



**Consortium of Neurology Clerkship Directors (CNCD)
General Business Meeting Minutes - DRAFT
Saturday, April 25, 2009 ~ 4:00-5:30 p.m.
Grand Hyatt Seattle
2009 Annual Meeting – Seattle, WA**

Attendees

Imran Ali, MD, Chair
Daniel L. Menkes, MD, Chair Elect
Total Attendees: 24

Staff

Nancy Poechmann, Program Manager, Education

Meeting Notices and Agendas

Meeting notices were distributed to all meeting attendees prior to the meeting and meeting agendas were distributed to all attendees at the meeting.

Call to Order

The meeting was called to order at approximately 4:10 pm. Dr. Imran Ali opened the meeting and welcomed everyone.

Minutes

The attendees reviewed the April 12, 2008 minutes. No revisions were noted.

Motion: To accept the minutes of the April 12, 2008, CNCD meeting as submitted.

Motion unanimously approved.

Undergraduate Education Subcommittee (UES) Update

Dr. Joanne Lynn gave an update on UES. The Neuroscience Curriculum has been finalized and approved by the AAN Board of Directors. The next step is to seek endorsement and assistance in distribution from the Association of University Professors of Neurology (AUPN) and the Association of Medical School Neuroscience Department Chairpersons (AMSND). The SIGN program is strong and continues to grow.

Alliance for Clinical Education (ACE) Update

Dr. Lynn and Dr. Ali attended the Association of American Medical Colleges (AAMC) meeting. ACE is rewriting its manual for Clerkship Directors and is looking for assistance from Clerkship Directors. Anyone interested should contact Dr. Lynn or Dr. Ali. ACE's educational session at the 2009 (AAMC) meeting is Electronic Health Records. Since Dr. Isaacson has experience in this area, Dr. Ali will forward his name to ACE to assist on this project. Dr. Ali will represent CNCD on this panel and has asked that any Clerkship Directors who have expertise or experience in construction of a portfolio contact him.

Liaison Committee on Medical Education (LCME) Update

New Standards on Diversity

At its meeting on February 5-7, 2008, the LCME adopted the following new accreditation standard and associated annotation. This standard is effective July 1, 2009.

New Standard IS-16: Each medical school must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

New Annotation: The LCME and CACMS believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- Basic principles of culturally competent health care
- Recognition of health care disparities and the development of solutions to such burdens

- The importance of meeting the health care needs of medically underserved populations
- The development of core professional attributes, such as altruism and social accountability, needed to provide effective care in a multi-dimensionally diverse society

Each school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools could include the following elements of diversity in their planning, but not limited to: gender, racial, cultural and economic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

Clerkship Task Forces

1. ED-2/Core Curriculum Task Force members include: Tracey Milligan, MD; Imran Ali, MD, FAAN; David Geldmacher, MD, PhD; James Owens, MD; Amy Pruitt, MD; Daniel Menkes, MD; Richard Isaacson, BA, MD; and Rama Gourineni, MD.

ED2 Core Curriculum Suggested Guideline

These suggested exposures can be met by a variety of different means: live patients, case discussion, written cases, simulated patients, standardized patients, web-based modules.

<i>Symptom Complex</i>	<i>Examples</i>
Alteration of neurologic function	seizure, epilepsy, syncope, TIA, sleep disorders, vertigo, dizziness
Change in mental status	acute or chronic change in mental status, including: encephalopathy, coma, dementia, stroke, brain death, sleep disorders, developmental disorders, aphasia
Weakness of alteration in motor system	diffuse or focal weakness, clumsiness, involuntary movements, gait disturbance, diplopia, dysphagia, dysarthria, urinary or bowel incontinence; possible etiologies include: multiple sclerosis, stroke, Bell's palsy, developmental disorders, essential tremor, Parkinson's disease
Headache or focal pain	acute vs. chronic pain syndromes: migraine, tension headache, rebound headache, secondary headache, facial pain, neck pain, back pain, neuropathic pain
Numbness or paresthesia	sensory disorders associated with: peripheral nerve, nerve root, spinal cord or brain disorder. Possible etiologies include: stroke, multiple sclerosis, myelitis, carpal tunnel syndrome, diabetic polyneuropathy
Potential Neurologic Emergency	Possible examples include: <ol style="list-style-type: none"> Acute stroke (ischemic or hemorrhagic) Status epilepticus Spinal cord or cauda equina compression Toxic-metabolic encephalopathy Meningitis/Encephalitis Head Trauma Subarachnoid hemorrhage Increased intracranial pressure Acute respiratory distress due to neuromuscular disease (e.g., myasthenic crisis or acute demyelinating polyradiculoneuropathy) Sudden vision loss

The following suggestions were made:

- Change Potential Neurologic Emergency to Neurologic Emergency
- Specify more examples under Neurology Emergency
- It is important to have modules that relate to guidelines
- Align guidelines with residency requirements

MOTION: To approve ED-2/Core Curriculum guidelines with minor changes. Motion approved unanimously.

Next steps are to obtain approval from UES, Education Committee, and AAN Board of Directors.

2. Guidelines for Focused Neurologic Exams for Emergency Physicians and Non-Neurologists Task Force includes: David Newman-Toker, MD, PhD; Imran Ali, MD, FAAN; Ann Poncelet, MD; Michael Vertino, MD; and Neil Porter, MD. The goal of this task force is primarily to develop a list of common symptoms (headache, back pain, dizziness) to train medical students in doing focused neurologic exams. The information will also be useful to non-neurologists in providing focused neurologic exams in emergency room settings.

Clerkship Directors made the following suggestions:

- Keep each guideline to 1-2 pages
- Link guidelines to ED-2 requirements
- Incorporate related videos

3. Why Do Students Choose Neurology Task Force includes: Jonathan Carter, MD; Imran Ali, MD, FAAN; Ralph Jozefowicz, MD, FAAN; David Geldmacher, MD; Nick Szumski, MD; and Madhu Soni, MD. The Task Force plans to move forward with a survey to medical schools and osteopathic school. An email was sent to Clerkship Directors soliciting their assistance in conducting this research proposal. Approximately 60 Clerkship Directors have responded that they are willing to assist.

Clerkship and Program Directors' Conference

Suggested topics for 2010 include:

- Faculty development
- Standardized patients
- Educational theory
- Focus on online resources
- Neuroscience track that increases recruitment into neurology

Dr. Lori Schuh asked for suggestions for speakers.

Clerkship Study Tool Proposal

Dr. Safdieh presented his proposal to develop a web-based, centralized, peer-reviewed neurology clerkship study tool which would be designed specifically at the level of the medical student. The study tool would be composed of well constructed modules and contain multiple choice questions, both embedded within the modules and in the form of a full self-assessment examination. These could be tied in with the ED-2 guidelines and the focused neurological exam guidelines that the CNCD task forces are currently developing. Clerkship Directors would be encouraged to submit modules. Proposal will also be presented to UES on April 28, 2009.

Next Meeting

The next meeting will be held during the 2010 AAN Annual Meeting in Toronto, ON, Canada, on Saturday, April 10, 2010, following the CD/PD Conference.

Adjourn Meeting

The CNCD meeting was adjourned at 5:40 pm.

Respectfully submitted by:

Nancy Poehmann, Program Manager, Education