

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
April 2, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, April 2, 2013 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members

Present:

Ken Olive, MD
Caroline Abercrombie, MD
Reid Blackwelder, MD
Howard Herrell, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD
Jamie Reagan, M4
Jeremy Brooks, M2

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

Present:

Beth Fox, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Jill McCarley, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

▪ **Approval of Minutes**

The minutes from the 3-5-13 meeting were approved as distributed.

▪ **Topics**

a. **Report to MSEC – [\[M3/M4 Review Subcommittee\]](#) Comprehensive Review of Community Medicine Clerkship; William Fry, MD, Clerkship Director**

A new rotation in June 2011, Community Medicine has changed significantly since the first offering and continues to be a work in progress, including the clerkship's ongoing response to students' concerns.

▪ **Immediate Action Items:**

- More clearly communicate to students the purpose of the rotation, tying in the learning objectives and emphasizing the planned duality of the experience = partially clinical, remainder to be non-clinical, community activity
- Provide further faculty development for community physicians
- Increase student continuity with the physicians (new scheduling scheme to begin next period - Period 7 - will allow students more time with fewer preceptors, with the expectation that preceptors will become more comfortable with individual students and grant them more autonomy)
- Increase continuity in the Community Project

- (Long-term Recommendation) – M3/M4 Review Subcommittee will revisit post Period 8 student evaluations

Discussion regarded:

- Close partnership with Sevier County that has been forged in recent years – Quillen alumni, county leadership and Covenant Health Systems’ commitment to and provision of resources for our educational program and regional mission
- Completion of planned facilities in Sevierville – student housing, classrooms, staff offices
- Unique nature and benefits of the rotation; Jamie and other students expanding on their community project related to health literacy and diabetes
- Abundant student opinion expressed on clerkship evaluations and in discussions with Dr. Bruce Bennard, which improved in general after the first year; Health Fair component being very well received
- Need for preceptor development; ideas to better engage and inform these and other community physicians, including emailing them a series of brief faculty development videos

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Monaco, MSEC accepted the report and approved the recommendations.

Dr. Olive will communicate the subcommittee’s recommendations to Dr. Fry and Ms. Susan Austin, Clerkship Coordinator, and discuss preceptor development with Drs. Bennard and Florence.

Before reporting back to MSEC at the conclusion of Period 8, Dr. McCarley will contact Dr. Fry and Dr. Bennard, which she and the subcommittee did not do while conducting the initial review.

b. Update to MSEC – [\[Outcomes Subcommittee\]](#) Narrative Assessments & Non-academic Measures

Dr. McGowen outlined the subcommittee’s recent work in regard to:

- Benchmark “80% of students will achieve a rating of ‘good’ or above on multisource and/or narrative assessments,” including:
 - Recent use of (some not as designed) and possible recommendations for changes to student mid-course self-assessment
 - Appropriate faculty response to student mid-course self-assessment

- Institutional program effectiveness outcomes
 - Two benchmarks for program effectiveness are being developed
 - Benefit of Career Exploration courses in match process is being considered
 - New online Match Outcome Survey was administered to Class of 2013 =
 - (1) Please indicate where you ranked the Specialty you obtained.
 - (2) Please indicate where you ranked the Institution / Program you obtained.
- Educational outcome measures for the 3rd Quarter
 - Medical Knowledge 1 & Patient Care 1: All students have passed institutionally developed course/clerkship assessments
 - All benchmarks have been reviewed and are being met

c. Report: More Details for Fall 2013 M2 Clinical Neuroscience Course; J. Kelly Smith, MD, Course Director & Terry Harrison, PhD, Co-Director

This information follows up Dr. J. Kelly Smith's [2-5-13](#) presentation of a new concept for the 2013 course and the M1/M2 Review Subcommittee's [3-5-13](#) report of their comprehensive review of the 2012 course; MSEC felt the concept was a reasonable approach that should be considered further and accepted the subcommittee's report and approved their recommendations.

