

**Medical Student Education Committee
Retreat Minutes
October 21, 2014**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, October 21, 2014 at 12:00 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present*:

Ramsey McGowen, PhD
Caroline Abercrombie, MD
*Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
*Ken Olive, MD
*Rebekah Rollston, M3
*Jessica English, M2
*Omar McCarty, M1

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

Tiffany Lasky, DO
Theresa Lura, MD
*Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

[*part of the time]

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes from the 9-16-14 meeting were approved as distributed.

In regard to the Outcomes Subcommittee's 9-16-14 report, Dr. Mullersman suggested revision of the Medical Knowledge benchmark "50% of students will score at or above the national mean on NBME Subject Exams" to reflect real time national means as opposed to using 70 as has been the case. Outcomes Subcommittee plans to re-examine all of the benchmarks after review of the curriculum as a whole and will address how best to calculate this measure.

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

Dr. Johnson, Subcommittee Chair

Comprehensive Review of M1 Biostatistics & Epidemiology; John Kalbfleisch, PhD, Course Director –
Reviewers: Drs. Rob Schoborg and Dave Johnson



- Reviewers' comments / collaboration with the course director followed up on many of last year's topics and regarded:
 - Dr. Kalbfleisch providing students several alternatives to using his Mac-incompatible statistical analysis program; students not being particularly receptive
 - Course needing to include actual clinical research articles wherever possible and homework problems that are associated with real-life examples
 - Course director needing to review the Comprehensive Basic Science Exam and First Aid to ensure STEP 1 material is being covered
 - Collaboration with Dr. Herrell related to the biostatistics component in the OB/GYN Clerkship; all M1/M2 course directors potentially seeking feedback from clerkship directors about how M3 students are performing on material/activities relevant to their courses
 - Dr. Kalbfleisch continuing to evaluate Biostatistics content at other medical schools to get ideas for altering/improving his course
- Short-term recommendation:
 - With staff support, course director should use D2L for course management and grading and ExamSoft for exams when possible
- Long-term recommendations:
 - Volunteer faculty mentors should assist with M1 Cadaver Case Presentations, including to help students avoid last minute preparation that in the past has had adverse effects on their concentration in Biostatistics and the other courses running at that time
 - M3/M4 students should perform critical reviews of medical literature requiring use of biostatistics; require evaluation of published research articles &/or a small research project

ACTION: MSEC accepted the M1/M2 Subcommittee's report of their comprehensive review of Biostatistics & Epidemiology.

Comprehensive Review of M1Lifespan Development; Ramsey McGowen, PhD, Course Director – Reviewers: Daniel Gouger, M2 and Caroline Abercrombie, MD

- Reviewers' comments / collaboration with the course director regarded:
 - Success of the course's hybrid format that includes online material and discussion along with in-class clinical lectures and discussion
 - Academic technology (ATS) assistance and instruction to improve video quality and address other technology concerns in advance of the Spring 2015 course
 - Intention to better integrate rehabilitation content
 - Attempt to determine the appropriate number of discussion posts
 - Current grading rubrics for discussion posts; possible creation of a rubric for the comprehensive reflection assignment
 - Plan to use ExamSoft for exams and quizzes in the future
- Short-term recommendations:
 - None

- Long-term recommendations:
 - MSEC evaluation of the integration, placement and consistency of the overall behavioral science curriculum, including the content in Lifespan Development
 - Discussion of potential need for fees for online courses

ACTION: MSEC accepted the M1/M2 Subcommittee's report of their comprehensive review of Lifespan Development.

3. Report to MSEC – [M3/M4 Review Subcommittee] Comprehensive Review of Keystone Course; Theresa Lura, Director – Reviewer: Dr. Jerry Mullersman

- Reviewer's comments / collaboration with the course director regarded:
 - Overview of course administration, content and teaching & assessment methods
 - Quality of teaching being in part a reflection of Dr. Lura's efforts to recruit and retain the best faculty for the course
 - Student leeway in choosing sessions (areas of interest or perceived weakness) serving to reinforce a high level of participation and enthusiasm
 - Feedback from former students confirming the course's effectiveness in preparing students for residency training
 - Areas identified for adjustment in the 2015 course, including a few changes in instructors and teaching methods
 - Administration of this course having relied on Dr. Lura's familiarity with Quillen faculty and the community physicians who have contributed their expertise; anticipation of her eventual retirement and planning for a successor
- Short-term recommendations:
 - None
- Long-term recommendation:
 - MSEC could offer input regarding succession of the Keystone course director

ACTION: MSEC accepted the M3/M4 Subcommittee's report of their comprehensive review of the Keystone course.

