

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
May 21, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, May 21, 2013 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members

Present:

Ramsey McGowen, PhD [Meeting Chair]
Caroline Abercrombie, MD
Reid Blackwelder, MD
Rich Feit, MD
Howard Herrell, MD
Paul Monaco, PhD
Rebekah Rollston, M1

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

Present:

Theresa Lura, MD
Jill McCarley, MD
Suresh Ponnappa, MSLS
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Topics

a. LCME Accreditation Team Members for June Limited Site Visit

Members discussed bios, medical schools and/or interests of –

Jeffrey Susman, MD, Dean of the Northeast Ohio Medical University College of Medicine and Professor of Family Medicine

Robert F. Sabalis, PhD, LCME Assistant Secretary Emeritus; retired from the Association of American Medical Colleges (AAMC) and now works part-time conducting site visits

Donna Russo, PhD, Drexel University College of Medicine Associate Dean for Year 1 & 2 Educational Programs; Professor, Department of Microbiology and Immunology, course director for Medical Microbiology

b. Report to MSEC – [\[M3/M4 Review Subcommittee\]](#) Annual Review of Family Medicine Clerkship; Jason Moore, MD, Clerkship Director

Dr. Jill McCarley, Subcommittee Chair, related the subcommittee's opinion that the clerkship should be commended for:

- Very high ratings by students for faculty and resident teaching
- Low student to faculty ratio enhancing student learning (at 3 sites)
- Successfully incorporating MSEC-directed rehabilitative content, including pre- and post-test assessment

Subcommittee had no formal action items for MSEC. An administrative note regarded incorporating 'best practices' which are working well in a clerkship such as this as a model across all clerkships.

ACTION:

After discussion, the committee accepted the M3/M4 Review Subcommittee's Annual Review of Family Medicine Clerkship report.

c. Outcome Data for M1/M2 NBME Subject Exams

Stemming from the [5-7-13](#) discussion regarding integration's potential impact on course structure, MSEC requested and reviewed summary data of M1/M2 "shelf" exam scores 2006 – 2013, the years before and after the 2009-2010 change to a block system in M1.

Discussion regarded:

- Continued support for having a national comparison and for the [12-18-12](#) MSEC policy that states if an NBME Subject Exam is available for a course, it will be used
- Declining scores for Anatomy, Biochemistry and Histology & Cell Biology (above national mean except Biochemistry)
- Debate on how much lower scores can be attributed to the curriculum, i.e., block schedule – effects of "compressed" curriculum on student learning and retention, "time constraints" on exam scheduling
- Decline in exam performance possibly being related to lack of integration of material and underuse of clinical vignettes for assessment
- Acknowledgement of anatomy having less representation on USMLE Step 1
- Relevance of assorted outcome measures and goal of providing the best overall medical education
- Quillen changing [admission requirements](#) = no longer requiring the completion of any specific courses at the undergraduate level; also, major changes in the MCAT in 2015

Further discussion and any action deferred to August 6 Retreat.

d. Curriculum Content (Gap) Report: Continuing / Continuity of Care

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

LCME Standard ED-13: The curriculum of a medical education program must cover all organ systems and include the important aspects of preventive, acute, chronic, *continuing*, rehabilitative and end-of-life care.

Definition: Continuity of care is the process by which the patient and the physician are cooperatively involved in ongoing (continuing) health care management toward the goal of high quality, cost-effective medical care. Source: [AAFP](#)

Related topics / Keywords: Homecare, Delivery of Healthcare, Treatment Cost, Medical Record Systems, Electronic Health Records

- Outcome data

2012 Quillen Residency Questionnaire (RQ) items:

	5 - Outstanding [Top 5%]	4 - Excellent [Top 25%]	3 - Satisfactory [Meets expectations]
SYSTEMS-BASED PRACTICE			
1	Being a patient advocate	3.73	0.64
2	Comprehension of community health and epidemiology	3.48	0.58
3	Understanding the importance of quality improvement measures and commitment to patient safety	3.37	0.6
4	Awareness of the types of available healthcare coverage	3.32	0.56
5	Appreciation for providing cost effective care	3.36	0.64

2012 Graduation Questionnaire (GQ) item:

(Rate) your instruction in the following area – Continuity of Care
 [10.3% Inadequate 87.2% Appropriate 2.6% Excessive]

- Content in required curriculum

Directors from M2 Introduction to Clinical Psychiatry course and Community Medicine, Family Medicine, Pediatrics, Psychiatry & Surgery clerkships have reported session-level descriptions of continuity of care and related content. Query results from New Innovations CMS also show depth of topic coverage [Basic – Intermediate – Advanced].

Discussion regarded:

- Definitions of this topic regarding handoff process (transferring responsibility for patient care) and long-term patient care
- Follow-up with Internal Medicine and OB/GYN about their coverage of this topic (none yet identified)
- Curriculum data audits to be done comparing courses' stated objectives and depth of coverage with session-level descriptions
- M1/M2 courses where foundational content could be added and assessed; use of D2L Dropbox
- Student preparation for and MSEC adding rigor to M1/M2 clinical preceptorships

ACTION:

On a motion by Dr. Abercrombie and seconded by Dr. Blackwelder members concluded that coverage of the topic of continuity of care is appropriate except at an introductory level in the first two years.

MSEC determined that the following “Basic” continuity of care concepts / components will be added to the curriculum in 2013-2014:

M1 – Profession of Medicine: Patients, Physicians & Society (PoM:PPS)

- *Introduce role of continuity of care (continuous, comprehensive over time) as part of primary care [Dr. Blackwelder]*
- *Introduce role of continuity of care in the Chronic Care Model [Dr. Holt]*
- *Assessment: Pre- and post-test for session*

M1 – Introduction to Physical Examination Skills (IPES)

- *Introduce continuity of care as aspect of writing a SOAP note [Dr. Blackwelder]*
- *Assessment: TBD*

M2 – Practice of Medicine: Integrated Grand Rounds (IGR)

- *Include process of a handoff in patient care for last IGR session in the Fall semester [Dr. Blackwelder]*
- *Assessment: Submitting a write-up to D2L Dropbox*

2. Recent documents / topics

[*Bios of LCME accreditation team members \[for limited site visit June 24-26, 2013\]*](#)

[*Report: \[M3/M4 Review Subcommittee\] Annual Review of Family Medicine Clerkship*](#)

[*Summary Outcome Data for NBME Subject Exams 2006-2013*](#)

[*Curriculum Content \(Gap\) Report: Continuity of Care*](#)

[*National Standards and/or models for Curricular Content:*](#)

[Defining and Measuring Interpersonal Continuity of Care; *www.annfam.org*](#)

[GHRI Chronic Care Model](#)

[The Patient Handoff: A Comprehensive Curricular Blueprint for Resident Education to Improve Continuity of Care](#)

[Enhancing Continuity in Care: An Implementation of the ASTM E2369-05 Standard Specification for Continuity of Care Record in a Homecare Application](#)

[LabTutor Software for Medical Education: Pre-Clinical Medicine Learning Modules](#)

3. Announcements

The next MSEC meeting will be on June 4, 2013.

4. Adjournment

The meeting adjourned at 5:38 p.m.