



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee

Minutes: March 17, 2015

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, March 17, 2015 at 4:15 pm in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Reid Blackwelder, MD
Michelle Duffourc, PhD
Anna Gilbert, MD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD
Omar McCarty, M1
Jessica English, M2
Rebekah Rollston, M3

Jeremy Brooks, M4
Ken Olive, MD

Ex officio / Non-Voting Members & Others Present:

Tom Kwasigroch, PhD, *ex officio*
Rachel Walden, MLIS, Associate Dean,
Learning Resources
Stefanie Bowen, BA, Surgery Clerkship
Coordinator
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes – March 3, 2015

Dr. McGowen stated that based on discussion after our last MSEC meeting, between MSEC/Academic Affairs and Dr. Herrell, Curriculum Integration Subcommittee Chair, that the final MSEC Action item needed to be clarified for the subcommittee's Biostatistics/Evidence Based Medicine (EBM) Thread report. The change will allow for a better flow of the administrative process of notifications to the Course/Clerkship Directors. The Action item is found at the bottom of page four (4), of the March 3, 2015, MSEC minutes. The proposed clarification is as follows:

MSEC authorizes the flow of information will be managed administratively from the subcommittee to Course/Clerkship directors. A motion to approve the March 3, 2015, minutes with this clarification was made by Dr. Herrell, with a second by Dr. Blackwelder and unanimously approved.

2. Introduction of Rachel R. Walden, MLIS, Associate Dean of Learning Resources

Dr. McGowen introduced Rachel Walden, the new Associate Dean for Learning Resources, who is responsible for the Quillen College of Medicine (COM) library, Biomedical Communications, and Information Technology. Ms. Walden stated the library is currently reviewing their strategic plan to identify how it can be a resource for COM.

They are looking at what skills the library can offer and what skills it needs to grow to enable the library to be an even better partner with COM. She commented on the development of the Integration Subcommittee's Thread Content reports which she will be more than happy to discuss and offer assistance. Ms. Walden asked that our faculty identify the active resources they need and what resources the library may be able to provide to them in with their teaching. The library's Biomedical Communications staff can assist with graphic design and the printing of presentation teaching and research materials. An around-the-table introduction was then made to Ms. Walden of all attendees and Ms. Walden was invited to attend any future MSEC meeting.

3. Update of M2 Review

Dr. Duffourc stated that the M2 course directors have been reviewing the M2 curriculum, to locate for any unintentional or unplanned gaps and/or redundancies. The inclement weather we all experienced hampered the finalization of the report, but a meeting this week is planned to discuss the observations found and what the final report will look like. A final document for MSEC presentation is near.

4. M3/M4 Curriculum Subcommittee Reports

Dr. Mullersman presented three (3) subcommittee reports.

Annual Surgery Clerkship 2013-2014 Annual Review

Dr. Mullersman began by stating that the Surgery Clerkship, under the direction of Dr. Tiffany Lasky is well organized and generally successful. The Subcommittee was impressed with all the thinking, close monitoring, and aggressive work she is doing with this Clerkship.

Concerns raised (per the subcommittee written report):

The subcommittee is concerned with lower NBME subject exam score trend over the past few years and finds student evaluations as well as Clerkship Director Comments voicing a concern about finding more time to prepare for the NBME exam. Furthermore, the examination reportedly contains a significant amount of content from general medicine. This can be a greater challenge for students that have not yet rotated through Internal Medicine or Family Medicine Clerkships.

PowerPoint slides with comparison data and graphs were presented to help better identify the subcommittee concerns for both the Surgery Clerkship as well as the Internal Medicine Clerkship, and provide a possible solution for both. Student performance on the NBME surgery shelf examination should be addressed. Using the new national mean as a benchmark, only 36% of ETSU students performed above the national mean as opposed to the previously thought 57.14%, when the NBME mean of 70 was used.

Opportunities identified:

- The Review Subcommittee recommends that MSEC revisit the MS-3 curriculum layout and consider merging the two weeks of surgery training currently occurring within the Specialties Clerkship with the six (6)-weeks presently in the Surgery Clerkship to re-create an eight (8)-week clerkship that should help to ensure a robust third-year training experience in surgery that is on par with that of national peers.

Consideration should be given to lengthening these two clerkships to eight (8) weeks. Dr. Olive thanked Dr. Mullersman for the detailed information and his presentation and added that the earlier this recommendation can be considered by MSEC, the easier and more likely it can be incorporated into a following year's schedules. Discussion and questions from committee members continued regarding possible restructure models. Dr. McGowen identified that the subcommittee had provided some suggestions for a possible model, and this will be reviewed as part of the 4th Year (2015-2016) Curriculum review, with consideration given to timelines and administrative needs that may be identified.

