Minutes
MEC Meeting
12:00pm Volker Hall 302
Tuesday – November 12, 2013


Curriculum Integration

PowerPoint presented by Dr. Fuller attached.

In coming up with the Clinical Scholars Program one of the goals was to make ICM a four year curriculum to expand into the clinical years which will work well with the vertical integration discussed. Stan, Caroline and Marjorie Lee have divided the Clinical Skills Scholars into working groups. Dr. Leon will be working with one of the groups to establish benchmarks and will figure out how were going to assess if students have met them. Discussed integrating themes across the four years such as Geriatrics, Ethics, and Cultural Competencies. Students have recommended in their assessment of the curriculum of wanting more cultural competencies, and more training in patient diversity. Getting into the clinical years rather than seeing these patient populations and where it makes integration make the connection a little better. The first step is to come up with based on some of the competencies, milestones over four years what is expected from a first, second or third year student. Will assess students and how they reach benchmarks. This has already been done by some schools such as UNC which has been used as a guide.

Medical knowledge is one of the competencies viewed. Anything can be incorporated. Some will be more OSCE type exercises which more of the understanding of basic knowledge can be incorporated. In terms of what is called Basic Sciences, it is really using clinical medicine which will lead into assessing clinical reasoning in which physiology and anatomy must be used in summarizing patient problems. Must be integrated across the four years as is done in clinical medicine.

Determine ways to document for the LCME. Knowledge Map was purchased thinking it would help with the process of documentation but it is not user friendly. For example, every time physiology is mentioned a check must be made to see if it was a meaningful experience. Need to figure out tools that should be in place to help understand integration of the curriculum better. Need better methods than Knowledge Map or ones that can be added.

(Dr. Massie) A draft report was released of EPAs of 13 core activities medical students should be able to do by the time they graduate. This list will be very helpful for clinical skills as well as the entire curriculum because many of the other activities feed into those activities. Some are on taking a history and physical and others are providing care to diverse populations. Looking at that list and seeing where vertical and horizontal integration can help achieve those goals will be helpful. The process within the Clinical Scholars Program will be looking at the EPAs, the 13 core activities, and figuring out what are the stepping stones to achieving those and at the same time thinking about where students learned their knowledge. There is a comment period until the end of December. The final report will be published in March.
Knowledge Map can be used as a search to find what is being taught where and for mapping. Knowledge map allows the question to be asked where something is taught. Another way to look at it is what is taught in each session which is part of the MEC reviews. Module directors are asked in the preclinical modules for every session what Step 1 content area, what course objective, and what themes were addressed. There is a rudimentary database where that is kept. A stop gap measure was purchased until the locally developed system that our IT system is working on is ready. We have a system more sophisticated in terms of input, output and searching from a company called one45 in Canada. Want to capture items mentioned and ED10 list (sometimes called the AAMC LCME hot topics list) and any other themes that are useful to tag sessions. The AAMC is offering advice on how to do this for clerkships and what units of instruction to include. Those can also be tagged. That will be work for a group of instructors or students. We are hoping to have something in place by the time of the site visit.

Individuals who would like to be involved or those who might be good will be identified to create a task force within the next week. They will help put together where there are gaps and redundancies and tag courses of what is being done where.

MEC SUBCOMMITTEES
The MEC Subcommittees should now all be populated. Some have not been appointed to subcommittees officially because they have been assigned to a task force. Everyone will eventually be on a subcommittee to be completed in the next week. Subcommittee members need to be contacted by their chairs. There needs to be a way to show they meet regularly.

MEC ANNOUNCEMENTS

LCME Update:
Will start after the New Year having weekly brief messages sent on information plans from the dean to make everyone aware of changes that have been made relative to the self-study process at the end of the LCME process.

Some Issues we hear about and don’t know how they will affect us is how well we prepare clinician educators. We have made efforts through General Internal Medicine, RIME week, and Education Summit. Some schools have had problems and it is hard to tell if we will.

The new diversity policy has been distributed by chairs. Comments and concerns should be reported back to the chairs. They will be voted on next week by the Executive Committee.

Two education related grants were funded by the HSF. One was James Willig extension of Keisig to medical students. It may be a way to integrate Basic Science into the clinical years. It is a question game where students are emailed questions to be answered. The second is an expansion of simulation facilities. On the ground floor of Volker Hall will be a six room simulation center that will be used for inter-professional simulation designed with the idea to do more in the clinical years.

An off cycle meeting will be held December 10, 2013 to cover remaining clerkship reviews Neurology, Ob/Gyn, and Peds.

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An additional meeting December 10, 2013