

MINUTES OF THE CURRICULUM PLANNING COMMITTEE

December 17, 2008

PRESENT: Darryn Appleton, John Bigbee, Georgia Blackwood, Kate Bowers, Craig Chiefertz, Mary Ellen Cleary, Cindi Cornelissen, Linda Costanzo, Steve Crossman, Susan DiGiovanni, Alan Dow, Doug Franzen, Margaret Grimes, Mark Kovacs, Richard Krieg, Sahar Lotfi-Emran, Virginia Pallante, Evan Reiter, Jeanne Schlesinger, Russ Seneca, Ike Wood

ABSENT: Bob Diegelmann, Frank Fulco, Julia Messina, David Reines, Vibin Roy, Crystal Shrestha.

GUESTS: Paul Mazmanian, Roberta McKnight

The meeting was called to order at 3:05 p.m. by Ike Wood, Committee Chair. Minutes of the November 19, 2008 meeting were approved. Ike Wood informed the committee that there was no need to review the ground rules or the valued outcomes as members were already aware of these items.

Subcommittee reports followed with discussion.

The Healthy Human:

Virginia Pallante reported for The Healthy Human Subcommittee. The opinion of the committee was that the topics suggested for the Healthy Human track (e.g., Human Development, Behavioral Sciences, Aging, Nutrition and Preventive Medicine) would be better placed in the longitudinal curriculum. These topics could then be discussed in the systems-specific content. It was recommended that nutrition be discussed as part of the longitudinal curriculum or in the GI division of the Applied Medical Sciences. It was also recommended that embryology be placed near the end of the Scientific Foundations of Medicine and then expanded upon in the anatomy content of each system-based division. Furthermore, it was recommended that the topics in the Healthy Human be expanded in the longitudinal curriculum to include Exercise Physiology, Physical Therapy, Healthy Pregnancy and Alternative Medicine.

Discussion ensued. There was consensus agreement that the original topics considered for the Healthy Human segment be placed in the longitudinal curriculum. In addition, there was agreement that the rudimentary aspect of nutrition be included in the Scientific Foundations of Medicine with clinical correlations and then expanded upon in the longitudinal curriculum. The committee was also in agreement with the plan for teaching Embryology. A definitive decision about the other longitudinal topics such as Exercise Physiology, Physical Therapy, etc. was not made.

The Continuity Clinic:

Steve Crossman reported on the Continuity Clinic Subcommittee. He described this as being a clinical learning laboratory with multidisciplinary health care (e.g. medicine, nursing, pharmacy, etc.). It would be optimal if the clinic had designated space and the capacity for videotaping encounters to be reviewed with students. An important part of the clinic would be peer-to-peer evaluation and feedback. It was also suggested that the scope of the clinic be expanded beyond primary care to include more specialized clinics such as OB/GYN and surgery. Doug Frazen speculated if this could be tied into the VCC patients. There was some discussion about whether this would replace or augment FCM. There was consensus that the clinic could potentially provide the opportunity for students to practice the skills needed for FCM and allow students assigned to a specific clinic to follow a panel of patients throughout the progression of illness. The students on the committee voiced that this could be a more attractive recruitment tool for the school than the current method of preceptor assignment. Steve Crossman and Alan Dow will work on developing a business plan for the clinic and report back at the next meeting. It was also noted that this type of clinic may afford students the opportunity to learn about the business aspects of medicine.

Applied Medical Sciences:

Linda Costanzo reported on the Applied Medical Sciences subcommittee. Their recommendations were that there would be a course in the Scientific Foundations of Medicine that would start at the beginning of the M1 year and end at winter break. The course would cover the fundamental knowledge the students would need to be prepared for advanced study. Within the course, there would be clinical correlations, case based learning, relevant patient contact, review of articles, etc. to emphasize the clinical relevance of the material.

In the spring of the M1 year, the students would start the Applied Medical Sciences. The cluster courses would include gross and microscopic anatomy, embryology, physiology, pathology, pathophysiology and pharmacotherapy as applies to each cluster and as well as material specific to the cluster (e.g., metabolism in the endocrine system). . The recommended cluster for courses would be:
















- Hematology/Oncology/Musculoskeletal
- Cardiology/Pulmonary/Renal
- Endocrine/Gastrointestinal/Reproduction
- Brain and Behavior

The Applied Medical Sciences would be completed by the end of the second fall semester when the students go on winter break. When the students return, there would be a two month Integration Period. It would consist of cumulative cases that would provide a format for preparation for Step 1 of the USMLE and review time that would culminate in students taking the USMLE. It was recommended that in each cluster, there be clinical cases that progressively build upon the information learned in previous clusters. It was noted that this could reduce unintentional redundancy in the curriculum and the ability to identify educators who excel in instruction. Also, particular illnesses such as diabetic ketoacidosis could be covered in multiple clusters. It remains unclear about the ability of having cadavers for this extended period of time and this will require more detailed

inquiry. The following table summarizes the recommendations for Applied Medical Sciences:

Curriculum Under Construction Preclinical phase

≈ 18 calendar months

Months		Healthy Human (longitudinal)	Societies (longitudinal)	FCM (longitudinal)
Aug – Dec	Orientation Scientific Foundations of Medicine Cell/molecular biology/principles genetics Principles biochem Cell signalling Principles histology Principles physiology Intro gross anatomy Pathogenesis Principles pharmacology Microbiology Immunology	Nutrition Geriatrics Preventive Med Evidence-based Med 	Career Professionalism Ethics Humanism Cultural competency Critical thinking Journal club Collaborative projects ePortfolio 	
Winter break	Winter break	Winter break	Winter break	Winter break
	Applied Medical Sciences			
Jan-Feb	Heme/Onc/MSK Gross anatomy Immunology Histology Human genetics Physiology Pathology Pathophysiology Pharmacology			
Mar- May	Cardio/Pulmonary/Renal Gross anatomy Histology Microbiology Physiology Human genetics Pathology Pathophysiology Pharmacology			
Break	Break	Break	Break	Break
Aug - Oct	Endocrine/GI/Reproductive Gross anatomy Biochemistry (metabolism) Histology Microbiology Physiology Human genetics Pathology Pathophysiology Pharmacology			
Nov-Dec	Brain and Behavior Gross anatomy (H+N) Neuroanatomy Histology Normal development Physiology Neurochemistry Pathology Psychosocial Pathophysiology Human genetics Pharmacology			
Break	Break	Break	Break	Break
Jan-Feb	Integration Period Cumulative cases Review for Step 1 Step 1			

The Longitudinal Curriculum:

Darryn Appleton reported on the Longitudinal Curriculum subcommittee. It was recommended that longitudinal themes fit into two clusters:

Cluster A:

- Clinical Skills
- Communication Skills
- Cultural Competency
- Ethics and Professionalism
- The Doctor/Patient Relationship

Cluster B:

- Evidence Based Medicine
- Population Medicine
- Knowledge Management
- Personal Career Development

Ike Wood asked that a theme on the Social and Behavioral Context of health and illness be added. Steve Crossman commented that he assumed this would be covered under cultural competency. Ike Wood suggested that it would be better served as a specific theme.

Darryn Appleton reported that individuals on the subcommittee are working on specific objectives for each theme.

It was recommended that based on a class size of 250, the class be subdivided into five societies with 50 students per class in each society. Each society would then be further subdivided into five learning communities of 10 students each. It was hoped that the societies would have their own physical space in the new SOM building. Societies would be linked across years for shared education/social activities. Learning communities would serve as small groups. Didactic lectures and dissemination of core materials (hopefully a smaller component of the curriculum) would lend towards societies and case based learning would be better suited for learning communities. There was discussion about whether the groups would be randomly assigned or intentional based on variables such as common interest. There was a consensus by the students that the learning communities not be the same as FCM small groups, Project HEART groups, etc. There was some discussion about whether small group leaders should be content or process experts. It was recommended that information presented at the society level be by a content expert and at a learning community level by a process expert.

Ike Wood presented information to the Curriculum Planning Committee on the progress of the Faculty and Development Committee and the Curriculum Evaluation Committee. He also described to the group preliminary plans for the new SOM building. Several members voiced the opinion that there needed to be designated space for the societies and the faculty/administrative support for the societies in the new building.

Steve Crossman raised concern about the labeling of the sections into the Scientific Foundations of Medicine and Applied Medical Sciences because of possible implications (e.g., not conveying the humanistic qualities of medicine). It was recommended that the prologue section be called the Foundations of Medicine. Ike Wood suggested that the committee consider more imaginative titles for the sections such as “From Atoms to Adam” for the prologue section.

Ike Wood asked the committee if they wanted to continue working on the preclinical phase or move forward to the clinical phase. The consensus of the committee was to move forward to the clinical phase.

Ike Wood asked that all members read the following prior to the next meeting:

- Latest additions to LCME Accreditation Standards
- Competency-Based Medical Education: A Defense Against the Four Horsemen of the Medical Education Apocalypse
- Recommendations for Clinical Skills Curricula for Undergraduate Medical Education
















The meeting was adjourned at 4:50 p.m.

Respectfully submitted,
Ike Wood, M.D.
Committee Chair

Curriculum Under Construction (revised)

Preclinical phase

≈ 18 calendar months

Months		Longitudinal Curriculum		Continuity Clinic/FCM (longitudinal)
		Cluster A	Cluster B	
Aug – Dec	Orientation Scientific Foundations of Medicine Cell/molecular biology/principles genetics Principles biochemistry Cell signaling Principles histology Principles physiology Intro gross anatomy Pathogenesis Principles pharmacology Microbiology Immunology Nutrition Embryology	-Clinical Skills -Communication Skills -Cultural Competency -Ethics and Professionalism -The Doctor/Patient Relationship -Social/Behavioral Context of Health and Illness 	-Evidence Based Medicine -Population Medicine -Knowledge Management -Personal Career Development 	
Winter break	Winter break	Winter break	Winter break	Winter break
	Applied Medical Sciences			
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