Submitted by Dr. J. Kelly Smith and Ms. Cindy Lybrand:

[Abridged]

- List of Quillen Commencement Objectives to be addressed
- Course Objectives:

Upon completion of the course, students will be able to:

- Perform a complete neurological exam
- Give oral case presentations
- Interpret neuroradiology studies
- Interpret studies of neurophysiology
- Understand the electromagnetic and chemical properties of brain function
- Understand the role of the genome in neuroscience
- Have a full understanding of neuroanatomy
- Be familiar with the clinical presentations of patients with neurologic damage due to ischemic, metabolic, immunologic, traumatic, genetic and proteomic disorders
- Instructional Methods:
 - Case-based / problem-based
 - Small group discussion / team-based learning (TBL) – 12 students
 - Games (“Gong Show”)
 - Independent / self-directed learning
 - Laboratory
 - Models (Nervous System Development & Mature Nervous System)
 - Building a functional nervous system

- Lectures
- Patient / case presentations – students & faculty
- Peer teaching
- Assessment Methods:
 - Exam – Institutionally developed, written / computer-based
 - Exam – Institutionally developed, oral (Gong Show)
 - Neuroscience NBME Subject Exam
 - Oral patient presentation
 - Lab practical
- Resource Types:
 - Clinical correlation
 - Educational technology (touch screen; robot components)
 - Film/Video
 - Nervous system models
 - Printed materials
 - Real patients
 - Searchable electronic database
 - Wet lab
- Textbook:
 - *Mayo Clinic Medical Neurosciences: Organized by Neurologic Systems and Levels*, 5th Ed

Discussion regarded:

- Course description to reflect that this is an interdisciplinary course (Medical and Physical Therapy students)
- Course development still being in progress
- Plan to add action verbs to the wording of some of the course objectives
- Preference for “small” groups to be fewer than 12; logistics to be worked out
- Dr. Stephen Kimbrough, community neurologist, anticipating being more involved in next year’s course

ACTION:

On a motion by Dr. Johnson and seconded by Dr. Herrell, MSEC approved the objectives (in general), methods and other information presented in this phase of the redevelopment of the Clinical Neuroscience course.

d. Course Proposals: Senior Electives and Selectives

- Surgery – Anesthesia Senior Elective

Excerpt:

Justification: <i>(New field)</i>	Creates another venue for M4s, plus Anesthesia is a very popular Specialties Clerkship rotation, and the rotation at the VA is currently the only one available – this service may open more slots for M3
Location(s):	Anesthesia & Pain Consultants – JCMC & Franklin Woods Hospital

Instructor(s):	Primary: Gary Wilson, MD, and David Kreshek, MD
Responsible Faculty:	David Kreshek, MD 423-431-8086 dekhology@embarqmail.com
Max. students per period:	1 (offered ALL periods)
Goal:	To introduce and develop an understanding of the specialty of Anesthesiology, utilizing pre-operative patients.
Course Outline:	<i>The student will:</i> 1. spend two weeks reporting to the operating room(s) at JCMC and participate in clinical anesthetic care of patients under the supervision of the anesthesiology staff. 2. function as an integral part of the anesthesia team while in the operating room and be on call with the team as identified by the instructor(s). 3. be expected to read and be knowledgeable of their patient's planned procedure(s) and the anesthesia techniques to be employed during the procedure(s). 4. participate in informal discussions with the instructor(s) throughout the rotation. 5. attend as case load permits Surgical Grand Rounds and other identified conferences and actively participate in presenting any assigned patients as identified by their instructor(s).
Objectives:	<i>At the conclusion of this rotation the student will be able to:</i> follow and demonstrate effective sterile technique and appropriate behavior in the operating room environment. utilize acquired skills and knowledge of airway assessment and management, including endotracheal intubation, and both central and peripheral intravenous access. demonstrate acquired skills and knowledge to conduct a pre-operative patient evaluation and assessment. describe the equipment, techniques, and pharmacologic agents utilized in airway management.
Educational Methods:	1. Clinical Experience-Inpatient 2. Demonstration 2. Small Group Discussion 4. Self Directed/Independent Learning
Assessment Methods:	1. Clinical Performance Rating/Checklist 2. Participation

This elective differs from SURG 5002 in that the student remains with the staff of Anesthesia & Pain Consultants the entire two weeks and does not split time with Quillen Human Patient Simulation Lab.

