**University of Central Florida**

**College of Medicine**

**M1/M2 Minutes**

Meeting Date: 12/09/16 Start Time: 3:05p Adjourn Time: 4:51p

Chair: Dr. Kibble

Attendance: Laura Herndon (M2 rep), Dr. Kibble, Phil Bellew, Dr. Bellew (M), Dr. Bellew (C), Dr. Selim, Dr. Peppler, Dr. Balkwill, Dr. Cendan, Floyd, Dr. Kay, Dr. Monroe, Dale Vorhees, Abnel, Dr. Beg, Dr. Ebert, Theresa Whitehead, Nadine Dexter, Allison Carli, Zoe Brown-Weismann, Dr. Gros, Dr. Harris, Dr. Gorman, Dr. Castiglioni, Monica Bailey

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| Agenda Item | Discussion | Decisions |
| Approval of minutes |  | * Approved |
| Student report | * GI/renal is going well, exam on the 16th |  |
| FLSA (fair labor standards act) information | * OT eligible, non-salaried threshold raised to $47, 400. Employee below that threshold are now hourly, and must be paid overtime if working more than 40 hours. * Time can be flexed if work is done during nonstandard hours. Limit of 4 hours per week. These are one-off events, you can still plan a regular work schedule that isn’t 8 hours/day. * Overtime hours must be pre-approved by Dr Kibble/Peppler – please plan ahead for exams, lab/simulations etc; HR has not indicated a minimum approval time but approval must be secured prior to overtime. * Compensatory leave for last minute extra work tasks is not allowed. * Cross coverage will be needed in case staff is out sick; Ed Tech can support some functions such as Webcourses posting and Kuracloud cases * Communication will be key between staff/faculty/supervisors to ensure no loss of service |  |
| Out of class work update | * Current averages are below the 6hr/week average threshold (M1: 1.2/week M2: -0.6/week as of this meeting). |  |
| Professionalism app (PROMOBES) | * A curriculum task force defined a common framework to evaluate professionalism. One of the desired outcomes was to make an app that would facilitate timely assessment of professionalism * App has been developed, 18 week pilot study @ Nemours and IM residency program, intended to capture lapses/excellence in professionalism. * Six domains of professionalism, to help create framework for capturing information about specific event, can graph out how each student performs in these over time * Results: improved comfort with reporting professionalism, high acceptance ratings, recognition of reporting procedures * Qualitative analysis: Connecting to specific/defined framework is critical, as is reporting it close to real time (including dictating on phone) with multiple observer inputs. It also seems to facilitates positive feedback and most use was around common events rather than critical incidents * The app also offers a feature allowing open-ended narrative evaluation for any purpose * Minimum expectation of utilization and outcome standard has not been defined? | * Dr Kibble will gather a group of course directors with a view to piloting Promobes for AY 2017-2018 |
| Vertical integration – neurology and psychiatry | * Background review of curriculum (HB-1, HB-2, S-6, P-1/P-2 into clerkships) * Psychiatry:   + Outcome scores on internal exams and Step1/2 don’t demonstrate gaps in knowledge   + Feedback from M3 – could explore more opportunities for psychiatric interviewing.   + Added P-2 sessions for this 2-3 years ago that have improved student preparation.   + Wish list: more human development in 1st year across lifecycle, continuum/motivational interviewing (P-2 does motivational interviewing and shared decision-making, some coverage in IM/FM clerkship), M4 psychotherapy elective   + Pain mechanisms and management has been strengthened throughout the curriculum following initiative on tackling opioid abuse. * Neurology: Would like to encourage precision in reporting and documentation of exam findings   + No major content deficiency in M3   + Orphan topics of vitamin deficiencies that result in neurological impairment and relevant toxicology are areas that could be improved.   + Toxicology/toxins active learning session in S-6, otherwise multi-organ/multidimensional. Drugs of abuse is also covered in S-6 and M3 clerkships, could use more M2 coverage.   + HB-2 covers peripheral nerves, S-5 covers MSK/fracture related syndromes   + Anesthesia appears to be adequately covered – an SLM on local anesthesia needs to be maintained in either S5 or S6 courses.   + Potential to move OSCE earlier and adjust S-5 and S-6 with neuro content tested in written exams during S6/P2 and practical exams deferred to M3 clerkship OSCEs | * Dr Kibble will coordinate with respective module directors and report back in Spring with any proposed changes for AY 2017-2018 * LCT in Medical Nutrition will be engaged to determine best coverage of vitamins |