

JCESOM Integration Committee Meeting October 30, 2012

Present: Charles Meadows, Laura Richardson, Tigran Garabekyan, Ricahrd Egleton, Sean Loudin, Will McCumbee, Hisham Keblawi, Nanacy Norton, Gary Rankin, Don Primerano, April Kilgore, Dilip Nair,
Absent: Elaine Hardman, Kelly Melvin, Larry Grover, Carl Gruetter, Joseph Shapiro, Tracy Legrow, Adrian Mayes, Sydney McElroy,

Meeting was called to order at 4:03pm

AGENDA ITEM	DISCUSSION	PLAN/ACTION
Discuss LCME ED-33 -Brian Dzwonek, EdD	Dr. Dzwonek presented an overview of the LCME-33 standard, the finding of the LCME, and the ED-33 action plan. Dr. Dzwonek indicated the scope of the committee's work is to review the curriculum using the reports generated for the October 17, 2012 Curriculum Committee retreat.	No action required
Committee Charge -Bob Miller, MD	Dr. Miller reviewed the charge of the Integration Committee clarifying that the committee will review the entire curriculum based on the documents compiled by course, block, clerkship directors, the Step 1 and Step 2 content outlines and competencies.	
Resources -Brian Dzwonek, EdD	Dr. Dzwonek indicated that the subcommittees are organized based on the combined categories of the Step 1 and Step 2 content outlines. Dr. Dzwonek reviewed curricular gaps identified by course directors, faculty, block directors, and clerkship directors. Dr. Dzwonek indicated that this report is the result of a review of course outlines for MS1 and MS2. Dr. Dzwonek provided the committee members with detailed outlines of gaps in MSI and MSII courses. Dr. Dzwonek referenced the MedBiquitous Curriculum Vocabulary and referenced the JCESOM Core Competencies with Milestones (Medical Knowledge) and a course outline for Pharmacology as an example of the material that was reviewed to create the Step 1 and Step 2 curricular gaps table.	Dr. Dzwonek will post the course outlines for MSI and MSII to the Curriculum Committee website. All members of the Integration Committee will review the Step 1 and Step 2 outline to reinforce vertical integration.

	<p>There was a request to distribute course outlines to the members of the Integration Committee.</p> <p>Dr. Dzwonek indicated the Step 1 and Step 2 outline does not quantify the level of coverage for any category, it simply indicates if a topic is addressed or not addressed.</p> <p>There was a request that the Step 1 and Step 2 outline be reviewed by all committees.</p>	
<p>Assignments for November 27, 2012 Integration Committee Meeting</p> <p>-Bob Miller, MD</p>	<p>Dr. Miller reviewed the upcoming meeting schedule and indicated that by November 27, 2012 Dr. Shapiro would like to have a report to share with the LCME Secretariats. This report will show when and where the Step 1 and Step 2 content is covered in the curriculum and which competencies relate to each of these content areas.</p> <p>Dr. Dzwonek offered to compile data and reports for the committee. Following discussion the Integration committee's charge was further clarified.</p> <p>All groups are to review the Step 1 and Step 2 content outline, if a content area is covered by the group, that group will determine a competency for each content area and determine when and where each of these topics will be covered in the MSI-MSIV curriculum.</p> <p>There was a request that a medical student be included in each group</p>	<p>Dr. Dzwonek will send an electronic copy of the Step 1 and Step 2 outline, MSI and MSII course outlines, and a template to the members of the committee.</p>

JCESOM Integration Committee Meeting #2

November 13, 2012

Present: Charles Meadows, Laura Richardson, Tigran Garabekyan, Richard Egleton, Sean Loudin, Will McCumbee, Hisham Keblawi, Nancy Norton, Gary Rankin, Don Primerano, April Kilgore, Dilip Nair, Elaine Hardman, Carl Gruetter, Adrian Mayes

Absent: Kelly Melvin, Larry Grover, Joseph Shapiro, Tracy LeGrow, Sydney McElroy, Bob Miller

Meeting was called to order at 4:02pm

AGENDA	ITEM DISCUSSION	PLAN/ACTION
I. Integration Meeting #1 Minutes	Dr. Dzwonek distributed the minutes from Integration Meeting #1	None
II. LCME Limited (Focused) Survey	<p>Dr. Dzwonek reported that on November 12, 2012 Dr. Shapiro received a letter from the LCME detailing the items required prior to the limited site visit in June 2013.</p> <p>Dr. Shapiro requested that each of the committees complete the final report by January 2013.</p> <p>Dr. Dzwonek reinforced the importance of ED-33 (Integration) and discussed the items specific to the work of the Integration Committee.</p> <p>ED-33 There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.</p> <ol style="list-style-type: none">1. Describe the steps taken by the medical school leadership and the curriculum committee to support horizontal and vertical integration of the curriculum, including ensuring the content is coordinated within and across academic periods.2. Provide copies of documents or curriculum committee minutes illustrating the attention given to content coordination and integration.	<p>The first draft of the report is due to OME on November 27, 2012.</p>

