Updates

Old Business (Bill Seaman)

Council Recommendations for RMS: Bill met with Talmadge to discuss the Council’s RMS Recommendation Report. Talmadge plans to use the Council’s recommendations as the basis of a report he will submit to Sam Hawgood. Similar recommendations were also discussed at the Research Advisory Board (RAB) Meeting with Suzanne Hildebrand-Zanki and Marge O’Halloran. The questions was posed whether could RMS be undone now that Contracts and Grants has been absorbed by RMS and no longer functions as the single institutional official office. The response was yes, because the expertise is still there, however if it were to shift back to pre-award being in the departments, the same problems that existed before RMS, such as lack of common training and supervision would resurface.

Teaching Pathophysiology in the Internal Medicine Residency Program (Presentation by Beth Harleman attached)

Elizabeth Harleman, MD, Associate Program Director for Curriculum and Special Projects, presented material on the issue of teaching pathophysiology in residency curriculum. The goal was to have a brainstorming discussion and learn from the Council’s expertise and thoughts on this issue to revitalize pathophysiology teaching in medicine residency. Beth gave an overview of the program and introduced the Council to the current formal curriculum. Slides were based on earlier discussions with the Council.

Question: Does everyone join an area of distinction?

Answer: No, areas of distinction are optional, and there are a small number of individuals who do not choose an area of distinction. The reasons for this may be short tracking, they are already within micro medicine, or they are just happy in their primary care track. However, the majority have an area of distinction.

Comment: Molecular Medicine should be listed as an Area of Distinction/ Pathway to Discovery, as some may not get into the Molecular Medicine program and may want to join later, in year two. If it is not listed, they could possibly miss out on a real opportunity.

Question: Who’s doing the attending on the inpatient side?

Answer: Ninety-percent Hospitalists at Parnassus, the remainder are sub-specialists, and ambulatory-based internists.

Question: Where are the protected half days held and how long are they for the R2/R3 ambulatory half days?

Answer: Protected half days are mainly held at SFGH twice a month, six months per year. This averages to once a month across the R2/R3 year.

Question: Is there a mix of dynamic clinician educators and researchers giving talks across all of the curriculum topics? Are the residents exposed to cutting-edge research topics in various fields?

Answer: Presenters are mid-level to experienced individuals. There are a mix of people who do research and clinical work. Those who are good teachers, can captivate the audience, and have the ability to deliver the content are chosen to teach.
Question: Can you provide examples of people you’ve asked to give key lectures for the talk series?

Answer: Peter Chin Hong (ID), Antonio Gomez (SFGH), Cheryl Jay (SFGH), Fellows (curriculum that is already set), etc.

Discussion about goals for pathophysiology curriculum and teaching methods for the success of the curriculum

Question: How can we design curriculum that will engage the residents broadly to try to improve teaching in this area?

Group Feedback: 1) Integrate Pathophysiology into the overall curriculum; 2) Pair a Basic Science Faculty Member with someone who’s teaching a clinical organ topic (team teaching); 3) Create cases to keep/create interests; 4) Having more time and bringing everyone together on a basic level.

Question: How is the program administered?

Answer: There is a framework and administrative support for the program – Beth oversees the curriculum, reviews the evaluations (if something is not doing well, Beth will work with the presenter to change the content), and introduces new content. The goal is to get the residents in the program, and sustain them.

Question: How can we find people who can give engaging talks?

Answer: Give the charge to people organizing sub-specialty content (one case mandated for a specific focus). If this can be implemented, this would put it on the right scientists who know the good teachers. There needs to be a partnership to identify the times and topics.

Question: Is it more important to expose to a couple of concepts and tell a good story or is there a basic curriculum they need to be exposed to? Discuss why it works, how it came it about, and try to make it an exciting story.

Answer: Challenging question, maybe a mix of the two.

Question: Are there topics you wouldn’t want to include because they’re being covered somewhere else?

Answer: Need to know who’s teaching and what’s being taught. It’s worth looking at them because it may be something that they can export to other groups.

Get a group of Faculty together to further discuss the goals for pathophysiology curriculum and teaching methods and encourage residents to nominate cases for teaching - this gets the residents to be stakeholders in this effort.

Future Meeting: Tuesday, July 8, 2014, 8:00 - 9:00 am, Parnassus Room S-226