

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
January 8, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, January 8, 2013 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ken Olive, MD
Caroline Abercrombie, MD
Rich Feit, MD
Howard Herrell, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD
Jeremy Brooks, M2
Rebekah Rollston, M1

***Ex officio* / Non-Voting & Others
Present:**

Michelle Duffourc, PhD
Tom Kwasigroch, PhD
Theresa Lura, MD
Rob Schoborg, PhD
Doug Taylor
Cindy Lybrand, Med
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 11-20-12 meeting were approved as modified to state the hours designated for each topic category to be required in Keystone and in regard to the planned and primarily online Lifespan Development course being considered a hybrid more so than a flipped classroom model.

2. Topics

a. Update: Online Course Fees – M1 Lifespan Development & M4 Ethics Elective

At the [11/20](#) meeting, members were apprised that students enrolling in ETSU courses officially designated as “online” incur an additional fee based on number of credit hours.

Following that meeting, Dr. Olive and Dr. Abercrombie consulted with Dr. Karen King, Vice Provost for the Office of eLearning & Online Education and Ms. Myra Jones, Director of the Office of Academic Technology about the possibility of a different arrangement for medical students who do not pay tuition by credit hour.

It has resulted that the fees will not be waived, but some modifications will be made.

- The extra \$35 for Lifespan will not apply to this year’s hybrid course, but next year when the course is officially online, it will be included in M1 student tuition
- \$140 for online M4 Ethics Elective will be reduced to \$75

b. Standards across Courses – Update on Grading Policy

Mr. Doug Taylor, Assistant Dean and Director of Admissions & Records, provided the committee with additional information in regard to use of the “D” grade and requested that MSEC reconsider its [12/18](#) decision to eliminate its use for M1 & M2 courses.

Mr. Taylor’s comments regarded:

- Catalog statement that “a grade of D indicates that in the judgment of the course faculty, an additional period of prescribed remediation if successfully completed, will qualify a student for a grade of C*”
- Historical purpose and usefulness of the D grade in specific circumstances when a student is unsuccessful in only one segment of a course
- There not being a Summer term at Quillen in which to repeat an entire course
- Limitations due to TBR policies; reenrollment in a course in new enrollment period incurring full fees per credit hour
- Problem with assigning a letter grade if the remediation plan uses the NBME Subject Exam as the sole determinant of the final course grade

MSEC discussion regarded:

- Assignment of D grade not being a common occurrence
- Students taking responsibility for their actions and learning; faculty preference that students request help or accommodation in advance
- Standardization of remediation across courses; emphasis on mastery of the material
- Accommodations as possible without changes by TBR
- Potential future development of summer courses for Quillen and visiting students

ACTION:

After two motions were made and rescinded in regard to modifying the D grade policy, the committee asked that Drs. Johnson and Herrell draft a recommendation to be considered at the 1/29 Retreat.

c. Report: Comprehensive Review of 2012 M3 OSCE Competency

“Clinical Proficiency Competency for Promotion to the Senior Year”- *Approved by MSEC*
[June 2010](#)

Dr. Abercrombie, Director

- Discussed her focus on making students aware in advance of the competency expectations and making the OSCE more like USMLE Step 2 CS
- Noted that the mean response to “My overall evaluation of this course” was up from last year; also, that students’ positive comments regarded having SP / other feedback on the D2L site in addition to orientation and review material

- Presented student grade distribution in the following areas of assessment, plus the final calculated grade [Grade / percentage of students]:

COMMUNICATION TOTAL [>90 = 97%] — Scores for all three cases obtained from the Standardized Patient Feedback Checklist, Faculty Rapport Checklist and the Communications grading sheet.

DATA COLLECTIONS TOTAL [>90 = 75%] — Represented “thoroughness of history data collection” and the ability to use communication skills to do so; included the thoroughness of the physical exam for one case.

WRITE-UP [>87 = 38%] — Documentation of the standardized patient encounters (template provided included doing an assessment, but not a plan). Faculty graded all of the write-ups; one faculty graded all results for a particular station.

FINAL QUIZ: DIAGNOSTIC INTERPREATION [Mean 12.58 / 15] — Determination of ability to interpret diagnostic tests.

