QUILLEN COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee

Minutes: April 21, 2015

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, April 21, 2015 at 4:15 pm, 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*
Robert Acuff, PhD, co-chair M1/M2 review subcommittee
Rachel Walden, Associate Dean, Learning Resources
Cindy Lybrand, MEd
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. **Approval of Minutes**
   The minutes of the March 17, 2015 meeting were presented by Dr. McGowen. She called attention to the requested procedural wording changes made to the Policy for Periodic and Comprehensive Evaluation of Curriculum, which was approved in principal at the March 17, 2015 meeting.

   These changes add language to clarify the time line and flow of information related to modifications of the curriculum and specify that curriculum changes can occur at times other than the Year 4 Review of the Curriculum as a whole; that Curriculum Review standing subcommittees conduct of annual and comprehensive reviews are based on "appropriately completed" course/clerkship director self-study forms; and that the timeline for curriculum modifications can be adjusted based on administrative or practical issues that could affect the adoption of modifications.

   Dr. McGowen confirmed with MSEC members that the procedural language met MSEC's intentions for timing of modifications and confirmed it would allow adjustments to the timeline for review of the curriculum as a whole.

Action: A motion to approve the minutes of the March 17, 2015, meeting was made by Dr. Duffourc, with a second by Dr. Herrell, and unanimously approved by the committee.

2. **M2 Curriculum Review**

Dr. Duffourc presented the *M2 Course Directors Gaps/Redundancies Committee Meeting Summary*. Dr. Duffourc addressed their findings to MSEC:

Two minor redundancies were identified in the M2 curriculum, both of which are easily correctable: (1) coverage of neurological exams could be reduced since at present this is repeated each time there is a patient case and (2) coverage of antiepileptic agents occurs in both neuroscience and pharmacology.

The bigger issues were the identification of gaps in the curriculum related to pathobiology of eye diseases, which the committee is still tracking. These include diabetes retinopathy, glaucoma, macular degeneration, and retinitis pigmentosa. Student members of MSEC commented that they did not recall a section in pathology covering eye disease, only a section on neurological disease. Issues identified included that the pathology course director has not yet provided information to the other M2 course directors and that three courses (pathology, neuroscience and pharmacology) need to coordinate coverage of this content. Dr. McGowen suggested that this issue be referred to the three specific course directors for neuroscience, pathology and pharmacology to ensure the coverage is adequate and sequenced appropriately.

A motion was made by Dr. Herrell and seconded by Dr. Mullersman, to have the M2 course director group review with the three course directors of neuroscience, pathology, and pharmacology their coverage of diseases of the eye to include; but not limited to: diabetes retinopathy, glaucoma, macular degeneration, and retinitis pigmentosa. The M2 course director group will report back to MSEC with their findings at the MSEC June 2015 meeting. The motion was unanimously approved.

Cindy Lybrand reminded MSEC that as we are moving forward with identifying new content we need to identify the objectives and content assessment methods for any added content.

Additional discussion included the issue of potential differences between students in the rural primary care track and generalist track regarding knowledge of EKGs and arrhythmias. The topic was identified by students during a cardiovascular / pharmacology exam. Dr. Abercrombie stated that rural track students often make similar narrative comments in the Transitions Course. Dr. Blackwelder reported that all rural track M2s receive the same EKG/EEG training as generalist track students and that there are no detectable differences on the OSCE in the skill levels between students in generalist and rural tracks. Dr. Gilbert commented that rural track students are required to take ACLS and should be well prepared in the area of arrhythmias. Discussion by MSEC concluded that rural track students are not missing EKG/EEG training. The training may not happen at the same time during the year for all students, but that over time all M2 students, both rural and generalist track, receive appropriate EKG/EEG training.

Other areas the M2 course director group identified where conversation with course directors would take place are:

- Immunology / Immunopharmacology with Dr. Duffourc, Dr. Ozment and Dr. Schoborg to discuss overlap between Immunology and Immunopharmacology with the goal of eliminating unnecessary detail in the Immunology course.

