

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
July 1, 2014**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, July 1, 2014 (moved up from 3rd Tuesday, July 15) at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members

Present:

Ramsey McGowen, PhD
Caroline Abercrombie, MD
Michelle Duffourc, PhD
Howard Herrell, MD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Ken Olive, MD
Rebekah Rollston, M3

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

Present:

Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes from the 5-20-14 meeting were approved as distributed.

2. Topics

a. Report: First MSEC Annual Meeting

[Full report linked above and under Recent documents / topics; Ref MSEC [6-3-14](#)]

Dr. McGowen submitted this report and presented an overview of the June 3 event.

Purpose:

- To complete the annual periodic and comprehensive curriculum review process
- To build on the annual and comprehensive reviews of individual courses/clerkships by including a review of curriculum segments and the curriculum as a whole
- To evaluate horizontal and vertical integration, omissions and unplanned redundancies and 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 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.

Structure:

- Introduction
- 3 small groups, each with pre-clinical and clinical course directors, MSEC member(s) and Academic Affairs administrators
- 2 small group breakout discussions
- 2 large group feedback and discussion sessions after each small group session
- Closing comments, with Dean Means present

Number of attendees:

Preclinical	16
Clinical	8
<i>Faculty</i>	24
+ AA & Clerkship staff	6 = 30 Total

General conclusions:

- Provided a positive addition to curriculum evaluation and management process
- Served as a welcome opportunity for communication within and between those who lead segments of the curriculum
- Increased knowledge of curriculum content and processes across segments of the curriculum
- Stimulated discussion of opportunities to collaborate

Items specifically mentioned in breakout sessions were outlined in terms of:

- Positive aspects of the curriculum
- Areas in need of improvement within the categories:
 - 1) Curriculum, content & in general
 - 2) Student skills development
 - 3) Faculty needs

Recommendations for MSEC consideration (and today's discussion) regarded:

- Enhancing faculty development and educational technology resources
- Establishing a mechanism for communication across segments of the curriculum
- Using educational technology to foster sharing of information
- Facilitating involvement of basic science faculty in clinical education and clinical faculty in basic science courses
- Creating a mechanism for clerkship directors to provide feedback to pre-clinical course directors
- Identifying specific basic science topics for clerkships to reinforce every year
- Convening directors' meetings every 6 months to speed up horizontal and vertical integration
- Including more opportunities for attendees to introduce themselves and the objectives and methodologies of their courses/clerkships to the large group
- Expanding clerkship directors' meetings to better coordinate clinical curriculum
- Identifying physicians to serve as "Theme Directors" for all 4 years of the curriculum
- Making the curriculum database more easily searchable

b. Draft: LCME August Report Submission

Distributed to members in advance of today's meeting, Dr. Olive outlined the latest draft of the LCME Status Report regarding ED-35 (systematic review and revision of the curriculum) that is due August 1, 2014.

Discussion regarded Quillen's response to LCME's request to:

- Describe the status of implementation of the course and clerkship review schedule; courses and clerkships where reviews have been completed and those still to be done.

[The systematic course and clerkship review process has been successfully implemented. Two separate MSEC standing subcommittees are functioning efficiently. All courses/clerkships except for those in the Rural Primary Care Track (RPCT) have had at least one annual or comprehensive review and at present, some have had a second one; RPCT courses & the clerkship will be reviewed this year.]

- Describe the status for the review of the curriculum as a whole, including parameters, what data will be collected and what groups will have input in the review process.

[In [November 2013](#), MSEC modified the [Policy](#) for Periodic and Comprehensive Review of Curriculum to specify that the fourth year of a four year review cycle will focus on review of the curriculum as a whole. As outlined in the policy, this structured review will be based on systematic consideration of a variety of information. Data to be examined will include benchmark data used by the Outcomes Subcommittee.]

c. Update: Crosswalks for Quillen's Institutional Objectives

Ref: MSEC [3-18-14](#) & [2-4-14](#) regarding adoption of AAMC Physician Competency Reference Set ([PCRS](#)) effective July 1, 2014.

Dr. Olive presented the latest versions of two documents comparing PCRS with the previous QCOM objectives/competencies. He also recommended deleting some of the PCRS subcategories in what will be the new QCOM institutional objectives.

Discussion focused on:

- Continuing to use our current "Milestones" as course-level descriptors/examples and adding more of them to facilitate course directors' mapping of their course objectives to the new institutional objectives
- Considering whether to eliminate: 1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications under > 1. Patient Care: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

- Considering whether to delete or develop new descriptors for 5 of the 8 subcategories under > 8. Personal and Professional Development: Demonstrate the qualities required to sustain lifelong personal and professional growth

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Monaco, MSEC voted to eliminate 1.11 under > 1. Patient Care.

