MSEC Meeting February 19, 2019 Agenda 2 Element 7.2 Discussion - Attachment to MSEC minutes

1. Human life cycle

Content related to the human life cycle is taught and assessed in the following courses and clerkships.

Human Life Cycle		
Year 1		
Course	**Content**	**Assessment**
Doctoring I	Fetal alcohol syndrome	Narrative assessment
Gross Anatomy & Embryology	Fetal alcohol syndrome	Written institutionally-developed exams
Year 2		
*Microbiology/Immunology	Immunizations for diseases more prevalent at specific point of the life span (infancy, elderly)	Written institutionally-developed exams

2. Continuity of Care – no changes reported

3. Preventive care

Content related to preventive care is taught and assessed in the following courses and clerkships.

Preventive Care		
Year 1		
Course	**Content**	**Assessment**
Doctoring I	Prevention of neural tube defects with folate	Participation
	Childhood immunizations	
	Prevention of diabetes complications	
	Population health – preventive issues	
	GYN examination/Pap Smears	
Biostatistics & Epidemiology	Primary and Secondary prevention Use of screening tests in patient care	Institutionally-developed exam
Genetics	Teratogens	Written institutionally-developed exams
Cellular & Molecular	Role of diet in hyperlipidemia Vitamins and associated diseases	Written institutionally-developed exams
Year 2		
Microbiology/Immunology*	Clostridium difficile as preventable infection	Written institutionally-developed exams
	Immunization -Haemophilus influenza, Bordetella pertussis	

	Neonatal Chlamydia trachomatis prevention	
	Neonatal HIV prevention	
	Neonatal Rubella prevention	
	STI prevention	
	Tuberculosis prevention	
	Immunization workshop	Participation
~~Immunology*~~	~~Immunization workshop~~	
	Rh isoimmunization and screening	
	Herd immunity. Immunizations for diseases in the general population.	Written institutionally-developed exams
Year 3		
Transition to Clinical Clerkships	Infection prevention- hand washing, instrument infection prevention, OR sterile scrub	Participation

4. Acute care

Content related to acute care is taught and assessed in the following courses and clerkships.

Acute Care		
Year 1		
Course	**Content**	**Assessment**
Doctoring I	Physical Exam Skills workshop – acute abdomen – several topics/exams reference acute care	Participation
Year 2		
*Microbiology/Immunology	Acute inflammatory response	Written institutionally-developed exams
	Vascular response to acute injury	
	Microbicidal mechanisms and tissue injury	
	Clinical manifestations of acute inflammation	
	Pathophysiology and management of acute microbial infections	
	Acute Asthma exacerbation sim lab session	
	Anaphylaxis sim lab session	
Year 3		
Transitions to Clerkships	Ultrasound FAST exam workshop ETEAM (ABCs of Trauma Care) Simulation cases for trauma and shock Airway management workshop	Participation

Family Medicine Clerkship	Demonstrate knowledge of common acute conditions in primary care	Participation
	Review pertinent points to be included in the history and physical for acute back pain	Written institutionally-developed exams
	Workshop on shoulder and knee exams includes evaluation of acute injury	
	Simulation labs for acute care cases (e.g., inferior MI, pneumothorax)	Participation
Pediatrics Clerkship	Simulation session - acute pharyngitis, peritonsillar abscess, tonsillitis	Participation
	Infectious rashes	Simulation case assessment
	Simulation cases – asthma and Benadryl overdose	

5. Chronic Care

Content related to chronic care is taught and assessed in the following courses and clerkships.