ACTION:

Following review of the goal, objectives and methods submitted for this new Anesthesia Senior Elective, on a motion by Dr. Blackwelder and seconded by Dr. Abercrombie, MSEC approved the offering as proposed.

- Surgical Critical Care (A) Senior Selective in Knoxville

Excerpt:

Justification: <i>(New field)</i>	Rotation will open up another critical care offering for M4s (somewhat lessening the M3 & M4 dependence on HVMC) as well as providing students an opportunity to do an away rotation in Surgery and still meet their graduation requirements.
Location(s):	University of Tennessee Medical Center, Department of Surgery, Knoxville, TN

<i>Instructor / Responsible Faculty:</i>	Dr. Todd Nickloes - UT Department of Surgery 865-305-9244
<i>Contact Person:</i>	Lorena Burton - Quillen Department of Surgery, 423-439-8870; mckinley@etsu.edu
<i>Max. students per period:</i>	2 (offered ALL periods)
<i>Goal:</i>	To enable the student to learn how to manage the critically ill and injured surgical patient both pre- and post-operatively.
<i>Course Outline:</i>	<p><i>The student will:</i></p> <ol style="list-style-type: none"> 1. learn how to use invasive hemodynamic monitoring and manage support systems, i.e., ventilators, while dealing with multisystem failure. 2. learn to interact with families of critically ill patients. 3. assume primary control of one (1) or two (2) critically ill patients assigned to them. 4. perform patient admission history and physicals and write daily notes and orders. 5. work with the primary service and consulting services to help make diagnosis, evaluate problems, and plan therapy; also see that the therapeutic plan is carried out. 6. round on patients at least twice daily with the attendings and residents. 7. function as an integral part of the Surgical Critical Care Team and be on call with the team as identified by the instructor(s). 8. actively participate in weekly conferences (Critical Care, Grand Rounds, M&M, and X-ray), presenting any assigned patients if they are to be discussed.
<i>Objectives:</i>	<p><i>At the conclusion of this rotation the student will be able to:</i></p> <p>complete an accurate history and physical (H&P) examination, to include interpretation and recording of findings.</p> <p>relate the general principles applicable to evaluation and care of all critical injuries.</p> <p>analyze and catalog the acute treatment of immediate life-threatening critical injuries.</p> <p>implement pertinent laboratory and imaging studies.</p> <p>evaluate radiologic exams pertinent to surgical critical care and acute care surgery patients.</p> <p>conduct ventilation monitoring including interpretation of blood gases, PEEP, and low TV strategies.</p> <p>analyze hemodynamic data, especially the use of arterial line, CVP, and non-invasive techniques.</p> <p>administer and illustrate the monitoring of renal, liver, and GI function.</p> <p>assess the need for nutritional support of critically ill surgical patients based on metabolic demands.</p> <p>exhibit coordination of care in the management of multisystem organ failure.</p>
<i>Educational Methods:</i>	<ol style="list-style-type: none"> 1. Clinical Experience - Inpatient 2. Demonstration 3. Patient Presentation - Learner
<i>Assessment Methods:</i>	<ol style="list-style-type: none"> 1. Clinical Performance Rating - Checklist 2. Clinical Documentation Review 3. Oral Patient Presentation 4. Participation

Student is responsible for travel and housing expenses while in Knoxville.

Discussion regarded:

- Dr. Olive's preliminary communication with Dr. William Browder, Chair, Quillen Department of Surgery about this precedent-setting opportunity
- Responsibility, support and assurance of rigor to be maintained by Quillen Surgery chair
- Members' positive opinion of having this rotation available to our students

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Blackwelder, the committee approved the Surgical Critical Care Selective in Knoxville, adding that any future Quillen-sponsored away rotations will also require prescribed justification and circumstance.

