

**EAST TENNESSEE STATE UNIVERSITY  
QUILLEN COLLEGE OF MEDICINE  
Medical Student Education Committee  
Minutes  
October 1, 2013**

The Medical Student Education Committee of the Quillen College of Medicine  
met on Tuesday, October 1, 2013 at 4:15 p.m.  
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members**

**Present:**

Ramsey McGowen, PhD  
Caroline Abercrombie, MD  
Reid Blackwelder, MD  
Michelle Duffourc, PhD  
Howard Herrell, MD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jerry Mullersman, MD, PhD, MPH  
Deidre Pierce, MD  
Jessica White, M4  
Jeremy Brooks, M3  
Rebekah Rollston, M2  
Jessica Arthur, M1

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

**Present:**

Joe Florence, MD  
Thomas Jernigan, MD, MA  
Tiffany Lasky, DO, MS  
Theresa Lura, MD  
Cindy Lybrand, MEd  
Lisa Myers, BA

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Shading denotes or references MSEC ACTION ITEMS

**1. Approval of Minutes**

The minutes from the 9-3-13 MSEC meeting were approved as distributed.

**2. Topics**

**a. UPDATE: Palliative Care in the Curriculum**

3-5-13, MSEC reviewed curricular content related to End-of-Life Care and subsequently appointed a working group, led by Dr. Robert Enck, to review the larger context of palliative care.

6-4-13, MSEC received a report with recommendations from the ad hoc group on palliative care in the curriculum. MSEC sought input from all course and clerkship directors regarding these recommendations.

Dr. McGowen previously distributed and today presented four pieces of information to assist MSEC in their follow up to the recommendations; also, members discussed:

1. A table – by curriculum year and by course – with the ad hoc group’s recommendations for inclusion of identified parts of a palliative care curriculum and the responses to those recommendations from the course and clerkship directors, including statements of current content
2. The list of recommendations made by the ad hoc group separated from course placement
3. A proposal offered by Dr. Florence for a specific educational activity to replace the activities recommended by the ad hoc group
4. A list of palliative care objectives from and link to the *American Journal of Hospice and Palliative Medicine* [article](#) “A 4-Year Integrated Curriculum in Palliative Care for Medical Undergraduates” (that the ad hoc group referenced in developing their recommendations)

**ACTION:**

On a motion by Dr. Herrell and seconded by Ms. White, MSEC determined there is adequate and appropriate coverage of palliative care in the Quillen curriculum.

Dr. McGowen will follow up with Dr. Patrick Macmillan about his plan, which MSEC endorsed, to videotape his palliative care lecture and make it available online for all Internal Medicine clerkship students. MSEC directed that implementation of this lecture content along with pertinent objective(s) and assessment be accomplished by the beginning of Period 5, 2014.

Dr. Florence’s proposal for students to participate in hospice agencies’ home visits will be on a future MSEC agenda.

**b. Reports to MSEC – [M1/M2 Review Subcommittee]**

Dr. Johnson, Subcommittee Chair

Annual Review of M1 Biostatistics and Epidemiology; John Kalbfleisch, PhD, Course Director/Instructor

- Comments / recommendations to the course director
  - Most students regard Dr. Kalbfleisch as extremely helpful
  - He should continue his efforts to evaluate biostatistics content at other medical schools to get ideas for altering/improving his course
  - Subcommittee agrees with Dr. Kalbfleisch’s planned changes for next year that regard 1) making course material available to students before start of the course, 2) adding additional “Q and A” reviews during the course to assist students with homework & exam preparation, 3) adding additional questions to the quiz series and 4) involving clinician/researcher/public health professional(s) in the course to help demonstrate clinical applicability

- Short-term recommendations
  - Course director should use D2L for course management and grading
  - Examples from clinical research articles should be included; homework problems should similarly be associated with real-life examples
  - Statistical analysis program used in the course should be compatible with any student personal computer that meets the QCOM computer requirements
- Long-term recommendations
  - Later in the curriculum, students should evaluate published research articles &/or do a small research project that requires use of biostatistics principles [Current content: Dr. Olive's Keystone session - Journal Article Review and Review of the Pertinent Biostatistics]

