

**EAST TENNESSEE STATE UNIVERSITY  
QUILLEN COLLEGE OF MEDICINE  
Medical Student Education Committee  
Minutes  
November 13, 2012**

The Medical Student Education Committee of the Quillen College of Medicine  
met on Tuesday, November 13, 2012 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  
Jamie Reagan, M4  
Jessica White, M3  
Jeremy Brooks, M2  
Rebekah Rollston, M1

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

**Present:**

Tom Kwasigroch, PhD  
Suresh Ponnappa, MSLS  
Cindy Lybrand, Med  
Cathy Peeples, MPH  
Lisa Myers, BA

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Minutes' drafts from the 10-2-12 Retreat and the 10-16-12 meeting are forthcoming.

**1. Topics**

- a. Update from AAMC Annual Meeting 2012** – Discussion with Dr. Barbara Barzansky & Dr. Dan Hunt in regard to implementing our August 2012 plans and preparing for the upcoming, focused LCME survey visit.

Dr. Olive highlighted:

- 2013-2014 version of the LCME database and standards will apply for our next report and the survey visit
  - In December, Dr. Barzansky will notify us of the specific standards / items to be addressed
  - LCME focus will now be on our newly prepared database, and their determination in October 2013 will rely solely on the report of the site visit team
- It's felt that we are on the right track with curriculum mapping of objectives and topics, etc., but that MSEC's emphasis should be shifting to actual use of the information, e.g., identifying gaps and redundancies and enacting curricular changes
- We were advised to continue with plans for the regular review and analysis of outcomes = institutional measures of success, ideally resulting in MSEC action for program improvements

**b. [ED-46] Outcomes Subcommittee** [Drs. Lura, McGowen & Monaco; Cindy Lybrand & Cathy Peeples]

>> Reference [7/10](#) report, [7/24](#) MSEC action & [MSECwebsite](#) <<

**ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. Abercrombie, the committee approved the following charge –*

The Outcomes Subcommittee is a standing committee of MSEC with membership appointed by the MSEC Chair. The Outcomes Subcommittee is charged with reviewing defined curriculum outcome measures, summarizing the information derived from them and providing quarterly reports and recommendations to MSEC.

Specific content of the systematic review, reports and recommendations based on defined curriculum outcomes measures include:

1. benchmarks for curriculum outcomes
2. measures to be assessed
3. modifications needed for either
4. standardization of instruments for evaluating program effectiveness

Through the review and reporting process, items for further required action and/or recommendations / changes will be presented to MSEC, which will have the responsibility for acting on the subcommittee report.

- Subcommittee members have been meeting and are in the process of fine-tuning the composite of objectives, outcome measures / benchmarks and assessment methods they will use (at least as a starting point)
- They plan to meet on a quarterly basis with standard agenda items based on when data is available as outlined in their submitted report – [Outcome Measure by Review Cycle](#); some outcome measures will be reviewed in January and February 2013, and the subcommittee will report to MSEC at the March 19 meeting
- Subcommittee's recommendations to MSEC today regarded:
  - Benefitting from more clinical representation in their group and working in conjunction with the other subcommittees
  - Using as a benchmark the data from the Residency Questionnaire Program Directors Summary report averaged over a five year period  
[Benchmark: 90% of graduates will rate as "satisfactory" (3=midpoint) or above on program directors' assessment of PGY-1]

- Revising the following questions on the [Annual Course Review](#) form to better provide data for the Medical Knowledge benchmarks [excerpt: 95% of students will achieve a passing grade on institutionally developed course/clerkship assessments; 50% of students will score at or above the national mean on NBME subject exams]:

#13. Cumulative course grade distribution of in-house grades for this academic year (% As, Bs, etc., excluding NBME end of course exam if utilized):

#14. Type of comprehensive exam used in this course:

NBME      Other comprehensive exam      No comprehensive exam

#15. Comprehensive exam results:

- High score:      Low score:
- Mean score:      Standard Deviation:
- % of students scoring at or above the exam mean:
- % of students scoring at or above the National exam mean:

#16. Final overall course grade distribution (% As, Bs etc):

- Subcommittee presented outcome measure summary reports from past data; MSEC reviewed and discussed:
  - Report: NBME Subject Exam Means & SDs, Fall 2008-Spring2012 (all courses are using NBME exams if available except M2 Pathology and the Family Medicine clerkship)
    - [Benchmark: 50% of students will score at or above the national mean on NBME subject exams]
  - Report: USMLE Step 1 and Step 2 CK & CS results, 1<sup>st</sup> time takers – Classes of 2011, 2012 & 2013
    - [Benchmark: 90% (or 95% depending on domain) of students will pass the USMLE Step exams on the first attempt]

**ACTION:**

*MSEC approved the change in the Annual Course Review form and planned the logistics for review and use of future data.*

**c. Update: Professionalism Report Form**

At the [10/16](#) meeting, MSEC approved the Professionalism Report form and procedure.