Chronic Care		
Year 1		
Course	**Content**	**Assessment**
Doctoring I	Chronic care model	Quiz
	Case Based Learning cases – congestive heart failure and depression	
Cellular & Molecular Medicine	Type 2 diabetics – biochemistry of the disease and what happens in A1C monitoring of disease	Written institutionally- developed exams
Year 2		
*Microbiology/Immunology	Monitoring treatment of chronic infections (e.g., HIV-Hepatitis)	Written institutionally-developed exams
Practice of Medicine (Doctoring II in future)	Cases related specific to chronic care (cardiac rehabilitation, myasthenia gravis, and COPD exacerbation).	Graded H&P Participation
Year 3		
Transitions to Clinical Clerkships	Diabetes management, Insulin administration, Point of care glucose monitoring	Participation

6. Rehabilitative care

Content related to rehabilitative care is taught and assessed in the following courses and clerkships. The Curriculum Integration Subcommittee has reviewed the findings for the Rehabilitative Care content and have reported it as being sufficiently covered.

Rehabilitative Care		
Year 1		
Course	**Content**	**Assessment**
Lifespan Development	Palliative and hospice care	Written institutionally-developed exams
	~~Psychosocial aspects of rehabilitation (effects at each life stage) ?(Question out to Dr. Isaza for confirmation)~~	
Year 3		
Multiple Clerkships	Discharge planning for transition to rehabilitative care	Participation
Surgery Clerkship	Role of various rehabilitative professionals in surgical rounds is emphasized.	Participation
	~~Surgical consultation is regularly encountered among drug and alcohol rehabilitation patients, specifically at the VA Medical Center.~~	
	~~Drug and alcohol rehabilitation related issues are addressed in this context.~~ Aquifer (Wise MD) cases?	

7. End-of-life care

Content related to end-of-life care is taught and assessed in the following courses and clerkships.

End-of-Life Care		
Year 1		
Course	**Content**	**Assessment**
Doctoring I	Communications skills on breaking bad news, end-of-life interviewing, professionalism & palliative care, end-of-life introduced in context of chronic Care Case Based Learning - End of life issues with newborns (e.g., neurological defects) Professionalism - medical apology	Participation
Year 2 – no changes reported		

Year 3		
Family Medicine Clerkship	Didactic session on palliative care Clinical rounding related to palliative care Aquifer Cases	Participation
Internal Medicine Clerkship	Clinical Care of terminally ill patients	Clinical performance rating

8. Primary care

In addition to the courses and clerkships listed below that teach and assess primary care content, primary care physicians are active participants in the pre-clerkship curriculum. Over 50 primary care physicians serve as clinical preceptors, small group leaders, and facilitators or evaluators of in-class presentations. These activities occur in curriculum components related to communication skills, physical exam skills, clinical reasoning, case-based learning, professionalism, and ethics. These primary care physicians demonstrate the attitudes and values of primary care specialties and role model the professional identify associated with primary care in their interaction with pre-clerkship students. In addition, primary care is central to the mission of QCOM. This assures that students are aware of primary care throughout their educational experience.

Primary Care		
Year 1		
Course	**Content**	**Assessment**
Doctoring I	Review of medical specialties, including primary care specialties, in relation to personal characteristics	Self-assessment Quizzes
	Communication skills for patient-centered practice	Performance ratings in skills groups
	Patient-centered care	
	Social determinants of health	
	Chronic Care model of care	OSCE
	Longitudinal clinical experiences in both Generalist Track and Rural Track	Participation
Genetics	Genetic syndromes a primary care physician would encounter	Written institutionally developed exam
Anatomy	Common case presentations seen in primary care, i.e., arthritis, peripheral nerve injuries, common fractures causing nerve injuries.	Written institutionally developed exam
~~Rural Primary Care Track (for those enrolled)~~	~~Clinical experiences in rural primary care setting~~	~~Performance rating~~
Year 2		
Rural Primary Care Track (Doctoring II in future years)	Clinical experiences in primary care settings	Performance rating

*In 2017-2018 the Microbiology and Immunology courses were separate identified courses. In 2018-2019 the courses were integrated into one combined course.

These and additional components of the curriculum prepare students to recognize wellness, determinants of health, and opportunities for health promotion and disease prevention; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; recognize the potential health-related impact on patients of behavioral and socioeconomic factors; and assist patients in addressing health-related issues involving all organ systems. All biomedical science courses and all seven core clinical clerkships contribute to the curriculum in these areas.

