Meeting is called to order by Dr. Hiatt.

1. **Global Health – Drs. Thomas Coates and Lee Miller.** Review of the new DGSOM Global Health Education program, especially the pilot year 4 clerkships in 5 locations (Malawi, South Africa, Peru, Brazil, and Mozambique). 20 students applied and 13 were selected to participate in these electives. Pre-rotation training is required and includes personal safety, support/safety net systems, and cultural sensitivity.

   Discussion: Safety measures are in place for the students. If State Department issues a country warning, then that country’s program must be suspended until lifted.

2. **Proposal to Amend Systems-Based Practice Competencies – Dr. Carl Stevens.** Systems-based practice objectives have been rewritten for the DGSOM Graduation Competencies. These include student knowledge about various aspects of the current health care system, electronic medical record keeping, referral services (social services, social works, etc.), quality improvement, and flow of health care dollars.

   Discussion: After discussion, further revision was recommended for clarification of the objectives.

3. **Colleges Update: ICU Requirement – Dr. Carl Stevens.** The College Chairs are expanding requirements to include successful completion of an ICU elective (one of 12 currently offered). ICU electives will include overnight call and an assessment at the end including written and simulation tests. Students’ patient logs will be reviewed to monitor the case mix that students are seeing. This requirement does not change the number of weeks of clinical credit needed to graduate (~22wk), but rather specifies that students meet this elective requirement in every college. Anatomy, Acute Care, and Drew already have a similar requirement in place. Currently the electives have to include a 300 level, a 400 level, and a choice (300 or 400) level clinical rotation.

   Discussion:
   Liv (MS3)--For responsibility, more patient care is needed during 3rd and 4th year. Interrupting clerkships to return to campus for didactics makes taking responsibility on site difficult.
   -Dr. Neil Parker -- Team is broken for residents due to reduced hour requirements and less overnight requirements. This is probably reflected in the medical student experience.
   Dr. Chris Cooper--Could requirements be changed for the core clerkships, check the number of calls, follow rotations to see how they are doing, check the number of
patients followed. Is the rigor of being there overnight really instructive? What can be fixed within the current setup?
-Residents often divvy out responsibility for patients, so the students may not be given adequate responsibility based on the residents’ choice.

Conclusion -- Clerkship chairs may need to be contacted.