4. Information Item: Change in M3 Self-study/Review/Reporting Cycle

To provide directors feedback with greater utility for planning their next academic year, an administrative decision was made to change the timing of Clerkship reviews. The process will begin with Clerkship directors' self-studies being done following Student Evaluation of Clerkship reports after Period 4 instead of after Period 8.

The shift will be piloted this year (2014-2015) and will also apply to Transitions to Clinical Clerkships. Transitions' self-study will follow receipt of the report from the retrospective evaluation that students complete after having experienced clinical rotations in the Fall semester. Members discussed

modifications to be made in that evaluation form that would assist in the M3/M4 Subcommittee's review of the course itself, i.e., creating separate comment fields for feedback related to the M3 OSCE or other pre-Clerkship requirements.

5. Review of the Curriculum as a Whole (4th year of 4-year review cycle) from [Policy for Periodic and Comprehensive Review of the Curriculum](#)

[Ref [10-29-13](#) Retreat]

- Committee reviewed:
 - The formal curriculum review policy
 - Our answer to the LCME [ED-35] question on the July 2014 status report: "Describe the status of planning for the review of the curriculum as a whole. Note the parameters for the review, including what data will be collected and what groups will have input in the review process."
 - A preliminary schematic of the plan for review that breaks down focus, data sources and reviewers & reporters of data

Discussion regarded:

- Aspects of how well the curriculum is functioning already being determined through the annual and comprehensive course reviews, e.g., questions related to topics such as sequencing and redundancy; also, as when during the MSEC annual meeting, course/clerkship directors addressed communication between pre-clinical and clinical course directors, horizontal and vertical integration, omissions and unplanned redundancies and areas in need of improvement
- How the review will be 1) based on systematic consideration of a variety of information and structured according to the plan that outlines questions to be answered, 2) accomplished by dividing the process among working groups representing a broad constituency of faculty, staff and students and 3) conducted during an established timeframe that allows for timely implementation of recommended changes
- Roles and responsibilities of current MSEC subcommittees
- Reliance on quality data; our curriculum management system, mapping and linking assessment to objectives
- Review of the curriculum as a whole benefitting our program and verifying our management of the curriculum to LCME
- Resources that are needed to be successful, including sufficient faculty and staff
- Faculty development; *self-study form to be revised with addition of a text field after the Faculty Development section for providing specifics about the request*

6. Update: Review of M2 Curriculum Content

[9-3-13](#) MSEC initiated an M2 review like M1 had conducted to identify gaps, eliminate redundancies and integrate content.]

- Drs. Olive and Duffourc gave a progress report in regard to:
 - The M2 content & objectives framework Dr. Olive created to facilitate the review process
 - Examination of the staging of content among M2 courses

- Material being presented in a complimentary fashion between some courses (in a variety of different ways)
- Having not yet found gaps or redundancies

7. Curriculum Content Report: Joining Forces Initiative: Military / Veterans Health

- Dr. Olive's presentation outlined:
 - *Joining Forces Pledge*
 - Quillen's participation in the national initiative to mobilize medical school integrated missions in education, research and clinical care to train our nation's physicians to meet the health care needs of the military and their families
 - Relevant topics currently covered in M1-M3, highlighting components of Transitions to Clinical Clerkships and the Community Medicine Clerkship
 - Students' curricular experiences in Internal Medicine, Psychiatry, Specialties and Surgery rotations at the VA
 - Other activities, including student volunteer activity "[Project Healing Waters](#)," Military Medicine Student Interest Group and periodic special presentations like Col. Jeff Morgan's regarding his surgical experience in Iraq and Afghanistan
 - Opportunities for additional coverage: 1) Consulting with active and reserve military students, 2) adding the topic of military sexual trauma in Human Sexuality workshops, 3) including a case in COL &/or Practice of Medicine that has a military or veteran focus, 4) asking appropriate groups to participate in the Community Health Fair and 5) sponsoring of activities by student groups, e.g. Gold Humanism Honor Society, AOA

8. M4 – Educational Goals, Curriculum and Structure

[Ref re Keystone [11-20-12](#), [10-1-13](#); M4 revisions [4-22-14](#), [5-20-14](#) + re FM/IM SubIs [8-19-14](#)]