This narrative highlights selected examples. Specific training in wellness, determinants of health, and opportunities for health promotion and disease prevention occurs in pre-clerkship and clinical phases of the curriculum. For example, Doctoring I includes sessions (didactic and case-based) related to social determinants of health and nutrition. In the Community Medicine clerkship, students perform nutritional assessments at health fairs and acquire skills related to health promotion and disease prevention. The Family Medicine clerkship emphasizes holistic care in a patient-centered medical home and includes an assignment related to the development of evidence-based health promotion and disease prevention plans. The Pediatrics clerkship includes an emphasis on health supervision. For students in the rural track, the curriculum includes lectures and projects that address content overlapping with the societal issues (see also 7.5).

Preparation in recognizing and interpreting symptoms and signs of disease is explicitly addressed across all four years of the curriculum. Doctoring I initiates this training through introducing physical exam skills. Other Doctoring I components include case-based sessions where students identify and analyze important clinical issues in a self-directed learning format and the First Patient (Cadaver Case) presentations. This content continues in the M2 year with Practice of Medicine (Doctoring II in the future), which specifically addresses recognizing, interpreting and analyzing signs and symptoms of disease.

Longitudinal clinical preceptorships allow students to begin acquiring these skills through observation of practicing physicians engaging in this process. Integrated Grand Rounds presents an active, patient-based clinical problem solving learning opportunity in this area as well. For students in the rural track, that curriculum includes lectures and clinical activities that address recognizing, analyzing and interpreting signs and symptoms of disease.

Students begin developing the skills of differential diagnoses and treatment planning in many of the same courses/clerkship described above. The pre-clerkship curriculum and the Practice of Medicine course especially prepare students in this area with didactic sessions, multiple standardized patient history and physical exams and write-ups, simulation lab sessions, and oral presentations by students. For students in the rural track, faculty facilitated small group case discussions address differential diagnoses and treatment planning.

Recognizing the potential health-related impact on patients of behavioral and socioeconomic factors is embedded across the curriculum. Much of this content overlaps with preparation in wellness, determinants of health, and opportunities for health promotion and disease prevention

described above and in the societal problems curriculum described in element 7.5.
In addition, the Doctoring I communications skills content prepares students to recognize and address the behavioral aspects of clinical problems. The M1 Lifespan Development course includes information about health related behaviors across the lifespan. Introduction to Clinical Psychiatry (M2) includes sessions on behavioral medicine, which covers behavioral contributions to health and disease and behavioral approaches to management of health problems. Integrated Grand Rounds has explicitly included socioeconomic issues in cases and typically includes the discussion of psychosocial aspects of cases. For students in the rural track, the curriculum includes community-based research and intervention projects that focus on behavioral and socioeconomic factors.
The Family Medicine clerkship includes a required behavioral medicine consultation and assignment that focuses on these topics as well as a home visit assignment that requires students to evaluate a variety of behavioral and socioeconomic aspects of clinical care. The Community Medicine clerkship includes didactics and community-based clinical experiences that prepare students in understanding the community context of care, including community demographics such as socioeconomic resources and social determinants of health. The Pediatrics clerkship also includes addressing the behavioral aspects of clinical care.

Preparation to assist patients in addressing health-related issues involving all organ systems is the culmination of all pre-clerkship and clinical experiences. Pre-clerkship basic science courses provide clinically informed foundational science and clinical skills preparation that readies students to enter clerkships. Students rotate through seven required clerkships and participate in the care of patients with health concerns related to all organ systems in this clinically-based learning. M4 Selectives further advance students' preparation in patient care in all organ systems and care settings.

Dr. Olive thanked Dr. McGowen for the extensive work she did in preparing the response to the DCI for LCME Element 7.2 and the work MSEC has done to review and comment.

Dr. McGowen summarized that MSEC has reviewed the response report to LCME Element 7.2, to include the tables and written responses, and concurs that with the added responses by MSEC, the report is reflective of our Quillen College of Medicine curriculum. MSEC unanimously voted to approve the report with the added responses by MSEC.