QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Retreat & Inaugural Annual Meeting

Minutes
June 3, 2014

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, June 3, 2014 at 11:30 a.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:

Ramsey McGowen, PhD
Caroline Abercrombie, MD
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Ken Olive, MD

Ex officio / Non-Voting Members & Others Present:

Theo Haag, MD, PhD
Tom Kwasigroch, PhD
Theresa Lura, MD
J. Kelly Smith, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Sharon Smith
Lisa Myers

Shading denotes or references MSEC ACTION ITEMS

1. Report to MSEC: [M1/M2 Review Subcommittee] Annual Review of M2 Clinical Neuroscience – J. Kelly Smith, MD, Course Director – Reviewers: Dr. Duffourc (primary) & Dr. Johnson

Dr. Johnson, Subcommittee Chair

- Reviewers' comments / collaboration with the course director regarded:
  - Providing a formal syllabus and avoiding multiple schedule revisions (if possible)
  - Better organizing materials on D2L
  - Adding neuroanatomy and neurophysiology content and putting more emphasis on normal brain function
  - Using the wet lab
  - Improving communication and cohesiveness among instructors; having fewer instructors
  - Considering improvements or alternatives for the small group sessions
  - Making improvements in PowerPoint and other presentations
  - Recording lectures using Tegrity
  - Writing exam questions more like those on Step1 with individual instructors contributing in regard to their material
  - Using ExamSoft
  - Revisiting the NBME grade conversion formula

- Short-term recommendations:
  - With Clinical Neuroscience's substantial reorganization in 2013 and major changes planned for 2014, MSEC should continue to closely monitor the content and delivery and assessment methods to ensure that the course meets QCOM's curricular needs
  - Increase technology support

- Long-term recommendation:
  - Monitor course under the directorship of Dr. Eric Beaumont (beginning in Fall 2015; he will be the associate director in 2014)

ACTION:
MSEC discussed and accepted the M1/M2 subcommittee's annual review of Clinical Neuroscience *report.*

2. Presentation: Proposed Revisions for Clinical Neuroscience 2014

Dr. J. Kelly Smith thanked the M1/M2 subcommittee for their review and recommendations, discussed last year's course and informed MSEC in regard to:

- A 10-year retrospective of student evaluation global data
- NBME content area item analysis – Quillen vs. national, 2013
- 2014 syllabus including course description, goals, objectives, instructional & assessment methods, numerous resources + daily schedule
- Examples of course content, interactive slides and clinical context
- Development of wet lab sessions (still in progress)
- Planned creation of an M3 "advisory committee" for M2s in the course
- Potential integration with other M2 courses, e.g., Pharmacology
- Biomedical Science's recruitment of new teaching faculty, including a neuroscientist

3. Quarterly Report: Outcomes Subcommittee

Dr. McGowen

- Benchmarks scheduled for review this quarter that were met:

MEDICAL KNOWLEDGE: 90% of students will pass the USMLE Step exams on the first attempt
PATIENT CARE: 95% of students will pass the USMLE Step II CS on the first attempt
PATIENT CARE: 95% of students will pass the USMLE Step II CS communication skills sub score on the first attempt
PROFESSIONALISM: <20% of students will receive professionalism incident reports in years 1 & 2
PROFESSIONALISM: <10% of students will receive professionalism incident reports in years 3 & 4
BENCHMARK: 95% of the graduating class participating in a residency matching program will obtain a PGY1 position with a residency program

BENCHMARK: In order to address primary care needs of the public, QCOM graduates will obtain PGY 1 residency positions in Family Medicine, Internal Medicine, Pediatrics and OB/GYN above the annually reported national match rates for each specialty
INTERPERSONAL COMMUNICATION SKILLS: 95% of students will pass performance based assessments on the first-attempt
PATIENT CARE: 95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Patient Care Domain Objective [All reporting Fall courses]

- Benchmarks scheduled for review this quarter that were *not* met:

BENCHMARK: 95% of matriculating students will complete the curriculum within 5 years

>93.9% of students matriculating between 2005 and 2009 graduated within 5 years (not of concern being only slightly below benchmark and consistent with national completion rate of 94%)