Action: At the recommendation of the subcommittee, MSEC unanimously accepted the Surgery Clerkship 2013-2014 Annual Review report.

Rural Programs Clerkship 2013-2014 Annual Review

Dr. Mullersman stated that the Rural Programs Clerkship is well accepted by the students and is in great shape. The subcommittee is endorsing the changes that have been made thus far in the clerkship by the Clerkship Director.

Concerns raised (per the subcommittee written report):

- *The students report a consistent lack of ongoing written/verbal feedback from faculty/attendings particularly regarding their H&P's/SOAP notes. However, the students felt that the faculty were excellent mentors.*
- *Though there has been some group learning, evaluations indicate that formal didactic sessions have been limited. Some of the challenges noted include a lack of peer education for single students at isolated clinical sites, and logistics for coordinating group sessions with students on rotations a long distance apart.*

Suggestions included:

- Pilot web-conferencing
 - Use WebEx in the future to formalize didactics and lessen the burden of the logistical challenges for students at rural clinical locations
 - Use WebEx for biweekly faculty feedback sessions with students
 - Coordinate with family medicine faculty for meaningful, convenient on-campus didactics
- Improve feedback to students
 - Faculty should work to develop a system of consistent student feedback
 - Require feedback on student H&P's/SOAP notes from six faculty-student formal written encounters. This information should be included in mid-term and final evaluations. Revision of the clerkship syllabus should reflect these changes
- Encourage verbal feedback from faculty to students during informal settings.
- Schedule no less than two students per clinical site
- Maximize functionality of the D2L site

Opportunities identified:

- To have maximum benefit from web-conferencing, the RPC clerkship will need to identify additional long-term support from IT

- COM support to the course directors and coordinators in identification and resolution of specific unique challenges in the rural environment such as technology and housing in Mountain City and Rogersville

Dr. McGowen asked if Dr. Mullersman would elaborate on how the clerkship measures education outcomes. Dr. Mullersman stated that the clerkship has a test data bank of questions available to them that come from a Family Medicine organization (MedU). Since they create the written exam, it is not intended for use as a national metric comparison tool.

Action: At the recommendation of the subcommittee, MSEC unanimously accepted the Rural Programs Clerkship 2013-2014 Annual Review report.

Family Medicine Clerkship 2013-2014 Annual Review

Dr. Mullersman stated that the Family Medicine Clerkship is well accepted by the students. The Family Medicine Clerkship at ETSU has historically been a strong rotation. A large number of faculty (19 total) collaborates to make a well-balanced clerkship.

Suggestions included:

- Provide students with a sheet of suggested activities to do while there is down time in the hospital
- Provide students with a quick reference of required assignments and due dates
- Change the format of the behavioral change assessment to lessen “busy work”
- Limit extra driving by limiting didactics to one day per week
- Continue utilizing a new rounding schedule (Johnson City) with specific learning activities which was implemented and welcomed by students during the beginning of the 2014-2015 academic year
- Increase focus on preventative medicine (including point-of-care resources)

Opportunities identified:

- Implement new OSCE cases
- To optimize the learning experiences and maximize the coordination of didactics between the three locations, this clerkship will need to identify technology support to organize a clerkship website and provide technology tools for teaching.

An effective clerkship website would allow for successful communication to students and provide an informational repository for timely instruction.

Action: At the recommendation of the subcommittee, MSEC unanimously accepted the Family Medicine Clerkship 2013-2014 Annual Review report.

5. M1/M2 Review Subcommittee Reports

Dr. Johnson, subcommittee chair, presented one (1) annual report:

Medical Human Gross Anatomy and Embryology

The review found that the course is well received by the students. The Faculty of Medical Human Gross Anatomy & Embryology is commended for their teaching efforts and for receiving the Caduceus Course of the Year Award.

Concerns raised:

- There was a new item for the subcommittee – a need for more “band width” that would allow the viewing of YouTube videos and other video programs. Dr. Kwasigroch stated that they have received a lot of support and effort that has allowed the Apple television function to work and he wants people to know that positive things do happen.
- The recent decrease in the NBME subject exam scores; how the course calculates the scores, standard deviation, and mean, all need to be reviewed. A standard method of calculation over time will allow review and comparison of like data.

