

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
June 4, 2013**

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

**Voting Members
Present:**

Ken Olive, MD
Rich Feit, MD
Howard Herrell, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD
Jessica White, M3

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

Bob Enck, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Cindy Lybrand, MEd
Lisa Myers, BA

1. Topics

a. Report: Palliative Care in the Curriculum

This report is in follow-up to MSEC [\[3-5-13\]](#) appointing and charging an ad hoc committee to look closer at the coverage of palliative care in the curriculum.

Robert E. Enck, MD – Chair, Palliative Care ad hoc committee

Quillen Professor of Internal Medicine, Division of Hematology / Oncology, Chief, Division of Palliative Medicine; Editor, *American Journal of Hospice and Palliative Medicine*

Dr. Enck expressed to the committee his appreciation for Drs. Steven Baumrucker and Patrick Macmillan's help with this process.

- Definition (WHO): Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.
- Overview: Palliative Medicine involves a skill set to manage all aspects of diseases (cancer, congestive heart failure, dementia, chronic obstructive lung disease, and others) as they progress through the various phases of chronicity (stable, symptomatic, final) to the end.

- As noted by Quill and Abernethy ([NEJM](#) March 28, 2013), a primary palliative care skill set includes:
 - Basic management of pain and symptoms
 - Basic management of depression and anxiety
 - Basic discussions about prognosis, goals of treatment, suffering, code status (advance directives)
- **Proposed curriculum content**

M1

Profession of Medicine

- Introduce basic concepts of palliative medicine as a medical specialty and critical skill set for any physician regardless of specialty
- Clarify that end of life and hospice care are only a part of palliative medicine
- Use lectures with clinical scenarios covering the basic management of pain and symptoms, depression and anxiety and discussions about prognosis, goals of treatment, suffering and advance directives
- Include a lecture on medical ethics as it relates to end of life issues
- Provide a formal review of professionalism and the interface with an interdisciplinary team

Communication Skills for Health Professionals (CSHP)

- Provide opportunities to learn how to convey pertinent messages; importance of role modeling
- Use supervised patient simulation (SPs) to deliver a diagnosis followed by faculty review and subsequent discussion of communication approaches such as SPIKES and NURSES

Empathetic Communication	
S.P.I.K.E.S.	N.U.R.S.E.
S etup: Prepare for the conversation	N ame the emotion
P erception: Asses the patient's perception	U nderstand the emotion
I nvitation: Ask for an invitation to talk about the news	R espect (praise) the emotion
K nowledge: Disclose the news straightforwardly	S upport the patient
E motion: Respond to the patient's emotion	E xplore the emotion
S ummarize: Summarize the plan	

Lifespan Development

- Include coverage of critical issues related to chronic care and end of life in the geriatric population, especially as baby boomers age
- Provide opportunities for structured nursing home or extended stay visits
- Follow up with discussions or lecture on the issues of advance directives, decision making capacity, quality of care, dignity therapy and what to leave behind as a legacy

M3

Community Medicine Clerkship

- Include a presentation on the cultural and religious/spiritual influence on the care of the dying in East Tennessee

Family Medicine Clerkship

- Re-emphasize the importance of the needed skill set for palliative medicine
- Provide a structured seminar and discussion about *visits* to any long term care facility where patients are seen and examined by the students under faculty supervision
- Include focus on management of neurodegenerative diseases and the issue of polypharmacy

Rural Primary Care Clerkship

- Include a mandatory home visit with follow up discussion

Internal Medicine Clerkship

- Provide exposure to palliative medicine through contact with Dr. Macmillan who has a weekly palliative medicine clinic at ETSU Internal Medicine; contact with Dr. Enck as part of the hematology/oncology rotation

Surgery Clerkship

- Provide at a minimum, a short session on medical ethics defining the 4 essential principles – autonomy, beneficence, nonmaleficence and justice
- Include lecture(s) on utilizing palliative medicine skills in managing issues such as postoperative intractable nausea, pain, etc