	<p>3. Describe the methods used to monitor curriculum content and to identify gaps and unplanned redundancies. Provide examples, if available, of gaps or redundancies that were identified and describe how these were addressed.</p>	
III. Progress Updates and Discussion	<p>Dr. Dzwonek reported that several committees have presented draft reports/tables.</p> <p>There was a question about the depth/detail of Competencies for each of the Step 1/Step 2 content outline areas. There was concern about tracking the level of detail covered in clinical teaching as much of what is covered may be addressed in bedside teaching. There was a suggestion that the patient logger might help to bridge this gap as there are a number of competencies that could be addressed for each patient.</p> <p>The example of HIV was presented to illustrate how a disease covers the competencies and the content outline. It was noted this example does not describe when and where the learning occurs. Medical knowledge allows for easy organization specific to diseases other themes require a different set of organizational strategies.</p> <p>Dr. Dzwonek suggested that the items outside of medical knowledge could be filtered by themes.</p> <p>There is reported variability of objectives for fourth year rotations. There was a suggestion that the third year send representatives to the Integration Committee to fill in the details of objectives and the overall curriculum (what is taught, when, where, and how assessed).</p> <p>There was a concern that a series of numbers and letters (competencies) would not provide additional information about what is taught in the curriculum.</p> <p>There was a discussion about needing more information from current courses/blocks/clerkships and rotations that would allow the Integration</p>	

	<p>Committee to complete their work.</p> <p>There was a suggestion that the Step 1 and Step 2 relate primarily to medical knowledge and the other competencies should be addressed by determining where, when, and how these competencies are covered in the curriculum.</p> <p>There was a suggestion that Step 1 and Step 2 do not apply to the fourth year.</p> <p>There was a question about what is needed for the LCME visit on November 28, 2012. Dr. Dzwonek indicated that the work of the Curriculum Committee and Integration Committee substantiated by meeting minutes and reports illustrate the steps taken to address the three areas detailed for ED-33.</p> <p>Dr. Dzwonek reported that the work of the Integration Committee will lead to an improved and integrated curriculum, an accurate curriculum map, and will allow faculty to work together to integrate the curriculum across all four years.</p> <p>There was a suggestion that the committee as it stands should focus on medical knowledge and reorganize to address other issues. There was a further suggestion that medical knowledge and patient care be integrated into the organ systems framework as patient care is the application of medical knowledge.</p> <p>There was a question about the academic year that the committee should use for their work. Dr. Dzwonek indicated the work should focus on the upcoming academic year (AY 2013-2014). Dr. Dzwonek referenced the curriculum table (handout) and indicated that the content outline should be distributed across the blocks, clerkships and rotations for AY 2013-2014.</p> <p>There was a suggestion that the Integration Committee should make recommendations about the placement of the Step 1 and Step 2 content in the upcoming blocks, but the block leaders would ultimately decide to accept these recommendations from the Integration Committee.</p>	
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	<p>There was a question about when the Integration Committee would communicate these changes with the Block Leaders/Directors.</p> <p>There was additional discussion about the need to rewrite all of the syllabi to address competencies and that currently there is variability in the in the clinical years in terms of the objectives on the syllabi.</p> <p>Dr. Dzwonek indicated that it is important to consider the student when rewriting the syllabi with a focus on providing the student with specific examples of what they will need to demonstrate in order to assure they are competent and from this what is required for them to prepare in order to achieve this competency. Dr. Dzwonek indicated this is an element of course design.</p> <p>There was a suggestion that each of the committees decide upon which diseases would apply to the areas of the Step 1 and Step 2 outline that they are covering.</p> <p>In a discussion of the optimal number of competencies per block/clerkship/rotation it was noted this number will vary.</p> <p>It was noted that it would be much easier if the block leaders had the guidelines of what needs to be covered in each block and then the block leaders would report back to the integration committee on what they are covering and how it is being assessed.</p> <p>Dr. Dzwonek indicated that even if the database were updated it would not demonstrate curricular integration. A map of the curriculum is one component but the course material needs to be reviewed and updated to show integration.</p>	
IV. Curriculum Database Working Group	<p>Dr. Hardman reported that she met with Matt Crutchfield, Brian Dzwonek, Mike McCarthy, and Brian Patton to discuss updates and modification to the existing curriculum mapping interface. She reported that there will be a system put into place to allow each session to be tagged by Competency. Dr.</p>	

	Hardman suggested everyone must update the database and that it must be done to be compliant for accreditation. Dr. Gruetter indicated a memo would go out to all faculty members to update the database. There was a question about what we could we learn from other schools in terms of curriculum mapping. It was suggested that even if there were a standardized system in place it would require faculty input. There was a comment that the third and fourth year material has not been added to the database.	
V. Next Steps: Diagnosis, Themes, Instructional Methods, Assessment, Resources, Diversity (See Handout)	General discussion points covered above	
VI. Assignments for November 27, 2012 Integration Committee Meeting	The committee was asked to link the Step 1 and Step 2 outline to the Competencies for the November 27, 2012 meeting.	