

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
June 7, 2011**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, June 7, 2011 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ken Olive, MD
Mary Hooks, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD
Jamie Reagan, M-3

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

Martha Bird, MD
Michelle Duffourc, PhD
Tom Kwasigroch, PhD
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 5-3-11 meeting were approved as distributed.

2. Topics

a. MSEC Course Report: M-2 Introduction to Clinical Psychiatry

Dr. Bird

Assigned to course director position in May 2010 with directive to redesign course

- Consulted with other faculty including Drs. Kelley and McGowen
- Reviewed recent years' course materials (Clinical Psychiatry & Behavioral Science)
- Reviewed and responded to feedback from student evaluations
- Selected clinical faculty lecturers

▪ **OBJECTIVES:**

At the conclusion of this course the student will be able to: (Applicable objectives included "as applied to clinical vignettes on tests and quizzes")

1. Describe and employ the DSM-IV-TR multi-axial diagnostic system
2. Demonstrate familiarity with the basics of a psychiatric interview including the importance of thorough history taking and with the components of the mental status examination
3. Recognize the symptoms of the major mental illnesses and their treatment (both psychotherapeutic and biologic) and be able to employ that knowledge to develop a differential diagnosis and treatment plan

4. Identify the key role that life stressors and dysfunctional thoughts/behaviors play in the development and maintenance of physical and mental health conditions, and apply that knowledge to determine intervention/communication strategies
5. Apply principles of effective communication/crisis intervention strategies
6. Demonstrate familiarity with communication styles/skills that can be utilized to either enhance or minimize patients motivation to change unhealthy behaviors
7. Integrate developmental, social, environmental and biological history into a cohesive whole to aide in better understanding the myriad of factors which profoundly affect patient care and outcome
8. Function comfortably and knowledgably in future practice with individuals with mental illness
9. Perform satisfactorily on Psychiatry-related items on USMLE Step 1

- CORE CONTENT:

Review of DSM-IV TR, psychiatric assessment, mental status exam

Major mental illnesses including:

Delirium/Dementias, Eating Disorders, Personality Disorders, Child Psychiatric Disorders, Somatoform Disorders, Sexual Dysfunction, Anxiety Disorders, Depressive Disorders, Bipolar Disorder, Psychoses, Impulse Control Disorders, Alcohol Abuse/Dependence, Other Drugs of Abuse/Dependence

Stress Response / Behavioral Medicine / Obesity / Suicide / Psychotherapies / Motivational Interviewing

- TEACHING METHODS:

Lecture / PowerPoints / DSM-IV TR Criteria / Live patient interviews / Videos of live or simulated patients

Extensive use of textbook – *The Behavioral Sciences and Healthcare*; journal articles; course director/student-created study guides

- EVALUATION METHODS:

Total of five quizzes/exams (all include clinical vignettes primarily + multiple choice)

One quiz following every 6-8 lectures

One 2-hour comprehensive final

NBME Behavioral Science Subject Exam

- GRADING STRUCTURE:

Perfect attendance: 1% of final grade (attendance taken)

Quizzes: 15% each (45% of total grade)

Comprehensive final exam: 55%

NBME: 2% added to final grade for score at or above the 50th% as per NBME national norms

Extra credit out-of-class learning activities: 1.5 - 2% added to final score on quizzes or final exam (attendance taken)

- SUMMARY OF STUDENT PERFORMANCE:

Final average includes all extra credit – Average / SD:

Quiz 1 & 2 = 83.8 / 9.2

Quiz 3 = 83.4 / 7.5

Final = 85.7 / 5.8

- SUMMARY OF STUDENT FEEDBACK:

Highlights of “Strengths” and “Weaknesses” comments

Overall evaluation of course:

2011: 39.6% good or excellent (up 11.5%)

2010: 28.1% good or excellent

2011: 30.2% marginal or poor (down 12%)

2010: 42.2% marginal or poor

- PLANS FOR CHANGE:

1. Sign in sheet for roll
2. One “give-me” unexcused absence and can still qualify for extra credit for perfect attendance
3. Study guide for all lectures to be issued earlier; better reinforcement of main objectives
4. More lectures by me (Dr. Bird)
5. More guidance to guest lecturers re objectives for class
6. More “hands-on” learning activities to coordinate with lectures
7. Consider change to 4 quizzes and a final
8. Better coordinate timing of tests with other M-2 courses

Dr. Bird – “I appreciate the extensive, timely and always graciously given help of three QCOM faculty members: Dr. Ramsey McGowen, Dr. Michelle Duffourc & Dr. John Kalbfleisch. Thanks for your kind words, moral and technical support, wisdom and humor—it was invaluable.”