- Dr. Beaumont and Dr. Schoborg will meet to coordinate their coverage of viral encephalitis.
- Dr. Hayman, Dr. Hoover and Dr. Schoborg will meet to coordinate their coverage of antimicrobials.
- Dr. Beaumont to evaluate the neuro section of pathology to identify any potential gaps/redundancies.

The M2 course director group plan to meet again and provide MSEC with a follow up report in June 2015.

Dr. Mullersman raised the topic of electrophysiology of neurons as a potential area for content coordination. His concern is that the coverage of this topic in physiology in the M1 year is intense and complicated. Dr. Mullersman wanted to know to what extent is Dr. Beaumont making sure that he is reducing redundancy between what he is planning to teach in the neuroscience course and that which Dr. Wondergem is teaching in physiology. Dr. Duffourc said she would talk with Dr. Beaumont and that the M2 course director group will continue to look at this and confirm topic coverage and review with the students between the two courses.

Dr. McGowen asked that the M2 course director group be aware of the topics covered in the M1 year and include this in their review of topic coverage during the M2 year. Dr. Duffourc concurred.

3. Review of Procedures from Clerkship Directors Procedure and Patient Log review of requirements

Dr. McGowen reminded MSEC that the Internal Medicine required impatient selective had requested that certain required procedures assigned to this rotation be dropped from the graduation requirement.

Dr. Olive reported that at the most recent clerkship directors meeting, the request was discussed in the context of the entire required procedures list. Dr. Olive pointed out procedures (lumbar puncture, paracentesis and thoracentesis) which are not typically performed by general internists and instead are carried out by interventional radiology in the majority of hospital settings. The clerkship directors confirmed they do not do these procedures any longer. Dr. Lasky, surgery clerkship director, suggested that tube thoracostomy be added to the surgery clerkship as it would get at some of the underlying anatomic principals of thoracentesis. All students on the surgery clerkship would have an opportunity to observe the performance of the skill in a live or simulated setting. The clerkship directors were in favor of eliminating the three procedures from the Internal Medicine selective and adding the tube thoracostomy to the surgery clerkship as a required procedure (live or simulated).

Dr. Herrell said that the Curriculum Integration subcommittee had looked at procedures and was considering adding required procedures as a potential thread. The AAMC has published a document outlining specific procedures that clerkships should have identified. Lumbar puncture, paracentesis and thoracentesis are not included as a requirement for clerkships.

Dr. Blackwelder raised concerns about eliminating the procedures from the required list and stated that knowledge of the three procedures was valuable, especially when graduates may be serving in rural communities and a radiologist may not be readily available. Dr. Monaco and Dr. Abercrombie concurred, especially in light of Quillen's mission.

General discussion included the value of simulated procedures to allow the student to be familiar with the procedures, that residency programs assess new residents and identify training that is needed and provide additional training and that regardless of what we do with our students in the training of procedures, our graduates will ultimately need additional training to be competent or credentialed in performing the procedures.

Dr. Blackwelder asked if the procedures are removed from the required list for graduation where would the teaching of these procedures go. Dr. Olive confirmed they would not be required to be taught. Dr. Blackwelder asked if there is another place the procedures could go. Dr. Herrell feels that the Curriculum Integration Subcommittee should look at all of the procedures and offer suggestions to where all procedures might need to be covered.

A motion by Dr. Olive to accept the removal of the three procedures (lumbar puncture, paracentesis and thoracentesis) and replace with a procedure (tube thoracostomy) provided in Surgery, was seconded by Dr. Monaco and passed with one abstaining vote from Dr. Blackwelder.

Added follow up discussion identified adding the procedures (lumbar puncture, paracentesis and thoracentesis) to the Curriculum Integration subcommittee for review of gaps and redundancies with a report back to MSEC for review and approval.

A motion by Dr. Blackwelder to add the procedures (lumbar puncture, paracentesis and thoracentesis) to the Curriculum Integration subcommittee for review of gaps and redundancies was seconded by Dr. Olive and unanimous approved by the committee.