Discussion centered on statistical software in regard to:

- Packages commercially available for statistical analysis, including free downloads from the CDC
- Dr. Kalbfleisch's program, which is used in the course, and is incompatible with Macs without installation of additional software, i.e., a virtual OS and MS Windows

**ACTION:**

*MSEC accepted the M1/M2 Review Subcommittee's annual review of Biostatistics and Epidemiology.*

*Software ramifications for Mac users will be further explored (including contacting Eli Kennedy, M2, who shared a work-around with his class last year).*

*QCOM computer requirements policy (for the catalog & orientation) will be revisited.*

Annual Review of M1 Medical Physiology; Tom Ecay, PhD, Course Director

- Short-term recommendations
  - Course should continue toward goal of full integration with Cell & Tissue Biology, eventually extending this to include Cellular & Molecular Medicine (biochemistry) and Genetics
  - Continue review of the large volume of material to determine requisite content and whether there are unplanned redundancies among M1 courses
  - Consider fewer lectures and more active-learning techniques
  - Expand clinical integration like has been accomplished in cardiac and pulmonary systems to cell physiology, GI and endocrine sections; also, expand use of clinical cases and continue to increase number of clinical vignettes on exams
  - Possibly add LabTutor software & hardware to the clinical labs already in place
  - Incorporate latest educational technology, like use of Tegrity lecture capture software and provide faculty training workshops
  - Recruit new teaching faculty (number of which has dropped significantly)

- Long-term recommendation
  - To improve student retention, look at ways to decompress the calendar, i.e., slow the pace of the course by stretching out the same number of hours in a longer period of time; also, adjust exam schedule

**ACTION:**

*MSEC accepted the M1/M2 Review Subcommittee's annual review of Medical Physiology.*

Annual Review of M1 Lifespan Development; Ramsey McGowen, PhD, Course Director

- Comments / recommendations to the course director
  - This course, in a new hybrid format of primarily online lectures supported with “flipped classroom” components, is well organized, covers clinically relevant topics and promotes independent and active learning, critical thinking and reflection
  - Subcommittee agrees with Dr. McGowen’s plans to 1) consider a more comprehensive and active session for rehabilitation content and 2) identify options for meeting the needs of students who prefer face-to-face meetings
- Short-term recommendations
  - Use of Tegrity to improve lecture capture/recording quality; training for instructors
  - As done with PowerPoints, incorporate peer evaluation of recorded lectures
  - Possibly include another flipped classroom session to help students apply the material &/or have a weekly online chat for live Q&A
  - Reduce the number of graded discussion posts
  - Consider making the quizzes closed-book like the comprehensive exam or omitting quizzes and administering an in-class midterm and final
  - Work with Dr. Karen Tarnoff to develop grading rubrics
- Long-term recommendations
  - To meet the needs of this course and all QCOM courses, consider tighter computer standards for students, or alternatively, include the purchase of a computer as part of a student’s fees
  - For curriculum integration and sequencing with psychiatry content, further consider the best staging of Lifespan’s biological and psychosocial material, which includes underpinnings of adult disease

**ACTION:**

*MSEC accepted the M1/M2 Review Subcommittee's annual review of Lifespan Development.*

Annual Review of M1 Case Oriented Learning (COL); Paul Monaco, PhD, Course Director

- Comments / recommendations to the course director
  - To accompany the clinical cases used in the small groups, possibly provide videos of simulated patient examinations by physicians
  - Consider recording some sessions with experienced facilitators and use the videos to train new facilitators &/or assist others
  - Prepare a handout to aid facilitators (Dr. Abercrombie volunteered to help Dr. Monaco draft this handout.)

**ACTION:**

*MSEC accepted the M1/M2 Review Subcommittee's annual review of Case Oriented Learning.*

Note: Now M4s, Melissa Robinson & Jessica White are moving from the M1/M2 to the M3/M4 Review Subcommittee.

**c. Update: New Keystone Course Requirements**

Reference [11-20-12](#) proposal and MSEC action to implement a 10-hour attendance requirement that specifically covers six AAMC/LCME topic categories that are presented (some exclusively) in Keystone sessions and must be required in order to count as part of our core curriculum.