Discussion regarded:

- Mind – body connection
- Correlation with Neuroanatomy and Pharmacology; exposure to epidemiology
- Topics not on the schedule this semester: sexual dysfunction (temporarily omitted), domestic violence (taught elsewhere), drug abuse (coverage may increase)
- Relevance of psychiatry – including across other disciplines
- Benefit of psychotherapies
- Extra credit activities: Gold Humanism Society sponsored “Evening of Health, Wellness and Arts” dramatic presentations on death and dying; Wendell Potter presentation “Patient’s, Profits, and Healthcare: The Impact of Insurance on Affordability and Access” & “Recovery Monologues” women tell their stories of alcoholism
- NBME Behavioral Science Subject Exam covering topics from M-1 & 2; Dr. McGowen providing a review session

b. MSEC Course Report: M-2 Medical Pharmacology

Dr. Duffourc

▪ OBJECTIVE / CONTENT:

The course objective is to provide the information necessary for the rational use of pharmacotherapy. Content areas include the general principles (pharmacokinetics / dynamics), autonomic pharmacology, pharmacology of inflammation, cardiovascular pharmacology, CNS pharmacology, chemotherapy (antineoplastics, antimicrobials, etc), endocrine pharmacology, toxicology and pharmacogenetics.

Upon completion of this course the student should be able to:

1. Apply general principles of pharmacology to selection of appropriate drugs, drug dosing and therapeutic drug monitoring in various clinical settings
2. Describe the major drugs and substances of abuse
3. Explain mechanisms of action and metabolism of major drugs
4. Discuss indications, contraindications and adverse effects of major drugs
5. Propose appropriate pharmacotherapy for common clinical problems

▪ TEACHING METHODS:

The course is primarily presented in a lecture-based format supplemented by a computer-simulated lab, human patient simulator sessions and videotape demonstration to reinforce the didactic material. Clinical correlation conferences and an interactive Grand Rounds presented by local physicians are used to examine selected topics from a more clinical perspective. In order to allow adequate assimilation of material, no new information is scheduled within a week of each block exam. Student-participation activities (e.g., labs, clinical correlations) and review sessions are scheduled to help the students integrate the lecture material.

- **EVALUATION METHODS:**

Four block exams and a comprehensive final exam are administered during the course. Students are provided with a rebuttal sheet during block exams to state their concerns on specific questions; these sheets are returned with the exam. Student rebuttals in conjunction with statistical item analysis are used to determine if specific questions are flawed. Flawed questions are either discarded (accept all choices) or alternative answer choices accepted.

- **GRADING STRUCTURE:**

Grades for the course are determined by the number of points earned. Each block exam question counts as one point. The block exams are comprised of three questions for each core lecture and one question for each system review lecture, clinical correlation and laboratory. The final exam is an NBME Subject (shelf) Exam.

- **SUMMARY OF STUDENT PERFORMANCE:**

Final Grade Distribution

	2009	2010	2011
A	11	28	18
B	36	25	28
C (# < 72%)	10 (1)	9 (1)	18 (5)
F	0	1	1
# Students	57	63	65

NBME Subject Exam Scores

Year	2008	2009	2010	2011*
Score	505.4	535.4	566.3	494.3
S.D.	85.7	96.2	134.4	115.2

*this score includes graduate students enrolled in the class

- **SUMMARY OF STUDENT FEEDBACK:**

Overall evaluation of course:

Option	2008 <u>% responding</u>	2009 <u>% responding</u>	2010 <u>% responding</u>	2011* <u>% responding</u>
Excellent	25	21	51	53
Good	46	39	40	33
Satisfactory	14	29	6	10
Marginal	6	9	3	3
Poor	8	2	0	0

M-2 students have honored Medical Pharmacology by nominating it for Course of the Year, Pharmacology as Department of the Year and various faculty members for Professor of the Year at the annual Caduceus Awards in 2010 and 2011.