- Academic Affairs – Online Senior Elective: Physicians and End of Life Care: Clinical and Cultural Issues

Excerpt:

Justification: (New field)	Need for opportunity to allow for more in-depth discussion of end-of-life issues. (Requested by M4s who were enrolled in Clinical Ethics and the Profession of Medicine online elective.)
Location(s):	Online course
Instructor(s):	Tom Townsend, MD; Caroline Abercrombie, MD (contact person)
Responsible Faculty:	Tom Townsend; 423-989-4050; Townsent@etsu.edu
Max. students per period:	10
Goal:	To familiarize students with palliative care issues often encountered in the medical profession and to provide them with the tools to analyze ethical cases and participate in ethical discussions in a professional manner.
Course Outline:	<i>The student will:</i> 1. be assigned daily readings and modules, and be expected to actively participate in discussion boards with peers and faculty by using the assigned readings, personal experiences and evidence based materials. 2. be responsible for locating clinical cases with ethical issues and formulating prompts to stimulate discussion. 3. participate in the discussion boards at least twice a day. 4. be expected to complete a final project comparing and contrasting two separate views on a current palliative care ethical issue in the clinical setting.
Objectives:	<i>At the conclusion of this rotation the student will be able to:</i> demonstrate ability to identify ethical and professional issues in palliative care situations. demonstrate ability to use appropriate learning resources to develop evidence based ethical decisions in palliative care situations. demonstrate ability to retrieve and apply appropriate literature and clinical experiences to ethical situations in the palliative care setting. demonstrate ability to effectively use electronic and written communication skills to discuss ethical & professional issues with peers. recognize the role of the community population in identifying relevant ethical issues concerning palliative care. demonstrate professional behavior through appropriate use of discussion boards, appropriate interactions with faculty and peers, and completion of assignments by identified deadlines.
Educational Methods:	1. Discussion, small group

	2. Case-based learning 3. Independent learning 4. Reflection
Assessment Methods:	1. Participation 2. Project Assessment

There is a \$75 ETSU fee for this online course.

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Herrell, the committee approved the online Physicians and End of Life Care Senior Elective and agreed in their opposition to there being an additional fee for medical students.

e. Update on MSEC Directives

The committee reviewed a report compiled by Ms. Lisa Myers abridged as follows.

New Biostatistics Content in OB/GYN [Gap; [12-18-12](#)]

Dr. Herrell – From March 2013 – Periods 1-4 (early “Annual”) Review:

“We were asked to implement a curriculum dealing with evidence-based medicine, interpretation of statistics and Bayesian probabilities in medical practice. This was integrated into the curriculum starting in January of 2013.”

New Rehabilitation Content in M1 & M3 [ED-13; [12-4-12](#)]

▪ M1

Profession of Medicine

Revised session (2 hrs) – Care of Patients with Chronic Disease & Introduction to Rehabilitative Care

- Assignment: Review of Chronic Care Model and Institute of Medicine Brief Report on Chronic Illness
- Lecture: “Chronic Care & Introduction to Rehabilitative Medicine” - Jim Holt, MD
- Assessment: Quiz

Lifespan Development

Upcoming application session (1.5 hrs) with representative from the [Crumley House](#) to discuss traumatic brain injury (TBI) rehabilitation and differences in TBI across lifespan / age groups; assessment: TBD

▪ M3

Community Medicine Clerkship

Dr. Bill Fry – From March 2013 – Periods 1-4 (early “Annual”) Review:

“Students are being provided a day working with physical therapists as preceptors. Questions on PT were added to the exam and students evaluate the experience in writing and orally with the Clerkship Director and Coordinator.”

Family Medicine

Dr. Jason Moore – From March 2013 – Periods 1-4 (early “Annual”) Review:

“Deficiency was noted in the COM curriculum regarding Rehabilitative Medicine. Our clerkship added an experiential learning component, as well as a didactic (with pre- and post-test) to meet this need.”

