



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

**Medical Student Education Committee
Minutes
August 19, 2014**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, August 19, 2014 at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ramsey McGowen, PhD
Caroline Abercrombie, MD
Reid Blackwelder, MD
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Ken Olive, MD
Jeremy Brooks, M4
Rebekah Rollston, M3
Jessica English, M2

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

Stephen Geraci, MD
Lamis Ibrahim, MD
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 7-1-14 meeting were approved as modified regarding the Outcomes “BENCHMARK: 95% of matriculating students will complete the curriculum within 5 years” to include that QCOM’s rate of 93.9% is consistent with the national completion rate of 94%.

2. Topics

a. Update: LCME Status Report [ED-35, FA-4]

[Ref [7-1-14](#)]

Dr. Olive reported that Quillen’s LCME Status Report due August 1 was submitted ahead of the deadline. He mentioned a point of clarification in that comprehensive reviews will occur once in a *three*-year review cycle. During review of the curriculum as a whole in the fourth year of the full four-year review cycle, annual and comprehensive course/clerkship reviews will not be conducted.

A response from the LCME is expected in late October.

b. Proposal for Addition of a Family Medicine Inpatient Subinternship (B) Selective

On behalf of the Department of Family Medicine, Dr. Reid Blackwelder requested that M4 students be given the option to substitute a newly developed Family Medicine (FM) subinternship for the current institutionally required Internal Medicine subinternship.

- Proposal to MSEC cited ways in which this addition would improve the Quillen curriculum by providing the breadth of family medicine training, i.e., the opportunity for students to see and apply skills with a broader range of patients and patient scenarios; description of the rotation regarded:
 - Family Medicine being the only specialty other than Pediatrics that routinely cares for children; also cares for women and their whole range of health issues
 - Student involvement with patients who require surgery, pre-operative, intra-operative and post-operatively
 - Design to primarily be a hospital-based (inpatient) experience for students, but with a new addition of special clinics that allow for quick follow-up of recently discharged patients adding an aspect of continuity in an ambulatory setting that did not exist before, so was not available to our students
 - Department having a long history of interprofessional, team-based activities; all clinics have PharmD faculty, residents and students, psychologists and a licensed clinical social worker
 - Medical library group joining the hospital team for rounds at least once a month providing opportunities to explore clinical questions during morning report and to review medical literature to find best evidence approaches
 - Potential for the rotation to be designed in part with the goals and needs of the individual student in mind (as they participate as an integral part of the patient care team)
 - Each center having a daily noon conference students can attend with the hospital team
 - Additional opportunity serving to alleviate scheduling and overcrowding issues
- Dr. Stephen Geraci, Chair of Internal Medicine and Dr. Lamis Ibrahim, Director of the Internal Medicine Inpatient Subinternship (B) Selective discussed the Family Medicine proposal and the Internal Medicine (IM) subinternship in regard to:
 - Family Medicine subinternship being available to students, but not necessarily as an alternative to Internal Medicine's
 - Possibility of students fulfilling a subinternship requirement (that includes standard components / skill set) in the discipline they plan to pursue; also, general benefits of a subinternship experience regardless of career plans
 - Internal Medicine's history of meeting the needs of the Quillen requirement

- IM subinternship initiation of a weekly academic half day that involves a large commitment of resources / number of faculty to provide interactive sessions covering clinical cases and other topics
- IM subinternship reaching capacity of slots for 72+ students rotating per year; three additional slots now available for students at the VA
- Academic sessions being set up for 6 – 9 students (10 max) per Block and fewer numbers not being an efficient use of resources
- Members joined in the discussion of the proposal and the two subinternships; additional points regarded:
 - Students' IM subinternships being already scheduled for 2014-2015
 - Opinion that the FM subinternship could relieve scheduling congestion without a significant drop in numbers for Internal Medicine
 - Internal Medicine's plan to seek feedback on their new academic sessions
 - Dr. Blackwelder and Dr. Geraci continuing discussion about their departments' offerings and potential collaboration
 - MSEC consideration of subinternships in general during overall review of M4

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Herrell, MSEC approved the Family Medicine Subinternship proposal in principle. Formal approval is pending submission of the Sr. Selective / Elective proposal form.

c. Academic Affairs M4 Selective Policy

Ms. Peebles

No longer having the four-week Specialty/Subspecialty (C) Selective requirement and the change in the required number of weeks from 35 to 33 [4-22-14] allowed more flexibility in formulating 2014-2015 senior schedules, but an issue of distribution remains. The majority of students want to schedule Selectives in the Spring semester, and we do not have the capacity to accommodate those requests.