M4

Critical Care Selectives

- Provide clinical exposure; include review and discussion of the Ethics in Critical Care PowerPoint presentation which is part of the Fundamental Critical Care Support course

Keystone Course

- Review palliative medicine prior to M4s entering the “real world” and facing many of these issues; review and discuss the importance of physician self-care

- Notation of Elective Curriculum

M1 – M4

- Healer’s Art
- Interprofessional End-of-Life Care (Dr. Enck expressed his opinion that it would be best if the principles of palliative medicine, including the key component of the interdisciplinary team, were woven throughout the curriculum.)

M4 Electives

- Palliative Medicine
- Hematology/Oncology (expressing the hope that the role of palliative medicine in this specialty will be more fully appreciated and expanded in the future)
- Pediatric hematology/oncology
- Geriatrics

Dr. Enck mentioned that as reported by Radwany, et al (AJHPM December 2011) their institution established an Office of Palliative Care in the College of Medicine in 2007, and it was critical to their success. The Palliative Care ad hoc committee proposed establishment of an Office of Palliative Medicine at Quillen.

ACTION:

Dr. Enck's / Palliative Care ad hoc committee's report with the complete list of references will be distributed to MSEC members. The proposed palliative medicine curriculum content will be distributed to course/clerkship directors for their input.

Further MSEC discussion of the proposed palliative medicine curriculum content, plus in regard to potential content for COL and M2 Practice of Medicine (& IGR) and Pharmacology, will be deferred to the August 6 Retreat.

b. Quarterly Report: Professionalism Report

Dr. Kwasigroch, Associate Dean for Student Affairs informed the committee that one report in regard to a student's professional behavior was submitted by a course director to his office and copied to Dr. Olive, Executive Associate Dean for Academic Affairs.

Dr. Kwasigroch has reviewed the report, his initial meeting with the student has taken place and follow-up activities for the student are in progress; further referral, as stated in the [procedure](#), is not anticipated.

c. LCME Limited Site Visit Preparation: Final Briefing Book for Standards ED – 33, 35, 37

Members reviewed and discussed our entries and appendices in regard to:

(Noncompliance)

ED-33 There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

ED-35 The objectives, content, and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty.

(In Compliance with a Need for Monitoring)

ED-37 The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved.

2. Recent documents / topics

Report & Presentation: Palliative Medicine and Proposed Curriculum Content

[Generalist plus Specialist Palliative Care](#) — *Creating a More Sustainable Model*
Timothy E. Quill, MD, and Amy P. Abernethy, MD

[Hospice and Palliative Medicine](#): *Curriculum Evaluation and Learner Assessment in Medical Education*
Sandra Sanchez-Reilly, MD, and Jeanette S. Ross, MD

- Enck RE. *Palliative medicine: the short version.* *Home Health Care Manag Pract.* 2013;25(3): 95-97.
- Enck RE. *The Medical Care of Terminally Ill Patients (second edition).* Baltimore, MD: Johns Hopkins University Press; 2002: 1-226.
- Wittenberg-Lyles EM, Goldsmith J, Ragan SL, Sanchez-Reilly S. *Medical students' views and ideas about palliative care communication training* *Am J Hosp Palliat Med* 2010;27(1):38-49.
- Dickinson GE. *Thirty-five years of end-of-life issues in US medical schools.* *Am J Hosp Palliat Med.* 2011;28(6):412-417.
- Radwany SM, Stovsky EJ, Frate DM, et al. *A 4-year integrated curriculum in palliative care for medical undergraduates.* *Am J Hosp Palliat Med.* 2011;28(8):528-535.

& Articles on religiosity from the American Journal of Hospice & Palliative Medicine

Final Briefing Book for June Limited Site Visit – LCME Standards 33, 35, 37 + Appendices

3. Announcements

The next MSEC meeting will be on June 18, 2013.

4. Adjournment

The meeting adjourned at 5:50 p.m.