- Recent MSEC actions / revisions to the Senior year include:
 - Reducing the number of weeks of required educational experiences from 35 to 33
 - Dropping the requirement for a Specialty/Subspecialty (C) Selective; requiring students to take an additional 2-week Elective
 - Providing online Electives
 - Adding the Keystone 10-hour attendance requirement for topics in the categories of Business of Medicine, Cultural Issues, Ethical Issues, Medical Jurisprudence, Nutrition and Physician Health & Wellness (full implementation, 2014); moving Keystone to begin four weeks prior to graduation (2015)
- Further development of the Subinternship model is being considered and today's discussion regarded:
 - Family Medicine Subinternship formal approval still pending the department's submission of the Sr. Selective / Elective proposal form
 - Potential for Selectives in addition to those in Family Medicine and Internal Medicine fulfilling the subinternship requirement

- Alliance for Clinical Education Perspective Paper: Recommendations for Redesigning the “Final Year” of Medical School was previously distributed to members and highlights from today’s discussion were in regard to:
 - The overarching goal to facilitate a transition from undergraduate to graduate medical education
 - The paper’s overview of general competencies and specialty specific recommendations to serve as a foundation for medical schools to develop robust 4th-year curricula and for medical students to plan their 4th-year schedules
 - A favorable opinion of the article and Quillen doing most of what it recommends
 - Complications in Electronic Health Records (EHR) training
 - Consideration of Away rotations
 - Ideas for additional assessment of competencies in M4, including a formal summative assessment

9. Introduction to the Concept of EPAs – Entrustable* Professional Activities for Entering Residency **refers to ability to perform a professional activity without direct supervision*

Ms. Peeple’s presentation and discussion addressed:

- Background of EPAs
 - Collaborative effort between UME and GME; medical education moving toward a continuum of learning and demonstration of competency
 - Attempt to close the gap between expectations and new residents’ performance on day one
 - Need to assure the health and safety of the public
 - AAMC Graduation Questionnaire will provide insight into whether students feel confident performing the 13 core activities
- What are [EPAs](#)?
 - 13 core EPAs for entering residency = activities and competencies/behaviors every graduating medical student should be able to perform without supervision; practical guidelines for activities they will be performing as physicians
 - Work units of professional practice, defined as tasks or responsibilities independently executable, observable and measurable in their process and outcome and, therefore, suitable for entrustment decisions
- EPAs as a basis for curriculum development and curriculum evaluation/outcomes
 - Functions of each EPA are linked to the objectives under the 8 domains of their Physician Competency Reference Set (PCRS), which now serves as Quillen’s Institutional Educational Objectives [\[2-14-14\]](#)
 - Criteria could be used to determine both curriculum and student assessment
 - Curriculum questions about the sequential foundational pieces being taught would address who, what, when, where and how
 - AAMC Graduation Questionnaire (GQ) will provide insight into whether students feel confident performing the 13 core activities

- Basis for faculty development related to assessment
 - How will the EPA be assessed?
 - Who will make the entrustment decision?
 - How will the entrustment decision be made?

ACTION: *MSEC endorsed moving toward incorporating EPAs into the Quillen educational program.*

10. AAMC Curriculum Inventory Upload for September [The Curriculum Inventory ([CI](#)) serves as the centralized database of AAMC-member medical school curricula, including content, structure, delivery and assessment in the U.S. and Canada.]

Ms. Lybrand informed the committee that our 2013-2014 curriculum data has been successfully uploaded; initial upload of (2012-2013) test data took place last March, and the CI Portal will re-open August 1, 2015 for uploads of 2014-2015 curriculum data.

She also provided graphs from “AAMC Curriculum Inventory Report: Number of Hours and Weeks” that illustrated the national average of required contact hours in M1/ M2* and average total number of weeks per curricular year. (*beginning in 2011-2012, AAMC included assessment hours)

Discussion regarded:

- Quillen’s required contact hours, particularly in M1, being above the national average
- Instructional efficiency; students acquiring the skills to seek knowledge and develop high order critical thinking
- AAMC Curriculum Inventory moving away from reporting topics in number of hours to reporting whether the topic is covered and looking at levels (academic years) within the program, including the sequencing within each level
- Need for our definitions of required curricular data to be standardized to allow for national comparison

11. LCME Update: New LCME Standards / Elements

Dr. Olive’s presentation informed the committee in regard to:

- August 2014 “You Said...We Did” letter to Dean Means from LCME Co-Secretaries, Drs. Barbara Barzansky and Dan Hunt about LCME’s efforts to engage in continuous quality improvement as it has encouraged schools to do in monitoring their programmatic quality; sample from the list:

You Said	We Did
The 135 standards are not organized to facilitate understanding of their educational intent.	There are now 12 standards with 95 elements, and elements that relate to one another are grouped together.