- New administrative policy: Students will be required to schedule at least one Selective during the Fall semester
- Under consideration:
 - Increasing the options available to satisfy the Inpatient Subinternship Selective from only Internal Medicine to include Family Medicine and potentially others, e.g. OB/GYN, Pediatrics or Surgery (could increase the number of available slots in each Block from 10 to at least 15)
 - Requiring that at least one of the three Selectives be in Internal Medicine

- Current trend in undergraduate medical education is for students to direct their senior year, including requirements, toward preparing for residency. A review of other medical schools found that schools on average had two required senior rotations (far below our current 15 weeks) and multiple options for fulfilling the requirement:
 - * QCOM requirements

- Subinternship in student's residency field (93%)
- Subinternship in Internal Medicine* (63%)
- Subspecialty area of IM (50%)
- Critical care* (43%)
- Ambulatory Care* (27%)
- Emergency Medicine (27%)

- Also presented were summary results of an Academic Affairs' survey of seven peer institutions – number of weeks in M3 core clerkships:

<i>* 2 weeks in Specialties Clerkship</i>	Quillen	Average (excluding ETSU)
Family Medicine	6	6.86
Internal Medicine	8*	9.71
OB/GYN	6	6.86
Pediatrics	6	7.43
Psychiatry	6	5.14
Surgery	8*	8.57

Discussion acknowledged:

- Most students are scheduling at least one Selective during the Fall semester
- Need for expanded opportunities (Dr. Olive is talking to clinical department chairs)
- Need to establish a Quillen standard skill set like the Core Entrustable Professional Activities (EPAs) for Entering Residency
- Scheduling in context of encouraging Away rotations
- Seniors studying for Step 2

d. Revisit MSEC [4-22-14](#) Action: Comprehensive Basic Science Exam (CBSE)

[Ref also [3-18-14](#) & [2-18-14](#); topic timeline/action began [9-3-13](#)]

Dr. Olive informed members that the committee's April decision regarding administration of the Comprehensive Basic Science Exam exceeded MSEC's authority. The student progress and remediation details as outlined would be the purview of the Student Promotions Committee.

Discussion regarded:

- Agreement with the Outcomes subcommittee's original recommendation to use CBSE scores as a curriculum outcome measure
- Use for evaluating the effectiveness of individual courses and integrating content across courses
- Role in students' preparation and prediction of success for USMLE Step 1
- Importance of effectively presenting the purpose of the exam to students; CBSE information being included in Career Exploration II "M2: Orientation to Step 1"
- When to schedule the exams during the Spring semesters, particularly for M2

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Abercrombie, MSEC voted (with an abstention by Dr. Duffourc) to rescind the extent of the action taken on 4-22-14.

Today's MSEC statement regarding use of the Comprehensive Basic Science Exam included only that it is to be formative, offered at the end of M1 and M2 and results will be used to advise students about taking Step 1.

e. Reports to MSEC – [M1/M2 Review Subcommittee]

Dr. Johnson, Subcommittee Chair

Comprehensive Review of Cell & Tissue Biology; Dr. Paul Monaco, Course Director;
Primary reviewers: Drs. Rob Schoborg & Antonio Rusinol and Tatiana Patsimas, M2

- Reviewers' comments / collaboration with the course director regarded:
 - Lab being the aspect of the course most commonly identified as a point of weakness and would benefit from additional structure and direction
 - Need to improve exam content and security (ExamSoft has security features that D2L does not); also, students' preference to have exams on different days than Physiology exams
 - Suggestions to provide guidance to students for more efficient use of the many available resources and to attempt to resolve technical issues in accessing some of them
- Short-term recommendations
 - Consider changes to the laboratory
 - Increase proportion of clinical case, data interpretation and 2nd order reasoning exam questions more like Step 1

- Long-term recommendation
 - Consider changes in course structure that might simultaneously increase efficiency and relieve compression

ACTION: Comprehensive Review of Cell & Tissue Biology report accepted; no additional MSEC action required.