PRACTICE BASED LEARNING AND IMPROVEMENT: 80% of M1&2 students will achieve a rating of good or above on multisource &/or narrative assessments

>Of the four designated Fall courses, two submitted required narrative assessments, one did not use the approved form and one did not indicate that they were provided to the students

MEDICAL KNOWLEDGE: 50% of students will score at or above the national mean on NBME Subject Exams

>Periods 1-7, the measure was met on all Clerkship NBME exams; on 4 of the 9 M1&2 NBME exams, it was not: Cellular & Molecular Medicine, Physiology, Clinical Neuroscience and Pathology

BENCHMARK: Courses with a greater than 25% student dissatisfaction rating are targeted for an in-depth review to be completed by the respective subcommittee

>Neuroscience = 31.88% dissatisfaction (course is being closely monitored)

- Members discussed the following issues raised by the Outcomes subcommittee:

  - Completion rate: Measure may need to be revised to not include students who withdrew or were dismissed; *subcommittee requested that MSEC assist in the modification of the measure*
    [Comparison with national data would not take into account reason for non-completion; no change to be made in benchmark.]

  - Narrative assessments: In order to improve compliance, including timeliness, the expectations and process need to be clarified with directors of the courses designated to provide them; *requested that MSEC provide input for developing a plan to rectify the issue*
    [COL facilitator development meeting is planned for July 24.]

  - NBME benchmark: Measure may be modified
    [Dr. McGowen discussed student performance on NBME Subject Exams with Dr. Tom Ecay, Physiology course director and Dr. Earl Brown, Pathology course director.]

- Professionalism reporting: Data capture problem, i.e., the Outcomes subcommittee had none to officially report despite awareness that there had been submissions. Consideration of changing the benchmark measure from the number of Professionalism reports submitted to the EAD to the number submitted to the Asst. Dean for Student Affairs, or for increased awareness and accountability, change how the reports are handled to include reporting to the EAD; *requested that MSEC provide input regarding modification of the measure*

- Committee membership: Dr. Copeland is unable to participate at this time; *requested that MSEC suggest a potential replacement*

ACTION:
Following discussion, MSEC determined:

- *That the completion rate would continue to be monitored as it had previously*
- *Consideration of the Practice Based Learning benchmark and narrative assessments will go back to the Outcomes subcommittee; recommendation will be submitted to MSEC*
- *NBME benchmark – no action to be taken*
- *Professionalism reporting process will be further addressed and reported back to MSEC*
- *In regard to Dr. Copeland's Outcomes subcommittee membership, Dr. Olive will consider a replacement*

4. Update: Curriculum Content (Gap) Report – Acute Care

Prepared by: Cindy Lybrand, MEd and Cathy Peeples, MPH

Ms. Lybrand

Initial review: 8-20-13; Members' discussion centered on inconsistencies in how course/clerkship directors labeled their session level coverage – **B**asic, **I**ntermediate or **A**dvanced.

8-20-13 ACTION:
Any modification in Acute Care content will be deferred pending closer review of the content submitted by course/clerkship directors related to longitudinal sequencing and discussion with course/clerkship directors in regard to more accurately designating the level of coverage and matching content with course and institutional objectives.

MSEC reviewed the report including query results from the New Innovations' curriculum module on depth of coverage by year in the required QCOM curriculum. Discussion regarding the report included support for this additional aspect of documenting content coverage and acknowledgement of the need for more faculty development as part of the process.

ACTION:
On a motion by Dr. Herrell and seconded by Dr. Abercrombie MSEC concluded that Acute Care content in the curriculum is adequate.

5. Missions Management Highlights – Quillen College of Medicine 2014

Dr. Olive

Excerpt from report Introduction: "The AAMC Missions Management Tool (MMT) has been released each year since 2009. The MMT is designed to highlight the various missions of our member medical schools. However, each medical school is unique and its mission and goals will depend on its history, its location, its governing body, its faculty and its local constituency. Because of the various missions and goals of our member medical schools, the AAMC thinks it is inappropriate to create a single value from the many different variables that help express the diverse missions across the medical schools. Rather, each medical school should be viewed in its own context."

