



Curriculum Committee

March 7, 2017

Attendees:

Lilly Fatula	Irfan Asif	Hunter Matthews
Joline Peddicord	Bill Wright	Abir El-Alfy
John Emerson	Holly Pace	JeanMarc Ault-Riche
Christy Lee	Tom Pace	Meenu Jindal
Rebecca Russ-Sellers	Faye Towell	Anne Green Buckner
Tom Blackwell	Cami Pfennig	Sergio Arce
Theresa Baultrippe	Barrett Bradham	Mark Pittman
Ben Griffeth	Rick Hodinka	Thomas Nathaniel
Michael Sridhar	Matt Tucker	April Buchanan

1. Meeting Minutes from February 7, 2017
 - a. The minutes from the February meeting were reviewed by the committee. A motion was made and seconded to approve the minutes; all in favor approved.
2. M3 and M4 Course Changes
 - a. Emergency Medicine
 - i. Increase didactic with Emergency Medicine residents, decreasing shifts required from 8 to 7. Objectives have been changed to focus more on managing a critically ill patient
 - ii. Motion to approve the Emergency Medicine rotation for M3, M4, and AI. Seconded. All in favor approved.
 - b. Orthopedic Trauma – Sridhar
 - i. Separating trauma and sports to be able to incorporate 2 more students
 - ii. 2 weeks of trauma, 1 week hand, 1 week peds
 - c. Pediatric Emergency Medicine - Pittman
 - i. Peds intensive rotation for 3rd year students. Students in Peds EM and north Greenville ED, which has a high volume of pediatric patients
 - d. Family medicine
 - i. No more ACA, so that component of the course was removed. Pretest to get an understanding of where students are at and what areas they need to focus their studies on. There is a check list item, so it must be approved
 - e. Neuropsych
 - i. Check list changes
 - ii. Removing emergent psychiatric consult, adding neurology sub special workshop to create opportunity to get students through them in the future
 - iii. Formalize presentation skills of students
 - f. A motion was made and seconded to approve all of the course changes; all in favor approved.
3. M3 and M4 New Course Proposals
 - a. Interprofessional OB (Lee)

- i. Inpatient OB care with all providers they would interact with as a physician
 - ii. Patient interaction and how they function as a team
 - iii. Increases understanding of various responsibilities from the respective professionals
 - iv. Literature search in interprofessionalism and team work. Make them better doctors in the field they work in
 - v. Increase M3 electives and further possible career choice
 - b. Leadership in Medicine (Asif)
 - i. Medicine is about taking care of patients in teams. So physician leadership is a very important topic to address in their training
 - ii. 4th year. 2 week longitudinal elective. Meeting throughout the year to meet the 80 hour requirement
 - iii. Understand self, manage self, understand social awareness and how to manage others
 - iv. Offering to 6 students this year. Hopefully offer to more in the future
 - v. Would like a tangible product to show the result of the course
 - vi. Students can only do 1 longitudinal
 - c. Endo Neurosurgery (Buchanan)
 - i. Sharon Webb - course director
 - ii. Good to implement because the material is not covered in rotation
 - iii. 2 weeks for motivated 4th year students going into a similar field
 - iv. Review sterile technique, when to call people in, etc.
4. Motion to approve the new and changed electives, seconded. All in favor approved
5. Specialty intensification – two weeks for the student’s to develop skills in their individual fields. M3 and M4 MDTs
 - a. Pediatric Intensification – covers well child checks, billing, murmurs, radiology, and games among other things. Includes Lunch and Learns and Sim Center.
 - b. Internal Medicine Intensification – Includes family medicine, med/peds, peds, emergency medicine, a little OB, and internal medicine. Sessions have changed to be more interactive.
 - c. Emergency Medicine Intensification – Involves both skills and diagnostic. Each day has a new focus. Includes didactic procedures
 - d. OB Intensification – skill focused
 - e. IPM 4
 - i. Change form –this year is reduction in length to 2 weeks to allow them to prepare for residency. Increase clinical didactic sessions in the morning with corresponding procedures and scenarios in the Sim center every afternoon. Increase diversity of clinical cases
 - ii. How much of afternoon is occupied? All morning, and most afternoons are 90 minutes per students, and they can sign up for the times on IPM 4 Canvas page
 - iii. Overview of morning – radiology most mornings will be case based. Streaming clinical track to improve their pharmacology knowledge, basic meds for common things, Blood Banking, what you need to know for

- ordering products, when to stop at transfusion, cut back on medical legal piece. Panel discussions with residents to ask questions about time management, etc. Doctor panel on how to practice medicine at a baseball game/when you have nothing
- iv. Ultrasound component in the afternoon. Diagnostic and procedural. Adult and Pediatric heart sounds
 - v. DAR – checklist. Clinical faculty over afternoon will check off. Through peer and faculty feedback since some cases do not lend themselves to a checklist.
 - vi. Syllabus – emphasis on attendance. It is expected, you have a week off, and afternoons do have some flexibility. Grading: Pass, pass with remediation, fail
6. M3 Mid-Year Clerkship Report Review
- a. It is necessary to review the report because it helps guide changes for next year
 - b. There is a push to clerkship directors to scrutinize questions to push the students to excel.
 - c. They are stingy on giving A's, which is good for MISPYs
 - d. Important to note where on the B+ range the students are. If they are all lumped together, can that be spread out? Does that matter?
 - e. Shelf is way more distributed
 - f. Interesting point: In the Surgery OSCE, 61% got an A on the oral exam
7. Checklist Review for M3 Clerkships
- a. Cross reviewed by multiple groups of people
 - b. A motion was made and seconded to approve the Checklist; all in favor approved.
8. Radiology TEACHES Phase 2 Pilot
- a. Working with Baylor University on this. There would be both a control and experimental group with a pre- and post-test for both. Control group is just the rotation, experimental group is the rotation plus lectures.
 - b. Motion to allow the research to take place during Radiology rotation. Seconded. All in favor approved.
9. PEAS Report
- a. It is important to review the objectives in each course, as objectives have little to no mapping to them. The implications of this need to be assessed. Is this due to objectives not being met, or incorrect mapping, or non-applicable objectives (objectives that need to be re-written)?
 - b. Step 1 scores are below norm, Step 2 scores are above norm. Will include MCAT data next year.
10. End of Year CBSE for M1 Discussion
- a. Review eliminating at the end of M1.
 - b. The CBSE is an exam that uses old Step 1 questions to begin preparing students for that question style. The results of our M1 students makes it very difficult for curricula reform because our students are not prepared for the exam due to our normal/abnormal curriculum structure.



- c. The only advantage is to give them practice. Is this worth it if they get nothing out of it?
- d. Several students at the Committee confirmed the M1 end of year CBSE was no benefit to them. Most students guessed on the exam, and only half of the class came to pick up their scores.
- e. Perhaps require 2 in the M2 year and have 1 optional during Step study time
- f. Motion to eliminate completely in May. Seconded. All in favor approved the elimination.