Interdisciplinary Committee Meeting  
10/27/10, 12:00-1:30pm  
Norris Medical Library, Rare Book Room

**Attendees:**
- Norris Medical Library: Emily Brennan, Amy Chatfield, Eileen Eandi
- USC School of Pharmacy: Ron Alkana, Kathy Besinque, Steve Chen, Melissa Durham, Kathy Johnson, Jessica Kuo, Boram Lee, Fred Weissman
- USC Keck School of Medicine: Win May, Jo Marie Reilly, Pam Schaff, Terri Woehrle

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<th>Topic</th>
<th>Discussion/statements</th>
<th>Ideas suggested during/after discussion</th>
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<td>Introductions.</td>
<td>Each attendee stated their name and title.</td>
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<td>School of Medicine M.D. curriculum overview provided by Pam Schaff and Terri Woehrle.</td>
<td>Pam provided a handout with a graphical overview of the 4 curriculum years at the Keck School of Medicine. They also went through the handout and provided more information. The first semester of medical school is focused on the Core Principles class, which covers the basic principles of health and disease, and covers basic sciences like physiology, biochemistry, etc. The remainder of first year and the first part of second year is focused on organ systems. Second year ends with a 7-week Integrated Cases course: a small group of medical students and a faculty facilitator discuss cases. Each week is a new disease/condition. Class is three mornings per week; rest is problem based learning (PBL) in small groups. The focus is on board review and “thinking clinically.” During the second year, students work on a Required Research Project (RRP) where they work on some sort of research under an approved mentor.</td>
<td>PS: The integrated cases at end of second year present a good opportunity for interdisciplinary education (IDE). The ICM/PPM class seems like a good target for IDE, but the class has a lot of content to cover in a short time.</td>
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The Introduction to Clinical Medicine (ICM) and Professionalism in the Practice of Medicine (PPM) courses run throughout first and second years. In ICM, small groups of students and a faculty member meet for ½ day per week and cover physical exam skills and interview skills. In PPM, several ICM groups come together and discuss issues relating to policy, cultural competency, ethics, and group dynamics. ICM and PPM are SPP case-based, and the goal is to know 200 SPP cases by the end of 2nd year.

3rd year students rotate in tracks through clinical clerkships. 4th year students take electives (selected clerkships at USC-sponsored worksites) and selectives (clerkships conducted at different worksites which meet
Specific standards). All students have track mentors, an experienced faculty member who focuses on PPM concepts and helps students gain professional skills, in 3rd and 4th year. At the beginning of 4th year students take an OSCE exam which is co-created, administered, and graded by all California medical schools.

The ultimate goal of the school is licensing. Students take USMLE step 1 exam and a school-provided OSCE after 2nd year. USMLE step 2 is taken after 4th year, and USMLE step 3 exam (which includes OSCE) is taken after one year of residency/internship. Students have stringent rules about what kinds of patient contact they can have in each step of this licensure procedure.

Questions were asked: How is systems education provided? Students have 4 hours of lecture per day maximum. Individual faculty have great latitude in selecting topics and methods for teaching. Exams are case-based and multiple choice.

How is drug information provided? Some basic principles are covered in Core Principles class, and each system includes pharmacology/ pharmacokinetics.

| School of Pharmacy PharmD curriculum overview provided by Kathy Besinque | Kathy used a Powerpoint show to illustrate the curriculum. A BS degree is required for entry at USC (not so in all schools of pharmacy). 4 academic years are required for the PharmD degree by the AACP, the accrediting body for schools of pharmacy. Years 1-3 are highly didactic and students must also complete 300 hours of experiential learning in a pharmacy setting (completed by a paid job; by school-sponsored IPPE and APPE rotations; or by attending health fairs and providing screening and preventive services, e.g. blood pressure readings, vaccinations). Year 4 students have experiential education. The curriculum is focused on 4 Core Areas: biomedical sciences; clinical sciences; pharmaceutical sciences; social and administrative pharmacy. Each course offered is focused on one or more Core Areas (e.g., pharmaceutics classes are clinical sciences) and each semester students take a variety of classes. This provides a well-rounded education for the students. Clinical therapeutics modules begin in year 2 and continue through year 3. These classes are organized around clinical cases. Therapeutics 12 is taken at the end of year 3; this
| KB: Social and Administrative pharmacy classes are a Core Area that seems ripe for IDE. KB: the inpatient acute care rotation in 4th year is an opportunity for IDE. JK: has observed that Pharmacy at USC seems to focus on ambulatory care, and medicine education seems to focus on acute care. This makes identifying collaborative venues more difficult. TW: has seen integration of pharmacy students into medical team. Grand Rounds at USC Hospital under Paul Holtom, M.D., in orthopedics and infectious disease, have successfully done this. JMR: Sees many parallels in year 4 pharmacy and years 3 and 4 medicine education. Could see an opportunity to have didactic sessions together. Medicine in years
focuses on NAPLEX exam review, and prepares students for the school-provided OSCE that year.