This year's MMT includes data on 45 measures in six mission areas:

- Graduate a Workforce that Will Address the Priority Health Needs of the Nation.
- Prepare a Diverse Physician Workforce
- Foster the Advancement of Medical Discovery
- Provide High Quality Medical Education as Judged by Your Recent Graduates
- Prepare Physicians to Fulfill the Needs of the Community
- Graduate a Medical School Class with Manageable Debt

The MMT provided comparative outcomes data for medical schools with full LCME accreditation as of January 1, 2014.

- Dr. Olive pointed out areas where Quillen is doing well*:

  - Diversity of student population (preparing a diverse physician workforce)
  - Preparing physicians to fulfill the needs of the community = instruction in women's health & role of community health and social service agencies; learning with other health professions students
  - Biomedical research
  - Graduates overall satisfaction with the medical education they received, including high rating for experience in clinical clerkships
  - Number of graduates practicing in primary care &/or in rural/underserved communities

*Noted in regard to average debt for graduates that Quillen is not where it would like to be; cost / debt compared nationally are middle range.

6. MSEC 2013-2014 Academic Year Summary

- Dr. McGowen led review and discussion of the "Curriculum Management: MSEC Activity Report Summary – 2013-2014" a chronological table of MSEC activities compiled from Lisa Myers' MSEC minutes by Sharon Smith. All action items not documented as finalized were addressed.

Items that remain in progress include:

- M3/M4 Review Subcommittee's specific monitoring of the Pediatrics Clerkship
- Identifying and reviewing coverage of pathophysiology, including in Practice of Medicine
- Considering methods for NBME score conversion
  [Drs. Olive, McGowen & Mullersman will meet concerning NBME scores as part of Clerkship grades (Ref 4-22-14)]
- Continuing work to determine an overall vision for the curriculum, including review of curriculum models from the M1 redundancy working group and other institutions
  [Questions remain in regard to decompression, sequencing and placement of Genetics course / genetics content.]
- M2 course directors and faculty beginning a process similar to M1's, identifying gaps, eliminating redundancies and integrating content (including in relation to M1)
  [Dr. Olive plans to assist Dr. Duffourc et al with this process; CIF outlines were considered as a resource **>** Fall MSEC agenda item > *Update on M2 curriculum review]*
  > Fall MSEC agenda item > *Dr. McGowen will report back to MSEC on Community Medicine's implementation of their plan to incorporate nutritional assessment of patients*
  > Fall MSEC agenda item > Ref 12-17-13 > *Reconsider development of two new student surveys* (as additional tools to collect data in regard to how well courses are integrated and sequenced and how prepared they felt for Clerkships; one survey was to be administered after Step 1, the other near the end of M3)

- The committee also reviewed the 2012-2013 & 2013-2014 tables compiled by Lisa Myers that delineate the annual and comprehensive reviews of courses/clerkships.

7. Selection of Next Curriculum Thread(s)

Dr. McGowen

Reference MSEC 8-2-11, 2-7-12, 10-2-12 & 12-3-13.

General discussion continued in regard to threads / cross-cutting themes, e.g., Nutrition, that provide content across multiple courses. The connections serve as an integration tool and can tie into the Curriculum Integration Framework (CIF) cases. Reviewing these topics is a component of curriculum review and management. Members then focused on the topics of Evidence-Based Medicine and Quality Improvement & Patient Safety.

ACTION:
1 – Dr. Herrell is to be considered the Thread Director for Evidence-Based Medicine and will initiate documentation of where this topic is covered in the curriculum; he will report back to the committee in Fall 2014.
2 – On a motion by Dr. Abercrombie and seconded by Dr. Herrell, MSEC chose Quality Improvement (QI) & Patient Safety as the next new thread on which to concentrate. Dr. Olive will recruit working group members (also for EBM). Dr. McGowen will inform the committee in regard to established curriculum models for QI & Patient Safety.

MSEC Annual Meeting with all Course & Clerkship Directors

3 p.m. ~ Large Auditorium, Stanton-Gerber Hall

Periodic and Comprehensive Review of Curriculum

Meeting Instructions [Submitted by Dr. McGowen and discussed by members in advance]

Background: MSEC has a formal policy that directs our approach to monitoring and evaluating our entire curriculum. This annual meeting is a part of that process, which 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

Rationale: Participation of course and clerkship directors allows for communication among those most knowledgeable about how the curriculum functions within segments of the curriculum and across all 4 years. MSEC needs input from course and clerkship directors to give us both detailed and broad appreciation of what works well, what areas need improvement and how course and clerkship directors can learn from and assist one another in creating a comprehensive and cohesive curriculum.