4. M1/M2 Review Subcommittee Report

Dr. Johnson, subcommittee chair, presented one comprehensive report:

Case Oriented Learning (COL) Comprehensive Review 2013-2014
Course Director: Paul Monaco

Comments to MSEC:

- Dr. Monaco and facilitators should be praised for running a strong, very well-reviewed and well accepted small-group learning course.
- In response to MSEC recommendations, components of rehabilitative care were added to the course cases.

Short-term recommendations to MSEC:

• The end of semester course evaluation should include student evaluation of the facilitators to aid in the professional development of the facilitators.

MSEC questioned whether the COL course evaluation does include evaluation of the individual facilitators or "pairs" of facilitators and it was confirmed that only evaluation of the "pairs" of facilitators is done. It was clarified that the review subcommittee is recommending evaluation of the individual facilitators – to separate out the "pairs" into individual evaluation of each facilitator.

Long-term recommendations to MSEC:
• Expanding COL and similar courses to include Life Span Development discussions and Cross-cultural, multicultural aspects or Health Disparities to the cases.

There has been some discussion about combining some of the M1M2 courses into a *Doctoring Course*. Dr. Johnson stated this is something that should be reviewed in the Year 4 Curriculum review. How the combining might be structured has not been identified.

Dr. McGowen stated that many issues have been identified that require looking at the curriculum as a whole. For example, there was a recommendation in the review of the M2 Introduction to Clinical Psychiatry course that Lifespan Development be folded into it. We need to look at recommendations holistically because both recommendations could not be acted upon. Dr. Abercrombie reminded MSEC that in the Professions of Medicine course it was also recommended in the small groups to link the facilitators together so they could be maximized.

Dr. Johnson called attention to the section of the report previously titled Comments/ Recommendations to the Course Director and Chair, and noted that the EAD has been added. This emerged from a discussion with Drs. Mullersman, Acuff, McGowen and items that are not MSEC action-able will be listed under this heading. The subcommittee asked for clarification from MSEC in identifying items which are MSEC action-able and which are not MSEC action-able. The subcommittee is also asking that MSEC identify how follow-up of the MSEC non-action-able items are done.

Dr. Monaco questioned the last two bullets on the report under the heading of Comments/ Recommendations to the Course Director, Chair and EAD.

- Consider having the students prepare a final "group" summary report to pull all the individually presented pieces together at the end of the activity.
- Consider a measure to determine how well the goals of the course were met (e.g. an ungraded final exam, written evaluation by mentors/moderators, evaluation of the cadaver presentations etc.).

The two recommendations would change the nature of the COL course and are not consistent with the goal of COL. He did not agree with adopting them unless there are major changes in how we do small group learning.

The course description was reviewed and MSEC agreed that the course accomplished its goals well. An additional point raised was the accreditation requirement for students to engage in self-directed learning, including having their own learning initiatives and seeking information independently. This course is a place where this is done best and we should not let the course get too far away from the description as identified.

Additional discussion included the desire to have a more summative evaluation of the course and the feedback on the cadaver presentations as a cumulative summation.

Dr. McGowen asked MSEC to take action on the report in light of the discussion on the two bullet points which were not supported.

A motion by Dr. Olive to accept the short and long term recommendations of the Case Oriented Learning (COL) Comprehensive Review was seconded by Dr. Blackwelder and was unanimously approved.

Dr. McGowen reported, in response to an earlier subcommittee question, what MSEC has done with past subcommittee reports that have recommendations so as to clearly differentiate tasks between recommendations to MSEC and tasks given to a course director.

In response to the meeting with the subcommittee chairs, Dr. Olive and Dr. McGowen are each separately reviewing 3 subcommittee review reports to identify which items should deserve follow-up actions from MSEC or from another source. As soon as that review is complete and they can determine their rater reliability they will divide the review of all previously accepted review reports.

Dr. Monaco raised an issue affecting the COL course: the Biochemistry conference room and the lack of multimedia equipment in it. Cindy Lybrand stated there is an ETSU Academic Instruction Technology committee that would be responsible for identifying the means for bringing classrooms up to specifications. Cindy Lybrand will follow up on this issue.