Suggestions included:

- Address any remaining technology issues for flipped classroom
- Upgrade quality, formatting, and alignment for teaching videos and handouts
- Have course faculty review their handouts and video lectures for completeness (labeled slide content) and alignment, and reduce total presentation time (if possible) for student viewing

Opportunities identified:

- Identify a standard, consistent method for calculation of NBME subject exam scores that allows comparison of data over time
- Administering the NBME subject exam after the students return from Fall Break to allow students time for a comprehensive review of the material
- Exam Soft should be used by all M1/M2 courses, if practicable, so that assessment can be more effectively linked to learning objectives
- Strive to truly “flip” the classroom by improving the online content and by maximizing laboratory time
- Create more opportunities for students to interact with the technology in the laboratory
- Continue to seek out volunteer faculty to assist in the laboratory
- Continue to enhance interactive learning opportunities
- Development of a Quillen “Boot Camp” program to introduce incoming students (and new faculty participating in the course) to the overall medical school learning environment with special emphasis on the flipped classroom concept

The topic of administering an NBME subject exam after the students have been given a block of time to study has been identified before in other review of courses.

Action: At the recommendation of the subcommittee, MSEC unanimously approved the Medical Human Gross Anatomy and Embryology 2014 Annual Review report.

6. MSEC Policy on Periodic and Comprehensive Review of Curriculum

Dr. McGowen presented a revised MSEC Policy on Periodic and Comprehensive Review of Curriculum that has been updated to reflect the addition of the new Curriculum Integration Subcommittee (CIS) and its charge. As the policy was being reviewed it was realized that there were a few items in the Year 4 review process that needed to be added, including information from the Institutional Outcomes Subcommittee that provides information to MSEC, along with the other three (3) subcommittees.

The timeline for the Year 4 review process was updated to make it more flexible and give some room for starting of the process. None of the original policy, purpose or substantive nature has been changed. Dr. McGowen walked through each of the main changes made to the policy with the MSEC committee members.

Discussion among MSEC committee members included whether identified and approved changes to the curriculum would occur in the Year Four (4) or Year Five (5) of the review process; and the need to add additional earlier dates to the time line that might be needed for scheduling of processes which could begin earlier than Year Four (4). Dr. Mullersman asked if the current language allows for the possibility of changes to the curriculum earlier in the review cycle. Dr. McGowen stated that MSEC always has the authority to recommend changes to the curriculum at any point in time. The Policy on Periodic and Comprehensive Review of Curriculum is more about the entire curriculum review as a whole -- sequencing and cohesiveness of the review. Dr. Johnson made a recommendation that a statement be added to the last paragraph of the policy about a deadline for making changes to the curriculum – an early time table of when processes need to be done. Dr. McGowen suggested that MSEC administration craft a statement regarding a need for identifying changes to the curriculum earlier in the review cycle when it is needed to implement a cohesive change. Dr. Johnson was in agreement of this suggestion. One additional change was identified for page three (3), Institutional Outcomes Subcommittee: last bullet item – ***recommends versus recommending items for further action or benchmark modifications.***

Dr. McGowen asked for additional comments or discussion regarding the policy adoption and none was identified.

Action: Dr. Duffourc made a motion to accept the Policy for Periodic and Comprehensive Evaluation of Curriculum in principal, with an additional statement to be added about the need to identify dates for implementation of changes and that the document will be brought back to MSEC for final approval. Dr. Herrell seconded the motion. MSEC unanimously approved.

7. Standing Agenda Items: Subcommittee(s), Working Groups & Technology Updates **Letters from Dr. Olive to Drs. Means and Hagg Re: IT Support**

The Curriculum Integration Subcommittee (CIS) reported they are crafting the Human Sexuality Thread report and will have ready for the next MSEC meeting.

Cindy Lybrand reported that the Nutrition working group met and will have a document for the next MSEC meeting.

Dr. Olive provided an update to letters he had sent to Dr. Means, College of Medicine Dean and Dr. Hagg, Biomedical Sciences Chair, regarding themes that had been coming up in some of the course reviews/reports asking for IT support and course administrative support. Dr. Hagg returned a letter back asking that the previously submitted course review report for Pharmacology be corrected to state that course support was made available to the Pharmacology staff. Per Dr. Johnson, M1M2 Subcommittee Review Chair, the statement was correct in the report at that time, as the staff person identified for support had been moved to another location and the Pharmacology staff were not made aware of the move and assumed that the staff support no longer existed.

MSEC Approved April 21, 2015

Dr. Duffourc confirmed that since the report she has sufficient staff support, but at the time of the Pharmacology report the support was not made known to her.

Action: A motion by Dr. Blackwelder was made to have the MSEC minutes reflect the discussion and that current staff support for Pharmacology has been reviewed and is appropriate. The motion was seconded by Dr. Herrell and unanimously approved by MSEC, with Dr. Duffourc abstaining.

Adjournment

The meeting adjourned at 5:40 p.m.

Upcoming MSEC Meetings

Tuesday, May 20, 2015 – 4:15 PM

Tuesday, June 16, 2015 – Retreat (12:00-3:00 PM) and Annual Meeting (3:00-5:00 PM)

Tuesday, July 21, 2015 – 4:15 PM

Tuesday, August 20, 2015 – 4:15 PM