Course and Clerkship Director Roles

Breakout Session 1 ~45 minutes; identify a recorder and a reporter for your group.

- Discuss any questions and impressions you have about QCOM's curriculum. As a part of this discussion, consider:
    - What are the strengths within the segment of the curriculum you are most familiar with (course or clerkship, block, year, phase)?
    - What are the main concerns you have about that segment of the curriculum?
    - What could the segment of the curriculum you are most familiar with contribute to the educational program beyond your specific course or clerkship?
    - What help do you need from other course/clerkship directors? What assistance could you offer to other course and clerkship directors?
    - How logical and well sequenced do you find the curriculum?
    - How could curriculum content be better integrated horizontally and vertically?

On the flip chart paper, write up to 5 main points from your discussion to share with the large group.

Participate in large group discussion.

Breakout Session 2 ~45 minutes; identify a recorder and reporter for your group.

- Discuss your questions and perceptions related to omissions and unplanned redundancies across the curriculum. Also identify curriculum areas in need of improvement. As a part of this discussion, consider:

    - Have you noticed any strengths in student preparation and knowledge that you believe reflect a major success of our curriculum?
    - Have you noticed any weaknesses in student knowledge or preparation that you believe reflect a curriculum concern?
    - Are there curriculum content areas that you believe should have a higher profile in our curriculum or are omitted?
    - Are there curriculum content areas that you believe should have a lower profile in our curriculum or are presented in an unplanned, redundant manner?
    - What 3 issues should be given the top priority in efforts to improve the curriculum?

On the flip chart paper, write up to 5 main points from your discussion to share with the large group.

Participate in large group discussion.

MSEC members' role

Participate fully in the discussion. Pose questions and help clarify issues from the MSEC perspective in addition to any other perspective you may have.

Breakout session 1 covered:

1. Feedback and assistance among the pre-clinical and clinical directors
2. Horizontal and vertical integration

Main points from small group discussion shared with the large group:

Group 1

Drs. Todd Aiken, Howard Herrell, David Linville (presenter), Theresa Lura, Jason Moore, Ken Olive, Rob Schoborg; Lorena Burton & Cathy Peeples

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1. Strengths in the curriculum:

a) Ambulatory care experiences in M1 & M2
b) Faculty who *are* working to horizontally integrate M1 & M2
c) Better formative assessment aiding student growth
d) Using exam systems (i.e., ExamSoft) to help with integration
e) Wide variety of experiences and community basis in M3

2. Concerns / opportunities for improvement:

a) Curriculum content silos & students memorizing more than synthesizing (students still have difficulty integrating material and applying basic sciences in a clinical setting)
b) Students focusing on NBME Subject (shelf) Exam scores
c) Assessment methods currently used in basic science courses

3. Faculty development:

a) Basic science faculty awareness of / access to clinical contacts and vice versa
b) Improve horizontal & vertical integration; basic science faculty could attend clinical grand rounds; clinicians, research seminars

Group 2

Drs. Caroline Abercrombie (presenter), Martha Bird, Michelle Duffourc, Jennifer Hall, Tom Kwasigroch, Rushiraj Laiwala, Tiffany Lasky, Paul Monaco; Susan Austin & Lisa Myers

1. Initiate specific horizontal integration meetings for clerkship directors
2. Improve vertical integration of basic and clinical sciences by using more AV (e.g., Tegrity) and sharing lectures / presentations / cases, also ideas for teaching methods (e.g., flipped classroom) and having go-to resource faculty
3. Have clerkship directors provide feedback to pre-clinical directors regarding students' strengths and weaknesses upon entering the clinics + poll students regarding how prepared they felt for clerkships
4. Designate clinicians as a resource for basic science courses, e.g.:
   Surgery >> Anatomy
   Internal Medicine >> Cellular & Molecular Medicine (biochemistry) / Physiology / Microbiology
   Pathology >> Cell & Tissue Biology (histology)
   OB-GYN / Pediatrics >> Genetics
   Psychiatry >> Pharmacology