▪ PLANS FOR CHANGE:

In response to student feedback, the course was significantly revised in 2010. Changes included decreasing the amount of new material in February, an exam-heavy month, and reducing the number of teaching faculty to five. Faculty members with consistently high evaluations now teach the majority of the course. Student response to the changes has been overwhelmingly positive. Future changes currently under consideration are inclusion of more student-directed learning activities (e.g., TBL, POPS) and making small group activities graded. The NBME Subject Exam has become increasingly clinically oriented. While essential for medical student education, this trend presents a significant disadvantage to graduate students enrolled in the class. One potential method of dealing with this issue would be to administer an in-house final exam to the graduate students.

Discussion regarded:

- "The joy that is medical pharmacology"
- Course covering approximately 700 drugs
- Preparing students for the clinics
- Recording lectures / audio recording software
- Giving exams on paper; use of point-biserial correlation; NBME
- Randomizing test questions (now in chronological order of lectures)
- This M-2 class having gone through the new M-1 curriculum – did well, but had some difficulty with non-block M-2 curriculum

c. Medical Student Work Hours Policy

Dr. Olive

As discussed at the May meeting, the clinical chairs expressed concern that the September 2010 policy regarding medical student duty hours would effectively exclude medical students from taking overnight call, a very valuable educational experience on Surgery and OB/GYN clerkships. The chairs' proposed revision was reviewed by MSEC and distributed to clerkship directors for their input; Dr. Mary Hooks and Dr. Jason Moore responded.

On a motion by Dr. Hooks and seconded by Jamie Reagan, a modified policy was approved; it will be published and implemented as follows:

Medical student assignments, including the nature and content of activities and the number of duty hours required, must be determined by the educational value of the assignment. All assignments must provide meaningful educational value. Excessive work hours and fatigue can impact medical student learning just as it impacts patient care.

1. Duty hours consist of hours required
 - a. In hospital or clinic/office.
 - b. In didactic education (lectures, conferences, etc.).
 - c. In any mandatory educational activity.
 2. At home call is not included in duty hours determinations.
 3. Student study at home is not counted as duty hours.
 4. Medical student duty hours should not exceed 80 hrs / week.
 5. IN-HOUSE NIGHT CALL is permitted under the following conditions:
 - a. Is a valuable educational experience. Facilitates being a member of healthcare team.
 - b. Adequate rest facilities available in hospital.
 - c. Occurs no more frequently than once every week.
 - d. Call will not precede day of an exam or quiz.
 - e. If student feels fatigued after the call, he/she is to be excused for an appropriate length of time from rounds, classes, etc. Any didactic materials should be made available to the student. It is the responsibility of the student to effectively communicate with team members regarding their need for a period of post-call rest. The student should not leave normal student responsibilities without such communication.
 - f. Hours of in-house call count toward 80 hours total.
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d. New 6-Week Clerkships

Dr. Olive & Cathy Peeples

April 2011 – A revised 6-week Clerkship description form was distributed to clinical directors and coordinators, including for the new Community Medicine and Specialties Clerkships

May 2011 – Completed electronic forms, plus hard copies with required signatures were due in Academic Affairs

June 2011 – M-3 curriculum previously approved by MSEC; descriptions presented to MSEC for review and discussion. *Anything additional can be raised at the July meeting.* Dr. Olive suggested that another round of clerkship presentations to MSEC could take place at the conclusion of 2011-2012.

3. Recent documents / topics {On the [MSEC](#) web site or on file in Academic Affairs – contact myers@etsu.edu}

MSEC Course Reports:

- 1) *Clinical Psychiatry – Dr. Bird*
- 2) *Medical Pharmacology – Dr. Duffourc*

(Again) Clinical Chairs proposal to revise Sept. 2010 Medical Student Work Hour Policy

[EXAMPLE](#): *6-Week Clerkship Form*

6-Week Clerkship Descriptions / Objectives

4. Announcements

The next meeting will be on July 5, 2011.

5. Adjournment

The meeting adjourned at 5:58 p.m.