5. M3/M4 Review Subcommittee Report

Dr. Mullersman, subcommittee chair, presented two annual reports

Internal Medicine Clerkship Annual Review 2013-2014 with 2014-2015 Post Period 4 Update
Course Directors: Dr. Patrick Macmillan and Dr. Gene LeSage (2013-2014)
Dr. Patrick Macmillan (2014-2015)

Dr. Mullersman provided background context to the annual review for the Internal Medicine clerkship. This clerkship has experienced lot of change. The Clerkship had a comprehensive review in the previous year and it was decided at that time, due to the timing of the review, that there should also be an annual review and follow up at the end of Period 4 of the next academic year. When the clerkship was reviewed last year, during the fall time frame, the clerkship was “locked into” the clerkship syllabus and policies they had inherited from the previous clerkship director. This annual review focuses more on the actions of new clerkship directors, Drs. Macmillan and LeSage, in 2013-2014.

The most substantive review items that came out of the review for 2013-2014 were the list of items the clerkship wanted to focus on for 2014-2015. For this review the subcommittee has looked at what happen in 2013-2014 and what has transpired thus far in 2014-2015.

Short term recommendations to MSEC:

A. Some elements of the short-term recommendations made to MSEC in the comprehensive review of the third-year Internal Medicine Clerkship (approved by MSEC on April 22, 2014) are incomplete. An updated report to the M3/M4 Curriculum Review subcommittee on those incomplete items [short-term recommendations from April 2014], including A.2. (curriculum mapping), A.6. (faculty/resident feedback on student H&Ps and progress notes), A.7. (poorly written quiz questions), and A.10. (student access to patients) should be provided within six months.

The subcommittee recommends the above items should continue to be monitored and a report requested back to MSEC on their progress towards completion in 6 months.

Dr. Mullersman asked if this is something that MSEC can communicate to the clerkship director (who is yet to be defined). Dr. McGowen felt this is something that MSEC can request from the clerkship director, once the clerkship director is identified.

B. The clerkship director should develop plans to address the issues that are discussed in 9.B. (i.e., Important opportunities for improvement) present them in the self-study report for 2014-2015. These issues are:

- Poor average performance on NBME subject examination - this was discussed in detail at a previous MSEC meeting in conjunction with the surgery clerkship review
- Feedback to students on H&Ps and progress notes – this could be done on a more frequent basis
- Disposition of students' time and their access to patients – concern expressed by the students
- Formative instruction and assessment – the questions have been judged by the students as outdated and assessments be given more frequently

The subcommittee felt that having these items identified in a 2014-2015 self-study report was worthwhile.

C. MSEC should support the Director of the Internal Medicine Clerkship in deploying anonymous surveys and other data collection efforts to better refine understanding of the scope of the problems that have been repeatedly identified by student evaluations of this clerkship. Annual Review of M3 Internal Medicine Clerkship for AY 2013-2014 w/ Post-Period 4 of 2014-2015 Update page 11 of 11.

D. Dr. Macmillan has submitted two versions of his self-study report on the third-year Internal Medicine Clerkship for AY 2014-2015 (December 9, 2014 and January 13, 2015). Both of these self-studies are substantially incomplete and contain errors of fact. In addition, the analysis of serious issues facing this clerkship (in particular, low performance on the NBME subject examination for the last several years) is incomplete and superficial. In order to facilitate a thorough review of this clerkship for AY 2014-2015, the M3/M4 Curriculum Review subcommittee recommends converting the review of the third year Internal Medicine Clerkship from an annual review to a comprehensive review and that a self-study report for that comprehensive review be solicited from the current and/or future M3 Internal Medicine Clerkship Director(s). The subcommittee asks that MSEC vote on recommending another comprehensive review for 2014-2015.

Long-term recommendations to MSEC:

A. Recommend lengthening this clerkship from 6 weeks to 8 weeks. This might be accomplished by combining the 2 weeks of internal medicine training currently located in the Specialties Clerkship with the 6 weeks that currently exist within the M3 Internal Medicine Clerkship. However, other approaches to effecting the elongation of this clerkship should also be considered.

This is a repeat of last year's report requesting that the clerkship be lengthened from 6 weeks to 8 weeks, making the additional 2 weeks contiguous with the present 6 weeks.