Group 3

Drs. Melania Bochis (presenter), Earl Brown, Russ Hayman, Tom Jernigan, David Johnson, Patrick Macmillan, Ramsey McGowen, Mitch Robinson; Cindy Lybrand & Sharon Smith

1. Good to have the opportunity to meet and talk to other directors; get an idea of who covers what

2. Need for ongoing 2-way communication

a) Exchange / awareness of source for email addresses and syllabi
b) Exchange / awareness of source for materials (basic science lectures to go back to; clinical cases to reinforce basic science)

3. Recommendation that basic science instruction should be basic and flexible = big picture and clinically correlated with content refresher during clerkships (review of actual materials presented in M1/M2)

4. Address assessment = promote critical thinking / analysis

Breakout session 2 covered:

1. Omissions and unplanned redundancies across the curriculum
2. Areas in need of improvement

Main points from small group discussion shared with the large group:
[Present: Dr. Robert Means, Dean of Medicine]

Group 1

Drs. Todd Aiken, Howard Herrell, David Linville (presenter), Theresa Lura, Jason Moore, Ken Olive, Rob Schoborg; Lorena Burton & Cathy Peeples

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1. Omissions in the curriculum: Nutrition, proteomics, informatics, health & wellness (currently too disease focused), Quality Improvement, patient safety

2. Areas in need of improvement

a) Student critical thinking / synthesis
b) Student understanding of antibiotic choices
c) Anatomy (move more toward “functional”)
d) Faculty development related to technology
e) Clinical faculty’s access to course material
f) Fully established, easily searchable curriculum database

3. Suggestions

a) Designating physician theme directors – oversight of integrated topics / cases
b) Choosing 5 top basic science topics to reinforce in the clinical years
c) Convening directors every six months to share updates in their area / specialty (e.g., grand rounds, seminars)

Group 2

Drs. Caroline Abercrombie (presenter), Martha Bird, Michelle Duffourc, Jennifer Hall, Tom Kwasigroch, Rushiraj Laiwala, Tiffany Lasky, Paul Monaco; Susan Austin & Lisa Myers

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1. Strengths in student preparation and knowledge

a) Student performance on Behavioral Science NBME Subject (shelf) Exam
b) Communication and interviewing skills
c) Dedicated and evolving faculty

2. Areas in need of improvement

a) Neurophysiology content (omission)
b) Organization of M1 curriculum
c) Promotion of synthetic knowledge
d) Presentation skills (faculty & students)
e) Faculty development

Group 3

Drs. Melania Bochis (presenter), Earl Brown, Russ Hayman, Tom Jernigan, David Johnson, Patrick Macmillan, Ramsey McGowen, Mitch Robinson; Cindy Lybrand & Sharon Smith

1. Strengths in student preparation and knowledge

a) Medical knowledge
b) Physical exam skills
c) General presentation skills
d) Professionalism (M3)

2. Areas in need of improvement

a) Teaching methods (toward more effective than exhaustive)
b) Clerkship directors' collaboration with M3 Transitions course and in general across all clerkships (review for omissions and redundancies)
c) Information sharing, including keywords and depth of coverage

In summary, large group discussion focused on:

1. Mechanisms for sharing information
2. Horizontal & vertical integration
3. Faculty development

Participants expressed support for this meeting's format and accomplishment. Any other ideas about the process were to be emailed to Dr. McGowen or Dr. Olive.

Documents / Topics

Report: [M1/M2 Review Subcommittee] Annual Review of Clinical Neuroscience

Presentations: Clinical Neuroscience / Course

Quarterly Report: Outcomes Subcommittee

2013-2014 LCME Standard ED-32 – Narrative description of medical student performance

QCOM Narrative assessment instruments – formative & summative

Updated Curriculum Content (Gap) Report: Acute Care

AAMC Missions Management Tool

Curriculum Management: MSEC Activity Report Summary – 2013-2014

Tables: Annual and Comprehensive Review of Courses/Clerkships – 2012-2013 & 2013-2014

Policy for Periodic and Comprehensive Review of Curriculum

Life, the Universe and Everything

Announcements

The next MSEC meeting will be on July 15, 2014.

Adjournment

5:45 p.m.