

MSEC Meeting February 19, 2019 Element 7.2 Content Update

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 | |

MSEC Meeting February 19, 2019 Element 7.2 Content Updated

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 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 | Written institutionally-developed exams |
| Year 3 | | |
| Transitions to Clerkships | Ultrasound FAST exam workshop ETEAM (ABCs of Trauma Care) Simulation cases for trauma and shock Airway management workshop | Participation |

MSEC Meeting February 19, 2019 Element 7.2 Content Updated

| | | |
|---------------------------|----------------------------------------------------------------------------------------|-----------------------------------------|
| 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 |

MSEC Meeting February 19, 2019 Element 7.2 Content Updated

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 |
| | 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 | | |

MSEC Meeting February 19, 2019 Element 7.2 Content Updated

| 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 |

7. 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 identity 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 |
| | Communication skills for patient-centered practice | Quizzes |
| | Patient-centered care | Performance ratings in skills groups |
| | 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.

MSEC Meeting February 19, 2019 Element 7.2 Content Updated

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

MSEC Meeting February 19, 2019 Element 7.2 Content Updated

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.