FINAL GRADE [70-79 = 4%; 80-89 = 45%; >90 = 51%]

- Reported that the majority of students performed well, especially in Communication; there were lower scores overall in Write-ups and four students failed in this area and had to remediate
- Informed MSEC that the technology in the standardized patient lab will be upgraded for this year’s OCSE in June

MSEC discussion regarded:

- OSCE competency building on physical exam and other instruction and experiences from M1&2 in Intro to Physical Exam Skills, Practice of Medicine and the Clinical Preceptorships
- OSCE assisting students in preparation for clinical clerkships; also, preparing them for time limitations in USMLE Step 2 CS and beyond
- Identifying more opportunities in the curriculum where students can practice documentation / SOAP (subjective, objective, assessment and plan) notes and become more proficient in differential diagnosis

d. Curriculum Content (Gaps) Report: Medical Licensure

The committee reviewed the report summarized as follows:

- From our database, content in required curriculum:
M1
Profession of Medicine – basic introduction

Biostatistics & Epidemiology – introduced as a function of the State Dept. of Health
M3
Internal Medicine clerkship
M4
Keystone – in context of medical jurisprudence

- Data in response to 2011 & 2012 AAMC Graduation Questionnaire (GQ) item:
(Rate) your instruction in the following area – Medical Licensure/Regulation –
[Inadequate Appropriate Excessive]
 - Quillen rating improved in 2012, including %Appropriate being above the national average

Discussion regarded:

- Consideration of the relevance of this topic in undergraduate medical education; determination that while basic introductory material is relevant, detailed information is more appropriate for residency curricula
- Anticipation of 2013 GQ data – Class of 2013 was the first to be enrolled in Profession of Medicine and the revised M1 curriculum (2009-2010)

ACTION:

On a motion by Dr. Feit and seconded by Dr. Herrell, the committee decided that coverage of this topic was adequate and did not need to be further addressed.

Dr. Olive and Dr. Kwasigroch will encourage M4s to respond to the 2013 GQ and to wait until the Senior Keystone course to do so because Keystone sessions contain significant curricular components students have not yet seen.

e. LCME Letter, December 21, 2012

Letter to Dean Bagnell described the material that should be prepared as a briefing book prior to the LCME limited (focused) survey visit to Quillen College of Medicine. The material and visit will again address the areas of noncompliance and areas in compliance with a need for monitoring as described in the February 16, 2012 letter to President Brian Noland (and to which we responded in our August 9, 2012 Quillen College of Medicine Action Plan to Address LCME Findings).

The cited standards are from the [May 2012](#) edition of *Functions and Structure of a Medical School*. MSEC reviewed and discussed each of the applicable ED Standards [1, 13, 32, 33, 35, 46 (noncompliance); 2, 30, 37 & 38 (monitoring)] plus MS-27-A, and the corresponding lists of information and examples that will be required from us.

ACTION:

Members noted aspects of our progress and *made recommendations for future actions, including in regard to:*

[ED-2] *Bi-annual administrative reports on logging of clinical encounters being sent to students and clerkship directors*

[ED-38] *Review of student duty hours at mid-clerkship by clerkship directors*

f. Plan for January 29, 2013 Retreat

Members discussed possible agenda and breakout session topics in addition to the already planned proposal on nutrition in the curriculum and reports from the MSEC subcommittees.

g. Update: Professionalism Report Form

ACTION:

On January 2, Dr. Olive and Dr. Kwasigroch emailed the new MSEC-developed reporting mechanism to Quillen students with an explanation about its purpose to 1) address issues related to professionalism outside of the academic grading system and 2) be formative in nature, with the goal of improving professional behavior, not a punishment. On January 7, a similar email was sent to Quillen faculty & staff.

Outcomes Subcommittee has established a quarterly agenda item to identify the number of reported incidents [numbers only].

3. Recent documents / topics {Linked or on file in Academic Affairs – contact myers@etsu.edu}

Policies – Standards across Courses, MSEC approved 12-18-12

Report: 2012 M3 OSCE Competency – Assessment & Analysis: Student Performance Breakdown

Curriculum Content Report: Medical Licensure

LCME Standards for MSEC Review (in the areas of noncompliance and areas in compliance with a need for monitoring – Outline of material to be prepared as a briefing book prior to the LCME limited (focused) site visit to Quillen, June 24 – 26, 2013.

Initial draft: Agenda for January 29 MSEC Retreat

Report: 2012-2013 USMLE Results, revJan2

4. Announcements

The next MSEC meeting will be the first 2013 retreat on Tuesday, January 29, 2013.

5. Adjournment

The meeting adjourned at 6:04 p.m.