There is a lot of redundancy in the information requested in the document for a full survey.	Information is now only asked for once and we eliminated 17% of the questions to which schools must respond.
Terms in the standards and elements are not always clear.	The online glossary of terms has been expanded.
The amount of paper that we submit for our full survey is excessive.	Beginning fall of 2015, all documents from US schools will be submitted electronically. No paper at all.

- New organization of Standards*:

Standard 1: Mission, Planning, Organization, and Integrity

Standard 2: Leadership and Administration

Standard 3: Academic and Learning Environments

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

Standard 5: Educational Resources and Infrastructure

Standard 6: Competencies, Curricular Objectives, and Curricular Design

Standard 7: Curricular Content

Standard 8: Curricular Management, Evaluation, and Enhancement

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

Standard 10: Medical Student Selection, Assignment, and Progress

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

*Also of benefit by decreasing the likelihood of being or remaining out of compliance with a whole Standard and compromising accreditation.

- New Elements since the 2011 site visit:

1.1 Strategic Planning and Continuous Quality Improvement – A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals resulting in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education program’s compliance with accreditation standards.

7.9 Interprofessional Collaborative Skills – The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

9.3 Clinical Supervision of Medical Students – A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in

order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

- LCME [Connections](#) – Providing an in-depth view of LCME accreditation standards and elements by linking them to relevant sections of LCME accreditation publications
- Connecting with the Secretariat – LCME Co-Secretaries host interactive discussions of LCME standards/elements and procedures; third Thursday of each month (January - October):

2015 LCME Webinars

January 15, February 19, March 19, April 16, May 21, June 18,
July 16, August 20, September 17 & October 22
1:30-3:30 PM ~ Academic Affairs Conference Room
Topics: TBA

12. Update: Institutional Educational Objectives – 8.0 + 5.6

Review of the latest version of the table that includes crosswalks from the previous Commencement Objectives and/or additional examples to facilitate mapping of course/clerkship objectives to these domains of the new Institutional Educational Objectives.

13. Standing Agenda Item: Subcommittee, Working Group & Technology Updates

Integrated Grand Rounds (IGR) – Upcoming dates: 10/3/14, 1/9/15 & 4/17/15; 1 – 4 pm in the Stanton-Gerber Large Auditorium. (Dates are published on each semester’s M1 or M2 Exam Schedule.)

Curriculum Integration Framework (CIF) – Group’s most recent work was with Dr. Earl Brown for the Pathology course.

Nutrition Working Group –

- The second COL nutrition session introduced how to start the conversation with patients about obesity, eating habits, etc.
- Dr. Abercrombie submitted a nutrition activity proposal for inclusion in ETSU’s Interprofessional Education Program (iPEP). Titled “Community Nutritional Health Outreach” it will involve a team of medical, pharmacy and nutrition students conducting nutritional assessments at the Johnson City Farmers Market.
- In conjunction, Melissa Eggert, M2, Class of 2017 Vice President of Fundraising and Community Involvement, applied for funds from the Behringer Interprofessional Education Scholarship Endowment to cover the cost of supplies needed to perform the health screenings.

Documents / Topics

Reports: [M1/M2 Review Subcommittee] Comprehensive Reviews of Biostatistics & Epidemiology and Lifespan Development

Report: [M3/M4 Review Subcommittee] Comprehensive Review of Keystone Course

July 30, 2014 LCME Status Report

Schematic – Evaluation of the Curriculum as a Whole

Presentation: Joining Forces Initiative

[Article](#) – Alliance for Clinical Education (ACE) Perspective Paper: Recommendations for Redesigning the “Final Year” of Medical School

AAMC Curriculum Inventory Reports: Number of Hours and Weeks

Presentation: LCME October 2014 Update

Institutional Educational Objectives – Crosswalk & Examples for 5.6 & 8

Presentation: Entrustable Professional Activities for Entering Residency ([EPAs](#))

Announcements

Quillen College of Medicine
40th Anniversary Gala
Saturday, November 1, 2014, 6:30 pm
Millennium Centre Ballroom

The next MSEC meeting will be on November 18, 2014.

Adjournment

The Retreat adjourned at 4:15 p.m.

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