

NOTES FROM THE FACET MEETING

Thursday, March 4, 2004, Room 238 MacNider

E-mail Madeline Jefferson with questions/changes

Members present: Alfred Reid (Co-Chair), Cheryl McCartney, Wallace McLendon, Carol Tresolini, Eve Juliano, Dennis Schmidt, Bob Berger, Gina Terrell, Tony Kane, and Mike Brady.

Minutes. Please report any changes or additions to either Mr. Reid or Ms. Jefferson.

Presentation on Virtual Histology. Mr. Reid announced that a general outline of Dr. Petrusz' presentation on virtual histology had been posted to the FACET website.

FACET Objectives. Mr. Reid proposed that today's discussion center around a structure for future FACET meetings, i.e., what direction should FACET take; what are FACET's goals regarding new technology? Two handouts, "Medical Informatics Learning Objectives & Teaching Innovations: Questions," that had been developed for the UME-21 course and, from the AAMC 1996 Report II, "Contemporary Issues in Medicine: Medical Informatics and Population Health," were distributed for discussion. Ms. Juliano had taken the charts regarding curriculum and instructional issues from the AAMC report and ranked our school among the various issues that were applicable. She gave the members an overview of how she determined these rankings. Dr. Tresolini asked about the use of PDA's in the clerkships. Ms. Juliano responded that Family Medicine is the only department using PDAs regularly. Dr. Berger gave a brief overview of what the hospital ISP provides during orientation at the end of their second year, but that the students really learn from the residents in an informal manner. Dr. McCartney commented that the accrediting bodies want documentation and each clerkship's website is missing this information. Dr. Tresolini said that we do have the core competencies and some do cover medical informatics and this could be expanded from general information to specific information. Mr. Reid stated that there are two main domains: (1) medical informatics, i.e., dealing with information, finding information in a succinct way; and (2) other types of educational technology, i.e., tools such as PDAs, etc. Dr. Tresolini suggested that these two overlap such as in small group learning. Dr. McCartney posed the question to Dr. Berger, "Are there ways that we can educate our students before their clerkships?" Dr. Berger responded that most of the students are more sophisticated with technical knowledge than most of the faculty. Dr. Juliano said that about 80% of the medical students are technically savvy, but the rest need remediation. Discussion followed about what can be done for these 15 – 20% before their clerkships. Mike Brady said that there should be a push to get this technology into the classroom setting as learning tools, for example, pharmacology. Mr. Reid moved the conversation to what this committee's role could be to assess the student's competencies. Dr. McCartney suggested that the FACET committee could (1) devise a checklist of competencies; and (2) take to the 3rd and 4th year clerkship directors so that they can inventory in their experience where the items are addressed. Mr. Reid said that, armed with this list of competencies, it would give this committee the framework within to survey all technology out there to determine what our school's needs are in order to make a recommendation to Dr. McCartney. Mr. Reid suggested that the committee start with Ms. Juliano's bioinformatics course and determine the exit objectives. Ms. Juliano felt that she would be able to work with Mr. Reid along with one of the students on the committee to begin making a comprehensive checklist of objectives that can be presented at the next FACET meeting.

Dr. McCartney suggested that another role for the committee should be to suggest electronic resources that could assist the clerkship directors in teaching, assessing and managing.

Other business was deferred.