

**EAST TENNESSEE STATE UNIVERSITY
 QUILLEN COLLEGE OF MEDICINE
 Medical Student Education Committee
 Minutes
 November 15, 2011**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, November 15, 2011 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
 Dave Johnson, PhD
 Steve Loyd, MD
 Ramsey McGowen, PhD
 Dawn Tuell, MD
 Dustin Price, M4
 Jessica White, M2
 Jeremy Brooks, M1

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

Joe Florence, MD
 Theresa Lura, MD
 Suresh Ponnappa, MSLS
 Cathy Peeples, MPH
 Lisa Myers, BA

1. Approval of Minutes

The minutes from the 10-4-11 meeting were approved as distributed.

2. Topics

a. Proposed Surgery Electives

EXCERPT:

OTOLARYNGOLOGY (ENT) – Child and Adult	
Location:	Ear, Nose, and Throat Associates, P.C.; Franklin Woods Hospital; Johnson City Medical Center
Instructors:	Drs. Bruce Abkes, Arthur Harris, Mark Howell, Jonathan Winstead, and Tim Zajonc
Duration:	2 weeks
Max. Students per Rotation:	1
Goal:	Otolaryngology: This selective is designed to provide broad clinical training in Otolaryngology-Head and Neck Surgery under a close tutorial arrangement.
Objectives:	At the conclusion of this rotation, the student should be able to: <ul style="list-style-type: none"> • apply skills in the physical examination of the ear and upper respiratory tract utilizing commonly available instrumentation. • apply expanded knowledge in performing in-depth examinations of patients with ENT problems by applying acquired in-depth knowledge of physiology of hearing and the alterations produced by disease, techniques, and interpretation of basic audiologic examination. • apply expanded knowledge of basic pathophysiology, diagnosis, medical management, and operative management of the most common conditions encountered in the practice of Otolaryngology.

Course Description/Outline:	This rotation will be conducted at the Johnson City locations where the student will see the patient in outpatient care as well as follow the patient into surgery; becoming acquainted with special techniques used in Otolaryngology including audiology. Hospital rounding, with assigned preceptor, of surgical patients may be assigned to the student as permitted.		
Methods of Instruction:	Major teaching methods will be that of a preceptorship model with one-on-one teaching in inpatient and outpatient clinical settings, with considerable time spent in informal discussion of various topics.		
Methods of Evaluation:	Topics and skills identified under the objectives will be observed and informally evaluated, discussed, and feedback provided to the student on a daily basis. The attending(s) will evaluate the student's performance at the end of the selective, using the standardized electronic evaluation form.		
Distribution of student's time:	Outpatient Care - Clinic Inpatient - Surgical Care	75% 25%	

EXCERPT:

OTOLARYNGOLOGY – Adult (revised)			
Location:	VA Medical Center		
Instructor:	Louis A. Modica, M.D.		
Duration:	2 weeks		
Max. Students per Period:	1		
Goal:	This elective is designed to acquaint the student with the clinical discipline of Otolaryngology-Head and Neck Surgery, under a close tutorial arrangement.		
Objectives:	<p>At the conclusion of this rotation, the student should be able to:</p> <ul style="list-style-type: none"> • employ acquired skills in the physical examination of the ear and upper respiratory tract utilizing commonly available instrumentation. • perform in-depth examinations of patients with ENT problems by applying acquired in-depth knowledge of physiology of hearing and the alterations produced by disease, techniques, and interpretation of basic audiologic examination. • apply basic pathophysiology, diagnosis, medical management, and operative management of the most common conditions encountered in the practice of Otolaryngology. • perform work-ups on selected hospitalized patients. 		
Course Description/Outline:	This rotation will be conducted primarily at the VA Medical Center where the student will spend the majority of the day in outpatient care and will participate in clinical rounds and inpatient care. They also will observe and assist in surgery, and become acquainted with special techniques used in Otolaryngology including audiology. There may be an occasional one-half day spent with local area Otolaryngologists.		
Methods of Instruction:	Major teaching methods will be that of a preceptorship model with one-on-one teaching in inpatient and outpatient clinical settings, with considerable time spent in informal discussion of various topics.		
Methods of Evaluation:	Topics and skills identified under the objectives will be observed and informally evaluated, discussed, and feedback provided to the student on a daily basis. The attending(s) will evaluate the student's performance at the end of the elective, using the standardized electronic evaluation form.		
Distribution of student's time:	Outpatient Care Inpatient Care–Surgical Rounds	75% 25%	

Discussion regarded:

- Students' interest in this discipline and providing a rotation in addition to Dr. Modica's
- Objectives being consistent with four of the six main categories of the Quillen Commencement Objectives

On a motion by Dr. Tuell and seconded by Dr. Loyd, the committee approved implementation of the Otolaryngology electives.