Annual Review of Communication Skills for Health Professionals; Dr. Reid Blackwelder, (Medicine) Course Director; Primary reviewers: Dr. Bob Acuff and Anand Saha, M2

- Reviewers' comments included:
 - Course's overall evaluation scores increasing each year for the past 3 years
 - Issues with viewing and downloading course material having been resolved
 - Continued expansion of faculty development and training
 - Standardized Patients' excellent presentation of cases
 - Potential revisiting of communication skills as part of other activities among interdisciplinary students
- Short-term recommendations – None
- Long-term recommendations – None

ACTION: Annual Review of Communication Skills for Health Professionals report accepted; no additional MSEC action required.

Annual Review of Genetics; Dr. Paul Monaco, Course Director; Primary reviewers: Drs. Rob Schoborg & Dave Johnson and Daniel Gouger, M2

- Reviewers' comments / collaboration with the course director regarded:
 - Excellent teaching by Dr. Bill Allen
 - Improving PowerPoints and instructional consistency among lecturers
 - Possibly no longer requiring a textbook, which 91% of students reported not having read (Spring 2014)
 - Possibly adding quizzes or graded problem sets in response to students' request for more graded activities
 - Better coordinating genetics material with that taught in Cellular & Molecular Medicine to avoid redundancies
- Short-term recommendations – In general regarding need for QCOM chairs' support of educational activities; also, M1/M2 use of ExamSoft so assessment can be more effectively linked to learning objectives (which is successfully underway)

- Long-term recommendation
 - Determine whether sufficient time is given to genetics in the first year and/or whether a new course should be developed that would more closely match the Association of Professors of Human and Medical Genetics Core Curriculum in Genetics; *course director should be invited to present a specific plan to MSEC*

ACTION: *Annual Review of Genetics report accepted as modified to reflect Dr. Bill Allen's long-term teaching commitment.*

Comprehensive Review of Microbiology; Dr. Russ Hayman, Course Director; Primary reviewers: Drs. Antonio Rusinol & Dave Johnson

- Reviewers' comments / collaboration with the course director regarded:
 - Retaining current outstanding teaching faculty (two are non-tenure track); increasing participation of clinical faculty
 - Continuing to expand use of Curriculum Integration Framework (CIF) clinical cases
 - Generally reducing volume of material; eliminating any redundancies
 - Simplifying the TBL exercises, with focus on reinforcing learning objectives
 - Making the level of difficulty on the block exams more similar
 - Working with ExamSoft and the need for technical support related to electronic narrative evaluations and production of pre-lab tutorials/lectures in the form of videos or e-learning modules
- Short-term recommendations – None
- Long-term recommendations
 - Make the TBL/flipped sessions more useful to the students, including advance training for faculty facilitators
 - Continue to consider combining Immunology with Microbiology and/or adjusting schedules so the course is limited to one semester [Ref [1-29-13](#) & [4-22-14](#)]

ACTION: *Comprehensive Review of Microbiology report accepted; MSEC will more specifically address immunology content placement during the 2015-2016 review of the curriculum as a whole.*

3. Recent documents / topics

ASBMB [Article](#): *Curricular revision: embracing the journey*

Request to MSEC for Family Medicine Selective for M4 Students

2014 Survey of Peer Institutions: Number of Weeks in Core Clerkships by Curriculum Year

Scheduling Senior Selectives in the Spring Semester

Academic Affairs – Section of Medical Education: M2: Orientation to Step I

Reports: [M1/M2 Review Subcommittee] Annual Reviews of Communication Skills for Health Professionals and Genetics; Comprehensive Reviews of Cell & Tissue Biology and Microbiology

Curriculum Content Report: Patient Safety and Quality Improvement

Patient Safety / Quality Improvement Curriculum Resources

4. Announcement

The next meeting will be on September 16, 2014.

5. Adjournment

The meeting adjourned at 6:19 p.m.