- Since that time, Dr. Kwasigroch discussed this form with the Organization of Student Representatives (OSR) and reported their approval

- Dr. Olive presented it at the Quarterly Course Directors' meeting; after discussion with Dr. Tom Ecay, this information was added to the section on the form regarding concerns related to student integrity:

*Concerns related to integrity may identify potential Honor Code violations. These should be reported to Honor Council. The policy and process can be found on pages 52-59 of the 2012-2013 Student Catalog.*

*Honor Council chair: Sam Webb*

*Honor Council faculty advisor: Tom Ecay*

**ACTION:**

*On a motion by Dr. McGowen and seconded by Dr. Monaco, the committee accepted this change in the report form.*

*As the next steps toward implementation, Dr. Olive will take the form to the November 14 Student Promotions Committee meeting for review; also to the Administrative Council and clerkship directors.*

**d. [ED-38] Policy on M1/M2 Curricular Time**

At AAMC, Drs. Barbara Barzansky & Dan Hunt responded to Dr. Olive's question regarding whether Quillen should have a written policy on pre-clinical course hours (as opposed to just practices), and they replied that this is not a requirement, but would be a good idea; also, that LCME had concerns about pre-clinical course hours when contact hours are "huge," and it is all lecture.

Dr. Olive and Ms. Lybrand submitted the draft "Policy for First and Second Year Scheduled Time," the purpose of which is to maximize student learning opportunities within the formal / structured curriculum and provide students with unstructured, self-directed learning time. Required curricular activities are not to conflict with, nor overlap with structured curricular time nor the self-directed learning blocks.

The committee reviewed a proposed procedure as outlined under the topics of:

1. Academic Calendar
2. Number of Weeks
3. Contact / Instructional Hours
4. Number of Contact / Instructional Hours:
5. Weekly schedules
7. Exam Schedules

At the end of each semester, Course Directors would meet to review the previous schedule, and plan and approve the upcoming semester. Further monitoring is to be completed by Academic Affairs, MSEC and MSEC subcommittees through annual course review and comprehensive review cycles.

### Discussion regarded:

- Student learning activities possibly occurring during time reserved for self-directed learning, but that these are to be limited in frequency as well as duration
- Changes in wording, including that lectures are “not to exceed” four (4) hours per day, with no more than 25 hours per week in scheduled curricular time
- Instructional methods being used and others that could be for optimizing students’ interaction with faculty and their engagement and learning
- Assessment methods that promote application more than memorization
- Faculty needing assistance with development of more interactive instructional methods and the status of Quillen’s plan to hire an Associate Dean for Faculty Development

### ACTION:

*MSEC approved this policy as one to provide curricular guidance more so than being a strict set of rules; the document will be modified as discussed and then distributed. Items in this policy will be revisited in the course review process. The need for any action regarding it will be brought to MSEC.*

*In addition, on a motion by Dr. McGowen and seconded by Dr. Herrell, MSEC voted to recommend to the Dean to proceed with advertising and hiring for the Associate Dean for Faculty Development position as soon as possible; Dr. Olive will draft a letter to Dr. Bagnell.*

### **e. Update: Curricular Integration Framework (CIF) Cases**

Drs. Barzansky & Hunt expressed that this project is peripheral to our non-compliances, which is where our energy should be right now, but that it will provide evidence that we are working on integration under ED-33.

### ACTION:

*At the [10/16](#) meeting, MSEC approved five cases as works in progress. The cases have been distributed to Spring 2013 M1&2 course directors, who are to give them further consideration and determine how to incorporate at least some of them into their courses this year.*

*Also, Dr. Olive has contacted clinical faculty in regard to developing cases for the five additional presentations/conditions the committee prioritized as having potential for integration.*

**2. Recent documents / topics** {Linked or on file in Academic Affairs – contact [myers@etsu.edu](mailto:myers@etsu.edu)}

*Email: To All QCOM from Drs. Bagnell and Olive re our August 2012 follow-up report / action plan submitted to the LCME being reviewed and accepted at their October meeting.*

Outcomes Subcommittee

- *Draft: Charge*
- *Outcome Measures by (Quarterly) Review Cycle*
- *Summary Reports of Outcome Measures – NBME Subject Exam Means & SDs, 2008-2012; USMLE Step 1, 2CK and 2 CS results, Classes of 2011, 2012 & 2013*
- *Latest revision: M1/2 Annual Course Review form*

*Latest revision: QCOM Professionalism Report form*

*Draft: Policy for First and Second Year Scheduled Time*

*Workshop (11-12-12): [“How to Work with an Interpreter in a Healthcare Setting”](#)*

### **3. Announcements**

*The next MSEC meeting will be on Tuesday, November 20, 2012.*

2013 Retreat Schedule  
*Tuesday afternoons, 11:30 am - 5:00 pm*  
*January 29*  
*April 30*  
*October 29*

### **4. Adjournment**

The meeting adjourned at 6:02 p.m.