

MINUTES OF THE CURRICULUM PLANNING COMMITTEE

March 2, 2011

PRESENT: Georgia Blackwood, Joel Browning, Linda Costanzo, Craig Cheifetz, Steve Crossman, Bob Diegelmann, Sue DiGiovanni, Alan Dow, Jeff Duprey, Judy Gary, Pooya Jahanshahi, Sahar Lotfi-Emran, Evan Rieter, Polina Rovner, Jeanne Schlesinger, Maryann Martinovic, David Reines, Russ Seneca and Ike Wood.

ABSENT: John Bigbee, Nirjhor Bhowmik, Kate Bowers, MaryEllen Cleary, Philip Ernest, Doug Franzen, Frank Fulco, Margaret Grimes, David Jessee, Phil Hylemon, Richard Krieg, Virginia Pallante, Charles Nottingham and Kimberly Oh.

The meeting was called to order at 3:05 p.m. by Ike Wood, Committee Chair.

The minutes of the December 1, 2010 meeting were reviewed and approved.

Drs. DiGiovanni presented an update of the first three semesters of the new curriculum with recommendations for naming the sections.

- A. The Scientific Foundations of Medicine—Six Subgroups
 - a. Group 1: Cell Structure & Function I
 - b. Group 2: Cell Structure & Function II
 - c. Group 3: Genetic Basis of Disease
 - d. Group 4: Principles of Autonomics and Pharmacology
 - e. Group 5: Abnormal Cell Growth & Function
 - f. Group 6: Immunity & Infection
- B. The Applied Medical Sciences—Four Subgroups
 - a. Coagulation, Oxygen Transporation & Locomotion
 - b. Digestion, Reproduction & Regulation
 - c. Respiration, Cirulation & Elimination
 - d. Executive Control & Behavior

There was consensus approval of the naming of the six subgroups of the Scientific Foundations of Medicine. Discussion ensued about the naming of the four subgroups of the Applied Medical Sciences. Concensus was achieved on the following names:

The Applied Medical Sciences—Four Subgroups

- A. Marrow and Movement
- B. Glands and Guts
- C. Respiration, Circulation and Excretion
- D. Brain and Behavior

Recommendations were presented regarding faculty who should provide oversight for planning the implementation of the new curriculum.

Scientific Foundations of Medicine

Baumgarten

Bigbee

Colello

Conrad

Cornelissen

L. Costanzo

Diegelmann

DiGiovanni—Responsible for Oversight

Dow

Grimes

Ishac

Krieg/Dupree

Maceyka

Pallante

Ratz

Stevens

Marrow and Movement

Barrett

Buckley

Colello

L. Costanzo

Ishac

Krieg/Dupree

McKinley

Nunley

Roseff

Rubenstein

Zuelzer

Glands and Guts

Baumgarten

Bigbee

Biskobing

Bouhaidar

Collelo

L. Costanzo

Krieg/Dupree

Grimes

Ishac

Rigby

Ryan

UNDETERMINED GENERALIST

Respiration, Circulation and Excretion

Baumgarten
Bigbee
Colello
L. Costanzo
DeWitt
DiGiovanni
Grimes
Ishac
Krieg/Dupree
Lefnesky

Brain and Behavior—There has been one meeting to plan the content of this section and another meeting is being scheduled.

Bigbee
R. Costanzo
Fox
Halloway
Ishac
Grimes
Krieg/Dupree
Vota
Wood
UNDETERMINED GENERALIST (? Steve Crossman)

Discussion then moved to planning for the longitudinal curriculum and the faculty who would be responsible for development and implementation:

- A. Cultural Competency and Diversity; Integrative Medicine/Complementary Medicine; Physical and Psychological Comfort of the Patient; Social and Behavioral Context of Health and Illness
 - i. Cheryl Al-Mateen
 - ii. David Cooper
 - iii. Steve Crossman—Responsible for Oversight
 - iv. Sheryl Garland
 - v. Bennett Lee
 - vi. James Levenson
 - vii. Mary Shall
 - viii. Leann Yanni
- B. Bioethics and Society
 - i. Marion Baxter
 - ii. Ken Faulkner
 - iii. Michael Goodman
 - iv. Cathy Kelso
 - v. Kathy Kreutzer
 - vi. James Levenson
 - vii. Laurie Lyckholm—Responsible for Oversight