Dr. McGowen stated that there are two options before MSEC; one is to act separately on some of the short and long term recommendations or accept them all.

MSEC discussed how a new clerkship director would respond to having to submit a comprehensive report on the clerkship structure after just coming on board and trying to get up to speed on the clerkship processes and needs.

Dr. Mullersman felt that it would be helpful for a new clerkship director to submit a new report based on what he/she has been able to access and put into place. Dr. Olive and Dr. McGowen stated that the subcommittee report contained a lot of information for a new clerkship director to be able to work from and move forward with implementation and change with a 2015-2016 comprehensive report to MSEC in the spring of 2016 (Periods 1-4). It is in the realm of MSEC to ask for a new review or follow up reports be submitted off-cycle.

Dr. Mullersman said the review subcommittee is asking for guidance and asked if MSEC is accepting this report as sufficient for the 2013-2014 and 2014-2015 review reports. MSEC confirmed that the reports met the need for review reports of the Internal Medicine Clerkship and enables MSEC to come back in 6 months (November 2015) because of the change in clerkship leadership and ask for updates to the pending items in process.

A motion by Dr. Herrell to accept the short term recommendations: A, B, and C with a progress report in 6 months on the status of action on these recommendations. To accept the long term recommendation: A as part of the Year 4 Review of the Curriculum as a whole, with consideration given to the structure of the 3rd year. Dr. Monaco seconded the motion. MSEC unanimously approved the motion with Dr. Olive abstaining from voting due to conflict of interest.

Psychiatry Clerkship Annual Review 2013-2014
Course Directors: Dr. Rakesh B. Patel (7/12013-2/14/2014)
Dr. Rushiraj Laiwala (2/17/2014-to present)

The psychiatry clerkship is doing generally quite well partly because there is such strong related material in the M1 and M2 years; also because as a 6 week clerkship it is reasonably long in comparison to other psychiatry clerkships. Students are well prepared for the NBME subject exam and do quite well. The main issues that have surfaced have to do with the acute care units on the Cedar and Laurel units at Woodridge Hospital. Students expressed concerns about inadequate engagement on these units. Students from other disciplines and training programs are on these units. The subcommittee identified that this may be an opportunity to take advantage of the other student population and begin some interprofessional activities with Quillen students.

Students also express concerns about inadequate outpatient psychiatry psychotherapy experiences. The subcommittee recommends future on-going review of the outpatient component of the clerkship.

Short term recommendations to MSEC:

A. We recommend continued monitoring of the outpatient component of this clerkship to help insure that students receive adequate exposure to this aspect of the practice of psychiatry.

B. We recommend the addition of an item to the student evaluation survey for this clerkship that will assess the degree to which students have been engaged as active learners as opposed to being passive observers on the Cedar and Laurel units at Woodridge Hospital.

The full scope of what is going on with the Cedar and Laurel units could be explored with additional detail through some type of survey mechanism.

Long-term recommendations to MSEC:

A. The subcommittee recommends MSEC facilitate any efforts by the clerkship director to establish interprofessional educational activities that might serve to engage students and broaden their perspective of the treatment of patients in the psychiatric milieu. These interprofessional educational activities might be particularly well suited to the Cedar and Laurel units at Woodridge Hospital where sizable groups of students, who are training in various health care professions, are frequently present.

Dr. McGowen felt that this report provides Dr. Laiwala or another clerkship director more power to address the concerns the clerkship has been trying to address with regards to the Cedar and Laurel units.

Rebekah Rollston commented that since the generation of this report the number of weeks at Woodridge has decreased and the students are now doing 3 weeks at the VAMC and 3 weeks at Woodridge which has been really helpful. There is more activity at the VAMC and the students are busy. The students are receiving more patient assignments at Woodridge. If this can continue after Dr. Laiwala leaves, it would be excellent.

B. We encourage MSEC to facilitate, as appropriate, any broadening of the scope of this clerkship that could promote in Quillen students a better understanding of and/or greater exposure to addiction medicine and the role of psychotherapy in the practice of psychiatry.