4th year students participate in the Advanced Practice Experience – six 6-week rotations which must take place at a variety of settings. Students go in pairs to a teaching hospital or health care facility in southern California. They must take 2 outpatient rotations, one at a community pharmacy (focusing on systems skills, e.g. navigating insurance plans formularies) and one at a primary care setting (focusing on clinical skills). They also do one inpatient rotation, at an acute care facility (focusing on clinical medicine), and a smaller practice to focus on systems skills. Students also pick 2 electives; one must include direct patient care.

Patient education is emphasized throughout all courses. It is specifically discussed in the PHRD 509 (pharmacy practice and experience, year 1, fall semester) and PHRD 554 (public health, year 2, fall semester) classes.

Students are licensed as intern pharmacists starting in the middle of year 1. This credential is good for four years and is revoked if students do poorly in school or drop out. The CA Board of Pharmacy has very strict rules for practice permitted by intern pharmacists; they must be directly supervised by a licensed pharmacist to conduct patient care duties. E.g., all student work is focused on competencies, and any actions/suggestions must be reviewed and signed for by a licensed pharmacist. The fourth year of school is focused on experiential education. Students must have 1500 hours of practical training before being eligible to sit for the NAPLEX licensure exam. This training can be completed during school or during a year of post-grad training. This is not required and not undertaken by many pharmacists, partly due to lack of work spaces for this “intern” or “resident” year.

The School’s on-campus clinics provide many jobs/internship sites for students and are a great opportunity to try out new campaigns, programs, and techniques. They have been able to experiment with smoking cessation, travel medicine, screening, etc.

| Current Interdisciplinary initiatives presented by Steve Chen and Terri Woehrle | Steve provided a handout which covered 6 major roles/types of pharmacy practice. Steve’s work focuses on clinical pharmacy. Other information which Steve provided focused on current needs and training opportunities for clinical pharmacists. Kaiser employs 1 clinical pharmacist for every KB: the psychiatry rotation seems to be a ripe area for IDE, but this rotation is no longer required for pharmacy students. |
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8-9 doctors. The VA and Kaiser lean on clinical pharmacists to reduce costs (they save twice the pharmacists’ salary by having them manage medication). Clinical pharmacists work on disease management. There is a lot of growing opportunity in this field and much grant $ available for this area.

A pilot project for IDE in geriatrics is being planned. Six medical students are already going to a geriatric care facility. Pharmacy residents will be added – the goal is to focus on assessment techniques (for pharmacy residents) and to learn about drugs used in geriatric populations (medical students). Dr. Brad Williams, who teaches a geriatric elective for the school of pharmacy, is aware of pilot.

A longitudinal project is also being planned for the 4th year pharmacy student geriatric elective class.

| Health fair discussion | One topic which was mentioned several times was pharmacy student involvement with health fairs. Pharmacy students are required to do some health fairs and some students use these to count for their required pre-licensure study.

Health fairs are not required for medical students but seem like an opportunity to work together. | Health fairs may provide a time for medical and pharmacy students to work together and learn some IDE skills.

JK: On Nov 6th, the Asian-Pacific medical student assn. and the Chinese Students Pharmacy Assn. are kicking off a Hepatitis B treatment awareness campaign. This IDE effort is entirely organized by students.

Several difficulties were identified:
- Raising awareness of the health fairs: how do medical students learn about them? (Student groups in pharmacy organize their involvement in health fairs, and they maintain an online calendar.)
- Training/preparing students for health fairs. Pharmacy faculty provide non-credit-carrying lectures in first month of fall semester to train students. Students sign up to attend. Medical students could attend these same lectures, but they are completed for 2010.
| **IPE Web Portal and communications efforts** | Eileen Eandi suggested that the library create and maintain a web site for IDE efforts on campus. This would include meeting minutes from this committee, a calendar of events for IDE, including health fairs and training, and could include a wiki for committee members to add their ideas and record their efforts.  
Donna Elliot would like to formalize IPE due to Dean's encouragement. | Reaching out to student groups to encourage their IDE efforts and raise awareness of other efforts is good idea.  
JMR stated that the Primary Care Website already has a lot of info. |

- Oversight/supervision at health fairs: pharmacy student participation is OK as long as supervised by licensed pharmacist. What about medical students? Legally, can an MD supervise a student pharmacist, or can a licensed pharmacist supervise a MD student?  
- Legal issues with use of USC name.