Internal Medicine

Dr. Vijay Ramu – From March 2013 – Periods 1-4 (early “Annual”) Review:

“Cardiac Rehab sessions have been implemented; assessment: one quiz will have questions on cardiac rehab.”

f. Curriculum Content (Gaps) Report: Diverse Population Care

The committee reviewed the report prepared by Ms. Cindy Lybrand summarized as follows.

Related topics / Keywords: Cultural competence, minority health; included results of a query in New Innovations CMS based on keywords: cultural & diverse

- Content in required curriculum:

Course / Clerkship	Depth of Coverage	Course / Clerkship	Depth of Coverage
M1: Case Oriented Learning Profession of Medicine	Basic	M2: Practice of Medicine Human Sexuality II	Intermediate
M3: Community Medicine Clerkship Family Medicine Clerkship FM cases Pediatric Clerkship CLIPP cases	Intermediate	M4: Keystone	Intermediate

- Outcome data

2012 Graduation Questionnaire (GQ) item:

(Rate) your instruction in the following area – Culturally appropriate care for diverse populations [20.5% Inadequate 74.4% Appropriate 5.1% Excessive]

2012 Quillen Residency Questionnaire (RQ) items:

Outstanding [Top 5%]

Excellent [Top 25%]

Satisfactory [Meets expectations]

Sensitivity with regard to patients’ culture, age, gender, race, ethnicity, sexual orientation and disabilities

14 (28.57%) 25 (51.02%) 10 (20.41%)

Awareness of and respect for the unique needs of an underserved / rural population

4 (8.16%) 17 (34.69%) 27 (55.10%)

Report also demonstrated query results from New Innovations CMS on depth of topic coverage [Basic – Intermediate – Advanced] by year as submitted by Course / Clerkship Directors.

Discussion regarded:

- Many related course components / sessions and longtime use of “[Worlds Apart: Series on Cross-Cultural Healthcare](#)” videos
- Culturally Competent Clinical Care session in Keystone that students may attend after they have completed the AAMC Graduation Questionnaire (GQ)
- Transitions to Clinical Clerkships, June 2013, adding a panel discussion with veterans to allow more focus on the culture and needs of the VA patient

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Blackwelder, MSEC agreed that curriculum coverage of the topic of diverse population care is appropriate and adequate.

g. Update: Curriculum Content: End-of-Life Care

At the [3-5-13](#) meeting, MSEC determined that coverage of the topic of palliative care needed further consideration.

Dr. Olive reported that Dr. Bob Enck and Dr. Tom Townsend have agreed to convene a group to look at this issue.

3. Recent documents / topics

Report: [M3/M4 Review Subcommittee] Comprehensive Review of Community Medicine Clerkship

[Update: \[Outcomes Subcommittee\] 3-19-13 Meeting Minutes](#)

Proposed Objectives for Clinical Neuroscience Redeveloped Fall 2013 Course

M4 Course Proposals: 1) Anesthesia - Pain Medicine Associates Elective, 2) Surgical Critical Care - Knoxville Selective & 3) Physicians and End-of-Life Care: Clinical and Cultural Issues Online Elective

Admin Report: Follow-up on MSEC Directives - Biostatistics Content in OB/GYN & Rehabilitation Content in M1 Lifespan & Prof of Med Courses and Community Medicine, Family Medicine & Internal Medicine Clerkships

Curriculum Content (Gap) Report: Diverse Population Care

Examples from New Innovations Queries: Content Keywords & Depth of Coverage by Year

Summary CMS Spreadsheet Reporting M1-3 Content as Basic – Intermediate – Advanced [Basic (B) just touch on topic, Intermediate (I) spend focused time on topic, Advanced (A) topic is major focus of session]

National Standards and/or Models for Curricular Content:

[AAMC's Tools for Assessing Cultural Competence](#)

[National Center for Cultural Competence](#)

[Integrating Literacy, Culture and Language to Improve Health Care Quality for Diverse Populations](#)

4. Announcements

The next MSEC meeting will be a “Retreat” on April 30, 2013.

5. Adjournment

The meeting adjourned at 6:02 p.m.