

**EAST TENNESSEE STATE UNIVERSITY  
QUILLEN COLLEGE OF MEDICINE  
Medical Student Education Committee  
Minutes  
May 20, 2014**

The Medical Student Education Committee of the Quillen College of Medicine  
met on Tuesday, May 20, 2014 at 4:15 p.m.  
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members**

**Present:**

Ramsey McGowen, PhD  
Michelle Duffourc, PhD  
Beth Fox, MD  
Howard Herrell, MD  
Dave Johnson, PhD  
Jerry Mullersman, MD, PhD, MPH  
Jessica Arthur, M1

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

**Present:**

Theresa Lura, MD  
Cathy Peebles, MPH  
Sharon Smith  
Lisa Myers

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Shading denotes or references MSEC ACTION ITEMS

Dr. K. Ramsey McGowen was appointed Chair of MSEC by Dr. Kenneth Olive, Executive Associate Dean, effective May 5, 2014; Dr. Robert Means, Dean of Medicine, supported the appointment, and Dr. McGowen agreed to serve in this role.

**1. Approval of Minutes**

The minutes from the 4-22-14 meeting were approved as distributed.

**2. Topics**

**a. Reports to MSEC – [M1/M2 Review Subcommittee]**

Dr. Johnson, Subcommittee Chair

Annual Review of Medical Human Gross Anatomy & Embryology; Dr. Tom Kwasigroch, Course Director; Primary reviewers: Dr. Robert Acuff & Tatiana Patsimas, M1

- Reviewers' comments / collaboration with the Anatomy course director regarded:
  - Course and faculty consistently receiving very high ratings on student evaluations
  - Course being well organized and having content materials readily available
  - Quillen "Boot Camp" program that introduces incoming students (and new faculty participating in the course) to the overall medical school learning environment with special emphasis on the flipped classroom concept
  - Issues being corrected that pertain to the quality and length of video lectures
  - Pre-laboratory lecture format having been simplified

- Future plans for students to give the daily case presentations in the Small Auditorium directly after lecture
  - Course faculty's brainstorming about ways to make guest clinicians' lectures more interactive to better fit the "flipped classroom" model
- Short-term recommendations
    - Address 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 and alignment; reduce total presentation time (if possible)
    - [Global] Implement ExamSoft in all M1/M2 courses (for consistency, for assessment to be more effectively linked to learning objectives)
  - Long-term recommendations
    - Truly "flip the classroom" by improving online content and maximizing lab time
    - Create more opportunities for students to interact with the technology in the lab
    - Continue to seek out volunteer faculty to assist in the lab
    - Continue to enhance interactive learning opportunities

Discussion of the course included the subject of Dr. Kwasigroch's longtime leadership and exceptional teaching and the need for planning faculty transitions in all of the basic science courses.

**ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. Duffourc, MSEC members accepted the report on the annual review of Anatomy.*

Annual Review of Cellular & Molecular Medicine (CMM); Dr. Mitch Robinson, Course Director; Primary reviewers: Dr. Rob Schoborg & Daniel Gouger, M1

- Reviewers' comments / collaboration with the CMM course director regarded:
  - Success in developing and delivering a much improved course that accommodates different learning styles and promotes active learning
  - Students being impressed with the quality of instruction and the professors' availability and genuine concern for student success; also, Dr. Robinson being very organized and engaging
  - Flipped classroom instruction and clinical integration being well received; interest in the blood draw exercise
  - Need for clarification of some course objectives; also, consistency among the small groups
  - Striking improvement in student satisfaction with written handouts
  - Potential improvement of class time by using more difficult clicker questions, a brief lecture that addresses the most difficult concepts and the application of clinical vignettes and case studies

- Use of multiple methods by which students can check their knowledge in advance of module exams, e.g., daily quizzes, clicker questions and practice exams
  - Ideas to alleviate issue of some students dominating the group quiz discussions
  - Benefit of all course faculty reviewing all exam questions
  - NBME Subject Exam focus moving toward functional biochemistry/physiology
- Requests from the course director to MSEC
    - Consideration of an ExamSoft upgrade so iPads can be used for testing; also, upgrading to a more advanced audience response system
- Short-term recommendations
    - MSEC facilitating future refinement of course activities by advocating for increased IT support
    - As identified by students and course director, need to: 1) change arrangement of some topics to improve flow and 2) increase consistency of class time, classroom flipping format and video presentation length/format
    - [Global] Implement ExamSoft in all M1/M2 courses
- Long-term recommendations (None)

Much of the discussion about the course focused on ExamSoft and reiterated the need for increased IT / [ATS](#) support in all of the basic sciences courses.

**ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. Duffourc, MSEC members accepted the report on the annual review of Cellular & Molecular Medicine.*

Comprehensive Review of Clinical Preceptorship I & II: Dr. Ken Olive, Director; Primary reviewers: Dr. Dave Johnson & Rebekah Rollston, M2

- Reviewers' comments regarded:
  - Dana Bailey's organizational skills and work recruiting/arranging preceptors and pairing them with students
  - Students being generally very pleased with this experience and learning opportunity
- Short-term recommendation
  - That MSEC explore making these courses part of M1 Introduction to Physical Exam Skills and M2 Practice of Medicine
- Long-term recommendations (None)

**ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. Duffourc, MSEC members accepted the report on the comprehensive review of Clinical Preceptorship I & II.*

**b. Presentation: Updates and Changes in Medical Education from the Southern Group on Educational Affairs (SGEA) 2014 Regional Conference – Cathy Peeples & Sharon Smith**

Ms. Peeples' and Ms. Smith's presentations and MSEC discussion included the following topics:

- Medical Academic Performance Services (MedAPS) – AAMC tools to help member medical schools assess their achievement of education and accreditation standards  
[Accreditation Standards Self-Evaluation Tool \(ASSET\)](#)  
[Curriculum Inventory and Reports \(CIR\)](#)  
[ASSET Dashboard](#)
- + [MedEdPORTAL](#) – AAMC free destination for peer-reviewed educational scholarship, innovations to improve patient care and continued education activities to support lifelong learning
- AAMC – [Pivio](#)
  - New software tool being developed by AAMC and the NBME that will connect data needed by medical students, residents and physicians across their academic and professional careers, assisting them with lifelong career growth and improvement
- AAMC – Four major medical student surveys:
  - 1) Post MCAT Survey (PMQ) – New in 2012-2013; given three weeks after MCAT
  - 2) Matriculating Student Questionnaire (MSQ) – Revised MSQ piloted in 2013-2014 with an increased focus on personal characteristics, interests and goals of entering students; given in summer prior to entry
  - 3) Year 2 Questionnaire (Y2Q) – NEW – Will launch in Fall 2014-2015
  - 4) Graduation Questionnaire (GQ) – Pilot of new GQ items in 2013-2014 & 2014-2015; given in Spring of final year
- LCME Update
  - Including in regard to: New Standards/Elements effective July 1, 2015, factors associated with LCME severe actions and other recent changes to policies and procedures
- Core Entrustable Professional Activities (EPAs) for Entering Residency
  - Activities students should be able to perform on the first day of residency – identifying the building blocks of each, assessing and moving to the next level in order to be proficient by graduation; identifying / building this into the curriculum
- “Learning the Ropes: what new course directors need to know”
- How to make clerkship orientation active and engaging
- “Don’t Overcook the Medical Student! What is the Right Recipe for Academic Assistance?”

### c. Proposal: Surgery – General Surgery – Rural Elective

<b>Location(s):</b>	United Regional Medical Center & Medical Center of Manchester Manchester, TN Stones River Hospital, Woodbury, TN River Park Hospital, McMinnville, TN
<b>Instructors / Responsible Faculty:</b>	Jimmy Van Winkle, MD
<b>M3 Specialties Clerkship:</b>	Yes
<b>Max. students per period:</b>	1
<b>Goal:</b>	To provide an opportunity for students to experience the unique nature of general surgery practice in small communities. Students will be integrated into the pre-operative, operative and post-operative care of surgical patients.
<b>Course Outline: (Topics/ types of activities)</b>	<i>The student will:</i> Assist in OR; experience suturing, skin lesion removal, drainage of abscesses, endoscopy, colonoscopy, appendectomy, cholecystectomy and herniorrhaphies in a rural surgical practice.
<b>Objectives:</b>	<i>At the conclusion of this rotation in a rural setting, the student will be able to:</i> <ul style="list-style-type: none"> <li>- Demonstrate ability to perform a focused history &amp; physical examination on the surgical or potentially surgical patient, including the development of an appropriate differential diagnosis</li> <li>- Demonstrate understanding of the pathophysiology of surgical disease</li> <li>- Understand the approach to preoperative and postoperative management of the surgical patient</li> <li>- Formulate a plan for further workup, preoperative preparation and operative management as indicated</li> <li>- In the operating room and/or clinic, demonstrate and sharpen skills in basic surgical techniques such as knot-tying, suturing and limited dissection</li> <li>- Perform selected advanced procedures and discuss risks and benefits with patients and family members</li> <li>- Demonstrate enhanced understanding of inpatient and ambulatory surgical care in a rural setting</li> </ul>
<b>Educational Methods:</b>	Clinical Experience – Ambulatory & Inpatient Preceptorship
<b>Assessment Methods:</b>	Participation
<b>Additional Notes about the Rotation:</b>	Housing available at no cost to student

#### ACTION:

Following discussion, including in regard to Dr. Van Winkle being a Quillen graduate, on a motion by Dr. Herrell and seconded by Dr. Duffourc, MSEC approved the General Surgery – Rural Elective.

