



Curriculum Committee

February 7, 2017

Attendees:

Leanne Brechtel
Lauren Demosthenes
Bill Wright
Chris Wright
April Osteen
Mendy Ingiaimo
Holly Pace
Tom Pace
Faye Towell
Sarah Farris
Cami Pfenning

Barrett Bradham
Tyler Fleming
Rick Hodinka
Matt Tucker
Hunter Matthews
April Buchanan
Abir El-Alfy
JeanMarc Ault-Riche
Meenu Jindal
Jeremiah White
Anne-Green Buckner

Sergio Arce
Nannette Dendy
Sheldon Herring
Kirk Baston
Mark Pittman
Paari Gopalakrishnan
Kimberly Burgess
Andrew Buhr
Thomas Nathaniel
April Buchanan

1. Chris Wright introduces himself to the Committee

2. Review of Meeting Minutes

- a. The minutes from the December meeting were reviewed by the committee. A motion was made and seconded to approve the minutes; all in favor approved.

3. LM Distinction Track (Herring)

- a. Dr. Herring gives a review of distinction tracks. They are often highly structured, but no two are the same across the country, or even within a university
- b. Would like to institute an infrastructure for the incoming class (2021). Apply end of first semester, coming through the spring so they are about a year away. These tracks are in addition to everything else the students are doing, so not many will participate. If they participate and then quit no harm done. They just didn't finish the track, so that is discouraged.
- c. Asks for anyone with wisdom about tracks to share because they are all very new to this.
- d. Dr. Buchanan says that the track applications are in the spring of first year to give them a sense of what medical school is, and to not overload them. It helps them make sure they are prepared and ready to make this commitment.
- e. Dr. Herring mentions that there is no capacity if everyone wanted to do it. Absolute cap of 5 people
- f. JeanMarc asks should getting a lower grade in SF I prohibit you from distinction track?
 - i. It is clarified that we are going to Pass Fail, so the language in distinction tracks will need to be modified to reflect this.
- g. Tracks are for specific interests, and for very committed people. They do not want people joining and dropping out. Perhaps have an interview process? People will be chosen from committees. Dr. Hodinka mentions having a personal statement on the application to have a rational reason as to why they will not get accepted to the track.



- h. Recommendation to move forward in developing new tracks and stay on with this as the model. A motion was made and seconded to approve; all in favor approved.

4. IPM 1 MDT – Dr. Pace

- a. Same program as last year, with the addition of Dr. Herring's involvement
- b. Motion to accept with no changes. Seconded. All in favor approved

5. Pass Fail – Dr. Hodinka

- a. Over the last 4 years, discussion of going to pass fail for pre-clinical years (first two years of school). Faculty, mostly Binks and LeClair, got together to pull data to present in detail to BMS faculty and dean's cabinet. All liked the idea.
- b. We are currently on the letter grading template. This puts us standing with about 20 other medical schools who are doing letter grading. We are a "dying breed"
- c. A student survey showed a majority of students would like to go to pass/fail system over the letter grade system
- d. Learning is not adversely effected, neither are Step 1 scores. Pass fail will be seen on transcripts, but letter grades will still be kept for class rank and MSPE letter writing aide
- e. Pass/fail increases student well-being without adversely affecting their learning.
- f. What does Pass Fail Honors do to the system? Increases stress level in 92% of students.
- g. IPM will be PFH but M1 M2 will be PF
 - i. Honors in basic sciences is not nearly as important in the residency application as other factors
- h. Desired implementation is July 2017 [new academic year]
 - i. Would like to see M1 and M2 go to Pass Fail at the same time with an addition to the school bulletin that the school has a right to change things
- i. Vetted through Columbia
 - i. Advice – use the terminology of Satisfactory and Unsatisfactory. F should only be used in a letter grade system
- j. JeanMarc – Students would want to know if they almost fail a module, if they are an at risk student.
 - i. Hodinka – that type of system will still be in place
- k. Andrew Buhr – Is there still a 30% cutoff?
 - i. Hodinka – same numerical value
- l. Letter grades are used in AOA decision, Top 20, MSPE Recommendation. Mainly on Transcript will be U/S
- m. Recommendation to support U/S change. Approved and seconded. All in favor approved

6. Neuroscience– Dr. Nathaniel

- a. Change form – 3 weeks to deliver high volume material, 1 week 1 review and do exam. 52% of material on final summative exam. Gives them the opportunity to learn material through clinical cases
- b. No failures last year
- c. A motion was made and seconded to approve; all in favor approved.