>> Information item >> Pharmacology Seminar (Journal Club) elective has not been taken in years and is being removed from the Senior Electives Catalog.

b. Residency Questionnaire – 2011 Program Director Summary [Report](#)

Members reviewed global data from this year's Program Directors report which regarded the Class of 2010 at the conclusion of PGY-1. As usual in the summary report, the data was compared with that from Quillen's four previous graduating classes in the areas of Medical Knowledge, Clinical Skills, Interpersonal Skills and Personal Attributes; also in response to the questions:

- Is this resident fulfilling your expectations of a first year resident? [Yes or No]
- How would you assess this resident's performance relative to other first year residents in your program? [Much better, Better, About the same, Weaker, Much weaker]

Discussion regarded:

- Mean scores between 3 & 4 across all categories have been consistent over time [4=Outstanding 3=Good 2=Marginal 1=Unsatisfactory]
- Scores being highest in the area of Interpersonal Skills
- Occasional reports of our graduates not doing well – most often due to behavioral issues, but sometimes academic (Dr. Olive contacts those program directors)
- Anticipation of 2014 results regarding the Class of 2013, who were the first to go through the new M1 curriculum
- Value of the Residency Questionnaire, especially the directors' written comments; *report itself which includes the comments will be distributed to members for review in advance of the next meeting*

c. Interprofessional Education (IPE)

Dr. Olive

- Has been involved with the ETSU interprofessional education initiative that is to be implemented with the entering classes of 2012 in all graduate programs in the Division of Health Sciences
- Interprofessional experiences are to be competency-based drawing from the *Core Competencies for Interprofessional Collaborative Practice Report**

* “The report was inspired by a vision of interprofessional collaborative practice as key to the safe, high quality, accessible, patient-centered care desired by all. Achieving that vision for the future requires the continuous development of interprofessional competencies by health professions students as part of the learning process, so that they enter the workforce ready to practice effective teamwork and team-based care.”

- Competencies are specified under the following general competency statements:
 1. Work with individuals of other professions to maintain a climate of mutual respect and shared values (values/ethics competencies)
 2. Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served (roles/responsibilities competencies)
 3. Communicate with patients, families, communities and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease (interprofessional communication competencies)
 4. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective and equitable (team/teamwork competencies)

Discussion regarded:

- The ETSU Health Sciences planning committee and the interprofessional education implementation agreements reached in June 2011
- VAMC focus on interprofessional education and teamwork
- Quillen RPCT, Communication Skills course and other examples in the curriculum and clinical settings where there are already interprofessional components &/or health care teams; also, potential additions to existing courses
- Ideas for stand-alone interprofessional exercises with a multifaceted approach to health care scenarios, e.g., using stroke or traumatic brain injury cases
- Suggestions to develop criteria and requirements and provide opportunities for *meaningful* interaction
- AAMC considering “new and better ways for students in every health profession to learn, and eventually practice, in a more collaborative, team-based environment” and ways to implement competencies
- *Committee agreed with this concept and direction for Quillen medical education and will drive implementation*

>> Information item >> Due to an unexpected change in circumstances, Dr. Tom Ecay is taking over for Dr. Sharon Campbell as chair of the Nutrition committee.

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

Descriptions of Surgery Electives: Otolaryngology – Child and Adult NEW, Adult REVISED

Residency Questionnaire – Class of 2010 Program Director Summary Report

Interprofessional Education:

- *Core Competencies for Interprofessional Collaborative Practice – [Report of an Expert Panel](#), May 2011*
- *ETSU Implementation Agreements*

2012-2013 M-3&4 Academic Calendar

4. Announcements

MSEC will not meet in December; the next meeting will be on January 10, 2012.

5. Adjournment

The meeting adjourned at 5:00 p.m.