### d. M4 - Course Proposal / Selectives to Electives

In follow up to MSEC's [4-22-14](#) action requiring Inpatient & Specialty Selective directors to convert to an Elective any Selective rotation that was not currently being offered as one, Ms. Peebles reported the following:

Selective to Elective conversion	New Course #
Family Medicine-Inpatient Elective	FMED 5027
Rural Ambulatory Care Elective (RPCT students only)	RURL 5016
Surgery-General Surgery Elective-JCMC	SURG 5019
Surgery-General Surgery Elective-VAMC	SURG 5021
Surgery-Neurosurgery-Brain and Spine Elective	SURG 5022
Surgery-Oncology Elective	SURG 5023
Surgery-Pediatric Surgery Elective	SURG 5024
Surgery-Vascular Surgery Elective	SURG 5025

**ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. Mullersman, MSEC approved the conversion of these Selectives to Electives.*

**e. Standing Agenda Item: Updates on Subcommittees and Working Groups; Technology**

Ms. Lybrand updated the committee on Nutrition, IGR and CIF:

- Nutrition Working Group met on 5-13-14
  - Student participation at the Corazón Latino Festival in Jonesborough was a huge success with multiple stations, including one focusing on nutrition
  - Students are completing one-page reflective papers about their experiences; a summary of these will be submitted to MSEC this summer
  
- Integrated Grand Rounds (IGR) Working Group met on 5-14-14
  - Group is seeking MSEC approval for the addition of a fourth IGR session to be held in early Spring semester; justification:
    - IGR serves as an effective curriculum integration tool (horizontal across courses / vertical across years)
    - Use of basic science content and enhancement of clinical relevance
    - Builds on M1 Anatomy case presentations and COL cadaver case presentations
    - Further develops skill sets across Intro to Physical Exam Skills and Practice of Medicine, Transitions to Clinical Clerkships and M3 OSCE Competency into the Clerkship rotations
    - Develops mentoring and teaching skills of M3/M4 students
  
- Curriculum Integration Framework (CIF) group is scheduled to meet on 5-22-14

**ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. Mullersman, MSEC approved the expansion of the Integrated Grand Rounds experience.*

## **f. Planning for the June 3 Annual Meeting**

Dr. McGowen led the discussion that regarded:

- MSEC's Policy for Periodic and Comprehensive Review of Curriculum in regard to the scheduling of an "Annual Meeting" at the end of each academic year to address the following:
  1. Ensure that all recommendations have been acted on or are in progress
  2. Identify priorities for the next year

Course and clerkship directors will attend a portion of the meetings that will focus on:

1. Feedback and assistance among the pre-clinical and clinical directors
  2. Horizontal and vertical integration
  3. Omissions and unplanned redundancies across the curriculum
  4. Areas in need of improvement
- Strategies for accomplishing the goals
  - Logistics for the course and clerkship directors' portion of the meeting that included:
    - Providing for an interactive session
    - Scheduling large and small groups for discussion; each small group to be made up of basic scientists, clinicians and MSEC members
    - Dr. Olive emailing course and clerkship directors to inform them of the four topics to be considered; suggesting that they email their thoughts on these topics to him/Academic Affairs in advance so common themes could be determined
    - Requesting that directors send a representative to this important meeting if they are unable to attend
    - Inviting Dr. Means to a debriefing period at the conclusion of the meeting

### **3. Recent documents / topics**

*Reports: [M1/M2 Review Subcommittee] Annual Reviews of Medical Human Gross Anatomy & Embryology and Cellular & Molecular Medicine; Comprehensive Review of Clinical Preceptorships I & II*

*M4 Elective Proposal: Surgery – General Surgery – Rural*

*List: Selective to Elective conversion*

*Update: Nutrition, IGR and CIF Working Groups*

*Updates / Changes in Medical Education  
Southern Group on Educational Affairs (SGEA)  
2014 Regional Conference – May 12-15, 2014  
– Cathy Peeples & Sharon Smith*

*Article: Olle Ten Cate, PhD – “Nuts and Bolts of Entrustable Professional Activities”  
Journal of Graduate Medical Education, March 2013; 5(1):157-158*

*“Critical thinking can’t be Googled”*

**4. Announcement**

*The next meeting will be the MSEC Annual Meeting on June 3, 2014.*

**5. Adjournment**

The meeting adjourned at 5:44 p.m.