MINUTES
MEC MEETING
12:00pm Volker Hall 302
Tuesday – November 20, 2012

Members in Attendance: Drs. Kevin Leon - Chair, Cathy Fuller – Co-Chair, Cynthia Brown, Laura Cotlin, Hughes Evans, Shawn Galin, Craig Hoesley, James Jackson, Dan Sharer, Andree Stoves, Marjorie White. Mike Belue, Scott Plutchak, and Erica Young, MS-2. Present in Birmingham from Tuscaloosa: Drs. Julia Boothe, Pamela Foster, Rick Streiffer - Dean, and Lea Yerby. Pat Murphy.

Huntsville: (by videoconference) Drs. Melissa Behringer, Nancy Blevins, Lanita Carter, Victor Norman, and Ralph Samlowski. Tuscaloosa: (by videoconference) Drs. Scott Arnold, Dan Avery, Ashley Evans, Jim Leeper, Heather Taylor, Thad Ulzen, and John Higginbotham. Brook Hubner and Pat Murphy.

The Rural Community Health Leaders of Tuscaloosa and Huntsville introduced themselves:

Tuscaloosa: (In person) Julia Boothe – Family Medicine Clerkship Director; Lea Yerby – Co-Clerkship Director for Rural Medicine Clerkship; Pamela Foster – Clerkship Director for Clinical; Rick Streiffer – Dean, Pat Murphy – Medical Student Services Dean’s Office (by videoconference) John Higginbotham – Department of Community and Rural Medicine, Thad Ulzen – Associate Dean for Academic Affairs, Chair of Psychiatry; Scott Arnold – Clerkship Director of Internal Medicine; Heather Taylor – Clerkship Director of Pediatrics; Ashley Evans – Pediatrics and Undergraduate Medical Education Assistant Dean; Brook Hubner – Medical Student Affairs

Huntsville: (by videoconference) Victor Norman - Assistant Director of the Office Family Health Education and Research; Melissa Behringer – Rural Clerkship Director/Chairman Undergraduate Medical Education; Ralph Samlowski – Chair and Residency Director; Lanita Carter – Director of Medical Education of Student Services; Nancy Blevins - Clerkship Director of Family Medicine

LCME: The main purpose of this meeting is to address the comparability among the three campuses in regards to LCME standards. It was cited on the last LCME review that standards are not the same for students on all campuses. The issue is the students on the Huntsville and Tuscaloosa campuses have an extra four weeks requirement and the students on the Birmingham campus do not. On the Huntsville and Tuscaloosa campuses there is a family practice clerkship tied in that is a rural community health requirement for four weeks. On the Birmingham campus the students have a four week family practice rotation followed by a selective, which is an elective for third year students to choose what to do. The selective is required but the conditions are different among campuses. In Huntsville and Tuscaloosa it is rural. Birmingham is not rural but allows it as a selective option. This way there is more flexibility in what students choose as a selective. Note that these rotations are blended more so in Huntsville than in Tuscaloosa. Students on all campus are required to do an ambulatory A.I. Students in Huntsville and Tuscaloosa must do rural community health and an ambulatory A.I. Students on the Birmingham campus only have to do an Ambulatory A.I. The proposal is to make the campuses uniform.

The idea is to make community rural health clerkship the ambulatory A.I. requirement for the Huntsville and Tuscaloosa campuses and do away with the extra ambulatory A.I. requirement afterwards. There should be a family practice and ambulatory A.I. among the three campuses. This frees up an extra four weeks in Huntsville and Tuscaloosa that did not exist previously to choose electives and other fields. There are some circumstances if rural/community health rotations become Ambulatory A.I.s. The requisites desired might be fitted into ambulatory A.I.
such as clinical experiences, patient care and patient care responsibilities. These might be added into rural and a community health rotation to fit into what is viewed as an ambulatory A.I. from a student perspective. Students will be required to do their A.I. on their branch campuses. In addition family practice and A.I., and rural community health will be two separate courses with separate grades. Family practice on the Birmingham campus will no longer be a selective but will be an elective. The rural community health service rotation will become the ambulatory A.I. on the Huntsville and Tuscaloosa campuses. There will be 24 weeks for all students on all campuses versus 20 weeks. The idea on the branch campuses is for family practice and community health to stay together. Even though the courses will be split into two, there is an advantage to keeping them linked together. It will be kept together for the student perspective for the non-rural track student. This would free up time to do other specialties. Students could defer the whole eight week clerkship to the fourth year. If students have completed family medicine or surgery, they will be allowed to do an ambulatory A.I. The prerequisite requires completing family medicine or surgery before doing ambulatory A.I. Students can only defer this depending on the availability within their schedule. It is possible to defer any clerkship if medicine and surgery has been successfully completed.

A focus should be placed on the long-term solution such as the eight week integrative experience of a clinical experience in a community. This offers the tremendous advantage of learning longitudinally and gaining trust in working with preceptors. Students get the greater experience particularly within the last two weeks.

A set of competencies have to do with population health with cultural competencies with community medicine. They are increasingly argued as core competencies that every medical student needs to have. The label can be A.I. but students in Birmingham who don't have the experience are left out. The rural setting is part of the mission for Tuscaloosa. Competencies can be learned in an urban setting, a rural setting, and neighborhoods of all types. A focus should be placed on integration for all medical students. The LCME focuses on competencies being comparable, not about time but about core competencies. Students should be allowed additional opportunities but the general education should not be interrupted.

Caution should be used in wording due to requirements of HERSA. Requirements of stipulation state in order to be eligible for grants which can bring substantial money to schools there must be a required family medicine clerkship with a minimum of eight weeks duration completed before students make their career choice. Students must complete a family medicine clerkship before making their career choice by September of their senior year. Four weeks are required and eight are encouraged. The criteria with the flexibility rule are students will be done by October before their senior year. It is important that anyone applying for a grant can cite this in the minutes.

It was suggested ambulatory A.I.s focus on exposing students to coding or other practice management issues as part of their practicing internship in addition to seeing patients with preceptors.

It was suggested to move the scholarly activity to the fourth year. This is an option. The first part of the fourth year is the busiest and cannot be done in the second half because the scholarly activity product has to be submitted in February in time for grades. Time should be allowed for the student to do if they did not meet the scholarly activity. This is a possibility. Students take advantage of the flexibility and move it into the fourth year.

----------------------------------

Next MEC Meeting January 15, 2013