7. USMLE Assessment Results – Dr. Bill Wright

- a. Dr. Wright showed the results from the Step 1 and Step 2 exams, explaining that our Step 1 scores are slightly below average each year, and our Step 2 scores are slightly above average each year.
- b. He explains that no vote is needed for this, he just wanted to inform the committee. Ideally, this information would be used by M1 and M2 Subcommittees.
- c. Various people suggest reasons for a lower Step 1 score: Time of test, more Basic Science than anticipated, etc
- d. Dr. Buchanan suggested to get a concrete plan in place to address this topic. Perhaps a committee with clinical faculty and students. It was stated that Dr. Hodinka will form a committee. Burgess, Pfenning, and Ault-Riche expressed interest in joining.

8. M3 Elective Course Proposals

- a. Emergency Medicine – Pediatric Focus
 - i. New M3 2 week elective taking place in the Pediatric emergency department at the hospital and at North Greenville's hospital that has a stand along ED that sees a high rate of Pediatric patients
- b. Team Based Primary Care
 - i. New M3 2 week elective. Multidisciplinary approach alongside Social Workers, Pharmacists, Behavioral Health professionals, nurse practitioners, and physicians as they focus on primary care
- c. Inpatient obstetrics
 - i. M3 OBGYN elective for those interested in an enhanced experience in Labor and Delivery. Will only allow 1 student because there are already too many students on the floor.
- d. Recovery coaching for addiction
 - i. Dr. Demosthenes is heading this up alongside Favor. FAVOR will teach a 40 hour course in 1 week and the second week will consist of neurobiology speakers and going into the community
 - ii. Involves motivational interviewing, M3 and M4's, 10-15 students. Will be piloted in June
 - iii. It is not just psychology oriented, and Dr. Jindal mentioned how supportive she is of this. It is a necessary topic that all students need a level of education in.
- e. A motion was made and seconded to approve these electives; all in favor approved.

9. New M4 Rotations and Electives

- a. Wilderness Medicine
 - i. Dr. Mark Pittman presented on the new Wilderness Medicine elective that deals with resource limited medicine in the wilderness, lesser economically developed countries, and in disaster relief scenarios.
 - ii. This elective is currently offered at multiple medical schools and will cover a variety of topics in the 2 week course, starting spring 2018.
 - iii. The elective is Pass/Fail, 10-12 students admitted through a lottery system potentially at no additional cost. The Emergency Medicine



residency has some of this too, so perhaps after the first year residents could help out.

- iv. This elective is challenge by choice.
- b. Gynecologic Oncology Acting Internship
 - i. Students can choose High Risk or Gyn/Onc because High Risk is filling up so quickly
 - ii. The change is from 4 weeks to a full acting internship
- c. Hospitalist Internship
 - i. M4 internship or elective for students who need this experience for their residency match. This is necessary because there is no room currently, all the spots are taken. Be 4 weeks, or 2 weeks immediately following 2 weeks in the ICU
- d. Minimally invasive rotation
 - i. M4 4 week rotation. 2 weeks in bariatrics, 2 weeks in the hernia center.
- e. A motion was made and seconded to approve these electives and rotations; all in favor approved.

10. IPM 4

- a. A change was made to core form, making it 2 weeks with a one week break, then two more weeks of specialty. They are seeking to diversify the committee to ensure they are using the student's time well and the key things are being reviewed.
- b. Clicker questions were removed. Instead, participation is even more important. They are to be present and engaged when class is in session.
- c. If they miss an activity and do not make it up, they will not earn their diploma. This is required to graduate.
- d. A motion was made and seconded to approve this structure; all in favor approved.

11. Announcement from Fay Towell – Up to Date is accessible anywhere now.

12. Meeting adjourned at 1:20 p.m.