MSEC members chose to retain all of the subcategories under > 8. Personal and Professional Development and will develop additional descriptors for them.

Proposed by Academic Affairs, MSEC approved changing Quillen's "Commencement Objectives" to "[Institutional Educational Objectives](#)."

d. Curriculum Content (Gap) Report – Chronic Care

Prepared by: Ramsey McGowen, PhD, Ken Olive, MD & Cindy Lybrand, MEd

Ms. Lybrand

- Definition ([ICIC](#)): "...any condition that requires ongoing adjustments by the affected person and interactions with the health care system."
- Chronic conditions include ([WHO](#)):
 1. Non-communicable conditions
 2. Persistent communicable conditions
 3. Long-term mental disorders
 4. Ongoing physical/structural impairments
- Seven most common chronic diseases ([Milken Institute](#)): Cancer (Breast, Colon, Lung, Prostate and other), diabetes, hypertension, stroke, heart disease, pulmonary conditions and mental disorders
- Related LCME Standard 7.2 [previously ED-13]: The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, *chronic*, rehabilitative, end-of-life, and primary care ...

The committee reviewed the report which also included M1-3 session level content from a New Innovations query on depth of coverage by year and related outcome data from the Quillen Residency Questionnaire (RQ) and AAMC Graduation Questionnaire (GQ).

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Duffourc, MSEC concluded that the topic of Chronic Care is adequately covered in the curriculum.

Members reviewed the following QCOM curriculum documents submitted by Ms. Lybrand:

- 1) M1-M4 [Instructional](#) Methods 2012-13
- 2) M1-M4 [Assessment](#) Methods 2012-13
- 3) M1/M2 [RPCT](#) Instructional and Assessment Methods 2012-13

e. Update: Clinical Skills Thread

Dr. Abercrombie reported on the May 28 meeting of directors for Introduction to Physical Exam Skills, Clinical Preceptorship I, Practice of Medicine, Transitions to Clinical Clerkships, and also the M3 OSCE Competency.

MSEC discussion regarded an overview and the sequencing of these offerings, plus the clinical components running through other M1/M2 courses, including in nutrition content, Clinical Integration Framework (CIF) cases and Integrated Grand Rounds (IGR).

- Course directors agreed on the goal of building students' clinical skills in the following areas:
 - Physical exam skills
 - Documentation (SOAP, H&P structure)
 - Communication skills (oral & written)
 - Differential diagnosis building
 - Interpretation of diagnostic studies
 - Medical record keeping
 - Working on a team
- Introduction to Physical Exam Skills (IPES, M1 Fall): Systems approach to physical exam to prepare students for preceptorship experiences. Focus is on nomenclature, maneuvers and normal exam findings; provides an introductory session on SOAP note documentation.

[Plan to add daily SOAP notes during the summary sessions at the end of the course.]

- M1 Preceptorship Longitudinal Experience + Preceptorship Week (M1, late spring): Early exposure to clinical settings to apply physical exam, history taking, communication and documentation skills. Students are required to present one patient and complete one patient note for which they receive feedback from their preceptor.

[Dr. Jason Moore is creating an IPES refresher session to be held at the beginning of the M1 Spring semester; Dr. Olive plans to begin meeting with students in advance of this experience to discuss objectives and expectations.]

- Practice of Medicine (PoM, M2): Through facilitated patient or simulation sessions, students build on their physical exam, history taking, communication, documentation (full H&P) and differential diagnosis skills. Abnormal physical exam findings and data

interpretation are also emphasized. At the end of the course, students participate in self-directed learning (SDL) sessions to practice their physical exam skills.

[Due to the gap between IPES and PoM, Dr. Linville is moving one of the SDL sessions to the first week of the course; this session will allow students to review physical exam and note writing.]

- Transitions to Clinical Clerkships (M3): Serves as orientation for the third year.
 - Documentation skills are reinforced through pre-session work regarding communication and use of electronic health records; a session on legal issues and documentation is also provided.
 - Simulated case presentations (sepsis & trauma) are delivered in the Human Patient Simulator (HPS) lab providing integration of physical exam, communication, procedure and data interpretation skills.
 - Students practice simulated procedures (IV, ABG, NGT insertion, Foley insertion, subcutaneous insulin injection, suture, knot tying, sterile scrub/gowning/gloving, pelvic exam & breast exam); there are sessions to discuss data interpretation (ABG, ECG, radiology films).

[Student suggestion to add more physical exam review; to further enhance documentation / patient safety, directors plan to add a pharmacist led session on guidelines and common errors in ordering medications.]

