additional strengths included strong faculty and residents. She indicated that among her concerns is the fact that overall ratings of the clerkship continue to decline. Also, there have been negative comments regarding the organization of the subspecialty experiences and two reports of student abuse; however, neither instance was reported to the Clerkship Director during the feedback sessions. Of concern, too, was the fact that cooperation with CCHC has been diminishing. Dr. Hingle provided updates on the successful improvements that had been implemented in AY2007-2008, which included the addition of a new evaluation form and direct observation of students. She also detailed plans for AY2008-2009, including improving ambulatory report and adding a reflection experience. Although there are many very positive comments, they continue to work toward improving this experience for students.

Pediatrics: Dr. Lower provided a comparison of the last six years denoting in which areas Pediatrics scored highest or lowest among reporting clerkships. She voiced concern that scores had dropped in several areas, most notably in organization, constructive feedback, and resident teaching, identifying problems and detailing attempts to resolve them. The workload expectations during the rotation were discussed. Dr. Lower voiced confidence that asking students to take call only 3 times during the clerkship was not excessive, especially since they were free to leave the hospital at 10:30 PM. Similarly, the required 4 H&Ps during the six weeks was not felt to be unduly burdensome. The patient numbers and variety continues to be a problem during some rotations (especially in the summer), however use of the ED2 card ensures all students have the opportunity for exposure to key pediatric problems. She felt that the issue of constructive feedback was being well addressed with both she and the nurse educator, Ms. Yale, meeting with each student after the midterm exam to review evaluations and clerkship progress. Resident teaching has improved over the past 3 years, but efforts remain constant to help them hone their skills of teaching through programs such as residents as teachers and including residents in faculty development sessions and offering resident teaching awards. Overall, the feedback continues to be quite positive and they are responsive to the areas of perceived weaknesses. She summarized thanking the many dedicated individuals who continue to work tirelessly to improve the pediatrics clerkship experience for all students.

Following an introspective discussion of collective challenges and successes among clerkships, Dr. Kovach thanked the presenters and reminded the group that the remaining clerkships would present their responses at the November meeting.

3.3 Computer Training – St. John's Hospital

Dr. Kovach and Ms. McCann-Stone reported that St. John's Hospital would be implementing their new Electronic Health Records system on December 1, 2008. It is essential that all students participate in a brief training session to acquaint them with the new system and the additional functions which students would be able to access. Clerkships were asked to contact St. John's IT to select from the appointment times available. Questions could be directed to Ms. McCann-Stone or to the St. John's IT department.

3.4 Communication Among Committees

Dr. Kovach announced the receipt of an email from Dr. Mark Francis from the Faculty Council. It described one of the goals of the Council is to enhance communications between committees. Although the composition of the Y3 Committee was specifically designed to ensure appropriate communication with other related committees, Dr. Kovach asked the group to approve her request to include Dr. Francis on all communiqué regarding Y3CC business matters. The group discussed the issue and concurred with Dr. Kovach's recommendation.

4.0 Announcements

Dr. Roberts indicated that in addition to the events listed on the Agenda, members should mark their calendar for October 10th at noon, when Max Louwerse, PhD, Department of Psychology, Institute for Intelligent Systems, University of Memphis will be making a presentation in the Harbinger Conference Room. His topic, "What Computational Linguistics Can Tell Us About the World: Theory and Applications," addresses research similar to that done by Dr. Tim Koschmann. This session will be available on podcast for those who cannot attend the October 10th session.

Additionally, she reminded the group that on Thursday, October 23, 2008, Dr. Emil R. Petrusa from Vanderbilt University School of Medicine will be giving two presentations. At 12:00 Noon, he will talk about "Taking Standardized Patient Exams to the Next Level," and at 4:00 PM he will present, "The Coming Transformation of Medical Education: An Interactive Seminar."

5.0 Other

- 5.1 Next Meeting – **Monday, October 27, 2008**, 3:00-4:30 PM
Springfield location: Lincoln Conference Room, 801 N. Rutledge
Carbondale location: Lindegren Conference Room 310

The meeting was adjourned at 4:15 PM.