Dr. Lura

- Gave a brief history and description of her course since its inception in 2002
- Listed the six topic categories – Business of Medicine, Cultural Issues, Ethical Issues, Medical Jurisprudence, Nutrition & Physician Health – showing that for most, the number of hours offered in 2013 well exceeded the number that will be required
- Presented how the plan was piloted in 2013 with students responding at the end of the course in regard to whether it would have been easy to achieve the requirements [Yes = 80%; their suggestions for 2014 included having even more options available in each category and options in each category being available in at least 2 different weeks]
- Stated the plan for 2014
  - Implement requirements with early notification to seniors
  - Schedule more than one opportunity to meet topic requirements, across at least two different weeks
  - Plan for make-up assignments where necessary

#### d. Update: OB/GYN Clerkship – Post-Period 2

Reference MSEC's [7-16-13](#) discussion and decision to monitor the clerkship based on the significant change in leadership and other issues; plus, [8-20-13](#) Post-Period 1 report

##### Dr. McGowen

- NBME mean score = 74.9
- Student Evaluation of OB/GYN Clerkship – Period 2 – (5 point scale)
  - Student evaluations trending in positive direction, although still somewhat lower than last year; “Overall Evaluation of Clerkship” = 4.33 (4.0 in Period 1)
  - Three items ranked between 4.5 and 5.0 (none were above 4.5 in Period 1): Mentoring, Enhanced professional skills & Clinical experience improved competence
  - Two items were between 3.5 and 4.0: Timely evaluation of histories, physicals, differential dx & Relevance and effectiveness of didactic presentations
  - Student comments
    - Positive: Variety of patients, resident teaching, attending teaching, hands-on nature of clerkship
    - Negative: Quality of didactic lectures and the didactic schedule; specific rotation complaints (e.g., too many students at one time); included only one comment about “internal strife”

##### Discussion with Dr. Jernigan regarded:

- Students expecting more relevance in didactic presentations and this period's improvement in how that item was ranked on the evaluation; also, peer review of lectures and that a couple of lectures have been eliminated
- Determination of the quality of the clerkship being based on a wide variety of data as part of a future comprehensive review by the M3/M4 Review Subcommittee

*In November after Period 3, the committee will again review the OB/GYN clerkship.*

#### e. Course & Clerkship Director Roles

Detailed drafts of duties, responsibilities and core job descriptions for pre-clinical course directors and clinical clerkship directors were developed with input from numerous individuals and resource materials and distributed to members for review in advance of today's meeting.

Following discussion, including in regard to a faculty compensation plan, members agreed that the documents should be further disseminated for input before any MSEC action. Both will be submitted to the [Administrative Council](#); pre-clinical draft will go to the course directors and the clerkship director draft will be shared first with the clinical chairs.

### **3. Recent documents / topics**

*Update: Palliative Care content in the QCOM curriculum – Dr. Ramsey McGowen*

*Proposal: Palliative Care curriculum – Dr. Joe Florence*

*Palliative Care objectives from American Journal of Hospice and Palliative Medicine  
[Article](#): A 4-Year Integrated Curriculum in Palliative Care for Medical Undergraduate*

*Reports: [M1/M2 Review Subcommittee] Annual Reviews of Biostatistics & Epidemiology, Case Oriented Learning, Lifespan Development & Physiology*

*Presentation: New Keystone Course Requirements Update – Dr. Theresa Lura*

*Review: OB/GYN Clerkship, Period 2, 2013 – Dr. Ramsey McGowen*

*Draft: Duties, Responsibilities and Core Job Description Pre-Clinical Course Director*

*Draft: Duties, Responsibilities and Core Job Description Clinical Clerkship Director*

*[Epi Info](#)<sup>™</sup> - Public domain software package designed for the global public health community of practitioners and researchers; provides for easy questionnaire and database construction, data entry and analysis with epidemiologic statistics, graphs and maps.*

### **4. Announcements**

*The next Integrated Grand Rounds (IGR) will be on Friday, October 25, 2013, 1-3 pm.*

*The next MSEC meeting will be a Retreat on October 29, 2013.*

### **5. Adjournment**

The meeting adjourned at 6:02 p.m.