- M3 OSCE Competency: Also in the week prior to M3 Period 1, the OSCE serves as a review and an assessment of students' clinical skills and their ability to apply and integrate those skills during a patient encounter.
 - Three simulated patient encounters allow students to preform problem focused history &/or physical exams while applying communication and data collection skills learned in M1/M2.
 - Each encounter requires an accompanying focused note documenting history &/or physical exam, differential diagnoses and appropriate diagnostic tests.
 - Quiz following the exam covers diagnostic test data interpretation.
 - Feedback students receive will help build on their patient encounter skills, not only for clerkship rotations, but also for ongoing clinical training and in preparation for the Step 2 CS exam.

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

- M1/M2 Review Subcommittee has three pending reports that will be presented at the 8/19 meeting
- M3/M4 Review Subcommittee will begin reviews when directors' 2013-2014 self-studies are completed; they are due in August.

- NUTRITION: Case Oriented Learning (COL) facilitator development meeting planned for July 24 will address the course's new nutrition components. From COL D2L – "The purpose of the Nutrition Thread, which begins in COL and will continue throughout your training at Quillen, is to give insight and understanding into this often overlooked but vitally important component to human health."

Nutrition working group update (submitted to MSEC by Dr. Tom Ecay):

- Two new COL sessions were developed with the help of Dr. Michelle Lee of the ETSU Nutrition Program.
 - >The first session for M1 students will introduce them to basic anthropometric measurements (height, weight, waist circumference, BMI, % body fat, etc.) and the concept of recognizing obesity and its health impacts.
 - >A second nutrition-focused session will occur later in the semester and regard initiating conversations with patients about weight management, dietary assessment and nutrition counseling. Dr. Ecay and Dr. Monaco along with two clinicians will lead this session.
 - Dr. Robert Acuff is contacting course directors to introduce the UNC-Chapel Hill Nutrition in Medicine online learning modules to see if and how inclusion of specific modules might identify, supplement or consolidate existing content.
 - Dr. Abercrombie is developing a program for students to note the anthropometric information collected in COL in their first patient history and physical (their own). Student health information will be sought in other courses (e.g., blood chemistries in Cell and Molecular Medicine and EKG & pulmonary function tests in Physiology). Diet assessment may be added with the help of Dr. Lee's nutrition interns.
 - Nutritional assessments and dietary counseling as part of CIF cases and IGR sessions continue to be discussed in working group meetings.
- CIF: Working group, which now includes Dr. Mullersman and Ms. Rollston, will be assisting Dr. Russ Hayman (Microbiology) and Dr. Martha Bird (Intro to Clinical Psychiatry) in determining clinical correlations / cases for their courses' session level content.

CIF working group update (CIF 6/11 meeting minutes) also stated:

- Dr. Herrell met with Dr. Olive on 5/28 to discuss a vision for the curriculum and what can be accomplished given the limitations of funding and resources; the curriculum will remain as currently organized with the cases supporting clinical threads and integration.
- Dr. Olive offered to assist the working group with review of M2 content and to participate in future CIF meetings as needed.
- A list of content area themes was developed, e.g., Anesthesia, Cardiovascular Endocrine; next goal is to identify clinicians to serve as theme directors to assist with delivering the content in a clinical context.

f. MSEC Meeting / Retreat Dates, 2014 - 2015

- Committee meetings will continue to be held on the 3rd Tuesday of the month at 4:15 p.m.; 1st Tuesday afternoons will remain as an MSEC-designated time for subcommittee and working group meetings to be held.
- The next Retreat will be on October 21; three Retreats are planned for 2015 and will take place on the regularly scheduled 3rd Tuesday = January 20, May/June Annual Meeting (date TBD) & October 20.

3. Recent documents / topics

[Report to MSEC: 2014 Annual Meeting](#)

Draft: August 2014 LCME Report Submission

[Policy](#) for Periodic and Comprehensive Review of Curriculum

Commencement Objectives and PCRS Crosswalk; Reverse Crosswalk; Example Milestones for PCRS 8

AAMC Physician Competency Reference Set ([PCRS](#))

Curriculum Content (Gap) Report: Chronic Care

Assessment of Chronic Illness Care ([ACIC](#))

Clinical Skills Thread Meeting Notes and Review Grid

Summaries of QCOM Instructional & Assessment Methods

Report from Nutrition Working Group

Draft: Fall 2014 & 2015 MSEC Meeting and Retreat Dates

4. Announcement

The next meeting will be on August 19, 2014.

5. Adjournment

The meeting adjourned at 6:00 p.m.