Students express a desire to see addiction medicine and psychotherapy taught in the clerkship. Dr. Olive questioned whether psychotherapy is appropriate for junior clerkship students and whether is it too advanced. Per Dr. McGowen, psychotherapy is not part of the recommendations for clerkships in psychiatry. The students do receive a didactic session on psychotherapy to make them aware of this treatment technique. Dr. McGowen asked for clarification about what the subcommittee was recommending with this last long term recommendation.

Dr. Mullersman said the recommendation was to ensure that we adequately instruct students in the role of physicians in psychotherapy versus the physician adjunct healthcare

person so that when they come to the clerkship they have a clear perception of what they need to understand about psychotherapy in terms of prescribing it and the extent of how they might be involved.

A motion from Dr. Herrell to accept the short and long term recommendations with a second by Dr. Monaco was unanimously approved.

Dr. McGowen asked that agenda items, originally identified as numbers 6 and 7, be postponed to the next MSEC meeting so that MSEC may address an additional agenda item related to scheduling in the fall semester. A meeting with the M1M2 course directors is scheduled for tomorrow to look at the exam schedule and it is felt that MSEC needs to review and vote on the agenda item being proposed.

6. **Added Agenda Item: Change NBME subject exam for Medical Human Gross Anatomy & Embryology**

Dr. Kwasigroch has requested moving the Medical Human Gross Anatomy & Embryology NBME subject exam to after students return from fall break.
The Cellular and Molecular Medicine (CMM) course is scheduled to begin on the day he proposes administering the exam, which means that the Gross Anatomy is requesting time from the Cellular and Molecular Medicine course.

Dr. Kwasigroch summarized issues underlying this request. He emphasized that the 11 week structure of the course makes it difficult to move things around and give sufficient coverage of the topics. With this proposal, the opportunity to complete a comprehensive review of the material in preparation of a subject exam is given. A particular concern is that if we expect students to take the subject exams seriously then we need to give them appropriate study time. If the subject exam is given at the end of the block, the final exam is one day and the subject exam the next day. The students are not in a position to take it seriously and there is no real time given for them to study.

Other discussion included whether this functionally takes away the students' fall break; whether the final exam in the course could be pushed back to create a day of study for the NBME subject exam; that other course director's face the same problem; and that the CMM course director was not present for the discussion of this request.

Dr. Abercrombie wanted clarification about whether exams and NBME subject exams count as contact hours. It was confirmed that assessment is part of the contact hours. Dr. Abercrombie said the NBME subject exams performance for abdomen and pelvis has been low for years. The students identify that they need more time to absorb the material, not more content. Keeping the NBME subject exam where it is right now does not allow that. The students are exhausted at the end of the block and they are not studying or giving the attention to the subject exam.

Dr. Monaco agreed that if we give an NBME subject exam then we need to have time for the students to study, but the stated proposal to move this subject exam into the next block is not the way to correct this. Finding the time in the curriculum to correct this need for study time is not an easy solution. This needs to be looked at during the Year 4 Review of the Curriculum, the way it is structured, and the way it is compressed.

Cindy Lybrand commented that Quillen has published its' academic calendar and to make changes now to identified fall/spring break times could have consequences for those who may have already planned travel during the currently identified breaks.

Discussion concluded on the agenda item and Dr. McGowen asked that Dr. Kwasigroch restate his proposal to the committee. Dr. Kwasigroch stated his proposal was to allow the Gross Anatomy NBME subject exam be given on the Monday following fall break, at 8:00 am.

Dr. Abercrombie made a motion to allow Gross Anatomy to move its NBME subject exam to the Monday after fall break. There was not a second to the motion. The motion failed for the lack of a second.

7. **Outcomes Subcommittee Report** - postponed to May 2015.

8. **Review of LCME Element 6.3** - postponed to May 2015.

9. **Standing Agenda Items: Subcommittee(s), Working Groups & Technology Updates** – postponed to May 2015.

Adjournment
The meeting was adjourned at 6:28 p.m.

Upcoming MSEC Meetings

Tuesday, May 19, 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 18, 2015 – 4:15 PM

Tuesday, September 15, 2015 – 4:15 PM