

MINUTES OF THE CURRICULUM PLANNING COMMITTEE

June 17, 2009

PRESENT: John Bigbee, Linda Costanzo, Bob Diegelmann, Susan DiGiovanni, Jeff Dupree, Doug Franzen, Richard Krieg, Julia Messina, Virginia Pallante, David Reines, Jeanne Schlesinger, Russ Seneca and Ike Wood.

ABSENT: Darryn Appleton, Nirjhor Bhowmik, Georgia Blackwood, Kate Bowers, Craig Chiefetz, Mary Ellen Cleary, Cindi Cornelissen, Adriana Faulkner, Frank Fulco, Michael Goldsmith, Margaret Grimes, Amanda Layne, Sahar Lorfi-Emran, Maryann Martnovic, Charles Nottingham, Evan Reiter and Vibin Roy.

The meeting was called to order at 3:10 p.m. by Ike Wood, Committee Chair. Minutes of the June 3, 2009 meeting were approved.

Dr. Krieg introduced Dr. Jeff Dupree. Dr. Dupree will be attending the committee meeting while Dr. Krieg is on vacation and will, most likely, be the individual responsible for implementation of gross anatomy into the new curriculum and Dr. Krieg anticipates that he will be retired at that point. Dr. Krieg asked that Dr. Dupree be added to the email list for the group.

Dr. Dow reviewed information from the AAMC document, Recommendations for Clinical Skills Curricula for Undergraduate Medical Education. In the document, it is recommended that the clinical method competencies for undergraduate medical education competency be different in some areas than those for graduate medical education competency. The specific recommendations are summarized in the following table:

UME Competency	GME Competency
Professionalism	Professionalism
Patient Engagement & Communication	Interpersonal & Communication Skills
Application of Scientific Knowledge & Method	Medical Knowledge
<ul style="list-style-type: none">• History-taking• Mental and Physical Examination• Clinical Testing• Clinical Procedures• Clinical Information Management• Diagnosis• Clinical Intervention• Prognosis	Patient Care
Putting Care in Practical Context	System-based Practice
*Self-directed learning & self-assessment	Practice-based Learning & Improvement
<i>*This principle should be embedded within each of the preceding competencies, preparing the student for this corresponding GME competency.</i>	

NOTE: The entire document may be downloaded at:

https://services.aamc.org/publications/index.cfm?fuseaction=Product.displayForm&prd_id=141&cfid=1&cftoken=0877421D-E564-0C4E-719E12B97E94847F.

Dr. Seneca raised a point that as we examine the competencies across all aspects of medical education (i.e., undergraduate, graduate and continuing), for the purposes of accrediting agencies, and particularly the JCAHO, we should be using common language.

The committee as a whole believed that the recommended changes in the categories for UME competencies seem to make better sense in terms of expectations at this level. Dr. Wood suggested that we use the new competency categories, but next to each, reference the original ACGME competency so there is fluidity across the spectrum. Dr. Dow suggested that the competency of “Patient Care” be kept, and all the committee was in consensus.

Dr. Dow presented the recommendations for objectives from the Patient Care Committee. There was discussion about wording, and also about whether specific objectives should be placed under different competencies. Dr. Dow noted changes and agreed to rewrite them and send them to the committee chair.

Dr. Franzen presented the recommendations for objectives from the Medical Knowledge Committee. Again, there was discussion about wording and appropriate placement of objectives.

Dr. Wood presented the recommendations for Practice-Based Learning and Improvement & Interpersonal Communication Skills. The committee made several recommendations for additional objectives.

The results are summarized as follows:

SCHOOL OF MEDICINE OBJECTIVES

Professionalism: The ability to understand the nature of, and demonstrate professional and ethical behavior, in the act of medical care. This includes respect, responsibility and accountability, excellence and scholarship, honor and integrity, altruism, leadership, cultural competency, caring and compassion, and confidentiality.

Patient Engagement & Communication (Interpersonal & Communication Skills): The ability to engage and communicate with a patient, develop a student-patient relationship, and communicate with others in the professional setting, using interpersonal skills to build relationships for the purpose of information gathering, guidance, education, support and collaboration.

- Integrate with healthcare professionals, including those from other disciplines, to provide patient-focused care.

Application of Scientific Knowledge & Method (Medical Knowledge): The ability to apply scientific knowledge and method to clinical problem solving.

- Demonstrate knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and how this knowledge is applied to patient care.
- Demonstrate an approach to clinical situations that is both investigatory and analytic.
- Incorporating current basic scientific mechanisms that at the systemic, cellular, and molecular levels:
 - Describe, apply, and integrate the normal and pathologic structure and function of each major organ system of the body.
 - Describe, apply, and integrate the ways in which the organ systems are affected by the various causes (genetic, developmental, metabolic, toxic, microbiologic, immune, psychosocial, neoplastic, traumatic, and degenerative) of illnesses and diseases.
 - Given a pathologic condition, describe, apply, and integrate the underlying causative mechanisms.
- Demonstrate knowledge of the most frequent clinical, laboratory, radiographic, and pathologic manifestations of common as well as life-threatening diseases.
- Demonstrate the ability to objectively and subjectively assess and appropriately treat pain.

Patient Care:

- Obtain a complete and comprehensive history and physical/mental status examinations.
- Tailor the complete history and physical examination to clinical presentations to discover clinical information in an efficient, accurate, and complete fashion.
- Provide patients and their families with health care services and counseling aimed at preventing health problems and maintaining health.
- Know the epidemiology of common conditions within a defined population and use systematic approaches to reduce the incidence and prevalence of these conditions.
- Understand the indications, risks, limitations, complications, and interpretation of commonly used diagnostic tests.
- Perform routine testing procedures competently, and understand the indications, risks, limitations, justification, complications, and interpretation of these tests.
- Construct appropriate differential diagnoses and treatment plans for patients across the spectrum of medical presentations.
- Record, present, research, critique and manage clinical information.

Putting Care in Practical Context (System-based Practice): The ability to provide clinical care within the practical context of a patient's age, gender, personal preferences, family, health literacy, culture, religious perspective, and their economic circumstances. This goal also includes consideration of relevant ethical, moral and legal perspectives including patient advocacy and public health concerns, and as well as the resources and limitations of the healthcare system.

- Use information technology to gather patient data, support patient care decisions, and educate patients and their families.
- Evaluate the economic, psychosocial, and cultural factors that impact the health of patients and families and incorporate these into assessment and treatment plans.

Self-directed Learning & Self-Assessment (Practice-based Learning & Improvement): The ability to identify learning styles and how one thinks (metacognition); self-identify areas of strengths and weakness in knowledge and skills, and independently discover resources for improvement. This goal also includes engaging in lifelong learning, being able to critically appraise the evolving body of medical knowledge, and not only facilitate self-learning, but that of peers and other members of the healthcare team.

- Recognize the limitations of knowledge and skills and seek to engage in lifelong learning to address those limitations.
- Recognize the limitations of the role of a physician.
- Recognize the limitations of the evolving body of medical knowledge.
- Apply a scholarly attitude toward the advancement of medical knowledge.
- Facilitate the learning of peers and other health care professionals.

The committee will need to work on addressing the competencies not yet covered and raising a consensus on the current objective.

Dr. Wood noted that the committee will meet again on July 1, 2009 at 3:00 p.m..
The meeting was adjourned at 4:30 p.m.

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