- viii. Kate McCauley
- ix. Alex Tartaglia
- C. Genetics
 - i. Joann Bodurtha
 - ii. Susan DiGiovanni
 - iii. Virginia Pallante—Responsible for Oversight
 - iv. Arti Pandya
 - v. John Quillin
- D. Evidence-Based Medicine (It was recommended that this be paired with Population Health)
 - i. Gonzalo Bearman
 - ii. Mike Edmond
 - iii. Jeff Kushinka—Responsible for Oversight
 - iv. Elizabeth Marlowe
 - v. Saba Masho
- E. Growth, Development and Aging (It was recommended that this be paired with Wellness and Prevention)
 - i. Peter Boling
 - ii. Melissa Bradner—Responsible for Oversight
 - iii. Linda Hancock
 - iv. Sean McKenna
 - v. Fidelma Rigby
 - vi. Mike Ryan
 - vii. Neil Sonenklar
- F. Patient Safety (It was recommended that this be paired with Bioinformatics)
 - i. Alan Dow
 - ii. Shawna Perry—Responsible for Oversight
 - iii. Dale Harvey

Discussion then moved to an update on the Continuity Clinic. Dr. DiGiovanni reported that the plans to develop a continuity experience with the VCC using interdisciplinary teams were not developing. Cheryl Garland has suggested that we might want to use the students in a planned Urgent Care Clinic, the purpose of which is to divert patients from the Emergency Department and provide primary care until they can be scheduled with a VCC provider. The committee raised concerns that this would not provide the longitudinal experience anticipated from a continuity clinic. Dr. DiGiovanni said that students will be placed in the various PACE centers in the Richmond area that may provide more longitudinal experience. Dr. Wood raised the possibility of virtual patients. Mr. Browning reported that the University of South Florida has been developing virtual patients, but they have not progressed to the point we would need for a clinical continuity experience. Dr. Crossman indicated that he had some experience working with virtual patients in preparation for recertification for the American Board of Family Medicine. Dr. Wood suggested that the committee continue to explore options for a continuity experience.

Dr. Crossman and Ms. Gary presented a proposal for a three-year M.D. program in Family Medicine. They reviewed perceived advantages, concerns and ongoing questions. Two models of schools currently using this are Texas Tech and LEOCOM. They also presented recommendations from the Carnegie Foundation that all medical schools consider three-year options, beyond Family Medicine. A conceptualization of the timeframe for such a program was presented, and it was the consensus of the committee that logistically, this was possible. Under the model, students would be expected to join one of our Family Medicine Residency programs. Concerns were raised about the possibility of finding enough students who would be willing to make the time commitment; what would happen to students who begin the program and then opt out; etc. Dr. Crossman explained that they anticipated that the program would most likely be attractive to second career applicants who clearly knew they wanted to pursue Family Medicine and would want to expedite their training. Also, at any point a student could opt out and then rejoin the traditional curriculum. At this point, the Department of Family Medicine will study this further and return with updates.

Drs. Cheifetz and Dow presented an update on the clinical concentrations and advanced clinical concentrations. A poll of M3 clerkship directors was presented in which they made recommendations related to their specialty for:

- First higher level experience (Dr. Dow noted that this nomenclature was being used instead of “acting internship” due to some problems with the responsibilities assumed by internship which will need to be discussed by Curriculum Council).
- Second higher learning experience
- Critical care selective
- Suggested electives
- Basic science modules
- Longitudinal experiences

Of interest, all specialties recommended that the first higher level experience be a general acting internship in Internal Medicine, Pediatrics or Surgery. Critical care selectives involved work in the intensive care units for all specialties except Psychiatry, where Emergency Medicine was recommended. Drs. Cheifetz and Dow will continue to work on this. Dr. Wood charged Drs. Cheifetz and Dow to begin in earnest determining the competency objectives/outcomes for the core clinical concentrations and recommended that, if possible, use national benchmarks such as those established by the Association of Directors of Medical Student Education in Psychiatry, American College of Obstetrics and Gynecology, etc. for determining competencies.

Several miscellaneous topics were discussed:

- The committee recommended that we continue to use the M1, M2, M3 and M4 designations as follows:
 - M1—Scientific Foundations of Medicine
 - M2—Applied Medical Sciences
 - M3—Core Clinical Concentrations
 - M4—Advanced Clinical Concentrations

- The committee recommended that grading in the M1 and M2 sections be competencies achieved (CA) and competencies not yet achieved (CN) with the expectation that whenever a student receives a grade of CN, he/she will be expected to remediate to a grade of CA.
- The committee recommended that the students receive one grade for the Scientific Foundations of Medicine and four grades for the Applied Medical Sciences corresponding to the four subgroups.
- There was discussion about a name for the new curriculum. Dr. Wood explained that he had contacted the VCU Brandcenter for assistance without much success. It was suggested that a ppt presentation of the new curriculum be made available to the medical students and faculty with a contest to name the new curriculum

Dr. Wood informed the committee that with the decisions made today, implementation planning for the curriculum would begin, focusing first on meeting with the faculty for subgroups on the topics of course design and assessment.

The meeting was adjourned at 5:05 p.m.

Respect

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