

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
August 20, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, August 20, 2013 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
Rich Feit, MD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Jeremy Brooks, M3
Rebekah Rollston, M2

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

Michelle Duffourc, PhD
Tom Ecay, PhD
Tom Kwasigroch, PhD
Theresa Lura, MD
Jill McCarley, MD
Suresh Ponnappa, MSLS
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

Shading denotes or references MSEC ACTION ITEMS

Dr. McGowen welcomed new MSEC member Dr. Jerry [Mullersman](#), Associate Professor in the Department of Pathology.

1. Topics

a. Update: QCOM Nutrition Curriculum

Dr. Tom Ecay again contributed to MSEC's ongoing deliberation on what final form the nutrition curriculum will take.

Today's discussion followed Dr. Ecay's [1-29-13](#) proposal to increase and formalize the subject of nutrition and its relation to health and disease in the first two years of medical training. The discussion included review of updated documentation of current nutrition content, which now highlights the [nutrition components MSEC added 5-7-13](#) to [Introduction to Physical Exam Skills, PoM: Integrated Grand Rounds, Transitions to Clinical Clerkships and Community Medicine.](#)

Discussion regarded:

- Course directors now being aware of nutrition content across courses/curriculum
- Intention to provide students more nutrition-related experiential / community activities

- Medical student involvement in the Interprofessional Education Pilot Project – “This project will provide up to 25% of graduate level students in the Colleges of Clinical & Rehabilitative Health Sciences, Medicine, Nursing, Pharmacy & Public Health the opportunity to participate in interprofessional education experiences with students from other colleges.”
- Further definition of nutrition-related objectives at all levels
- Potential use of the Portfolio feature in New Innovations for students to track accomplishment of objectives across all four years; suggestion to begin a test project in an M1 course
- Scheduling problems, staff support and other issues related to making the current elective(s) required or delivering content in workshops similar to those for Human Sexuality
- Very positive opinions of the Nutrition elective expressed by students who have taken it
- Vision of a future nutrition curriculum that included online modules and small group workshops/discussion, addition of experiential opportunities and a capstone experience in the Keystone course

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Herrell, MSEC agreed that **1)** the Nutrition elective will be offered again in Spring 2014, **2)** the topic of Nutrition will be on the agenda for the upcoming 8/28 M1 Summit and **3)** a working group (Drs. Abercrombie, Ecay & Monaco + Jeremy Brooks) will submit a formal proposal for a required nutrition curriculum to MSEC in November 2013.

b. Information Item: Report from the LCME Survey Team

Dr. McGowen

This report summarized the findings of the survey team that visited Quillen College of Medicine from June 23-26, 2013, based on the information provided by QCOM and its representatives before and during the accreditation survey, and by the LCME. The LCME may come to different conclusions when it reviews the team’s report and any related information.

LCME Standards were found to be in compliance except for two, which were “In Compliance with a Need for Monitoring” –

- ED-35 (periodic and comprehensive review of curriculum): A new process with limited data collected; also, MSEC has not yet determined the parameters for the Year 4 review of the curriculum as a whole that will follow the three year cycle of review
- FA-4 (faculty compensation plan): Stephen Geraci, MD, professor and chair of Internal Medicine is chairing a committee to address this issue

c. Update to [6-18-13](#) Interim Report to MSEC – [M3/M4 Review Subcommittee] Comprehensive Review of Pediatrics Clerkship; Todd Aiken, MD & Demetrio Macariola, MD, Clerkship Co-Directors

Dr. Jill McCarley

Dr. Mike DeVoe, Interim Chair, and his faculty have been working to address the high student to faculty ratio.

- Addition of University of Cincinnati hospitalists will give current faculty more freedom to supervise in the clinic
- Two community pediatric practices have agreed to take students – First Choice Pediatrics & Mountain States Pediatrics in Kingsport
- Effort is underway to recruit subspecialists to take clerks
- Decision to not take on Meharry medical students until the current situation has been resolved

M3/M4 Review Subcommittee, including Dr. McCarley and with Dr. Mullersman serving as chair, will finalize the written report for MSEC, department chair and clerkship co-directors of what has evolved into a *comprehensive* review of the Pediatrics clerkship.

The subcommittee plans to continue monitoring this clerkship; faculty and student feedback will be sought at the end of Period 4.

d. Report to MSEC – [M1/M2 Review Subcommittee; Dr. Caroline Abercrombie–leader, Dr. James Denham & Dr. Paul Monaco] Comprehensive Review of Pathology; Earl Brown, MD, Course Director

The Outcomes Subcommittee [6-18-13](#) report to MSEC regarding the benchmark "50% of students will score at or above the national mean on NBME Subject Exams" included that on Pathology's first use of the NBME Subject Exam* only 43% of students scored at or above the mean of 50.

Based on this score, MSEC agreed with the subcommittee's recommendation that there should be a comprehensive review of Pathology.

[*12-18-12](#) – RE standards across courses and use of NBME exams, MSEC implemented the Outcomes Subcommittee recommendation that if an NBME Subject Exam is available for a course, it will be used.

Dr. Abercrombie outlined and members discussed the following.

Feedback / Recommendations to Course Director:

- Curriculum
 - Work with M1 course directors to identify and eliminate redundancies
 - Put less emphasis on buzzwords and memorization; use a more conceptual and clinical approach

- Assessment
 - Make teaching faculty aware of the objectives for the sessions they are leading
 - Move forward with the plan for faculty to write exam questions for their material; also, have other faculty members involved in vetting exam questions
 - Maintain improvements in providing quality images for instruction and exams
 - Review the Pathology NBME Subject “shelf” Exam

- Methods of Instruction
 - PowerPoint presentations are much more user friendly; adding clinical vignette questions to PowerPoints and uploading annotated slides after lecture are beneficial resources (could share methods with other course directors)
 - D2L site is easier to navigate with the addition of modules and titles
 - Consider case-based approach
 - Consider compiling a PowerPoint of Step1 high yield slides for each module
 - Consider evaluating the outside resources students purchase instead of attending class and making use of the provided materials
 - Consider incorporating more sessions in the style of Dr. Schweitzer’s (highly rated by students)

Recommendations to MSEC:

- Short Term
 - Facilitate open communication between course director and M1 course directors to identify unplanned redundancies in the course; make sure content being presented builds on what students have had previously
 - Require and initiate all M1/M2 teaching faculty having Guest access to all M1/M2 course D2L sites
 - Encourage all course directors to invite teaching faculty from other appropriate disciplines when reviewing shelf exams to help promote curriculum integration
 - Establish a standard formula for conversion of shelf grades

- Long Term
 - Consider designating time in the curriculum for pathophysiology review sessions, possibly self-directed learning, that can provide students with opportunities to revisit physiology related to pathology content; should be done in conjunction with Pathology and Practice of Medicine to avoid redundancy and align time and content

ACTION:

MSEC accepted the M1/M2 Review Subcommittee's comprehensive review of Pathology.

Additional discussion and plans for further, timely consideration regarded:

- *Identifying and reviewing coverage of pathophysiology, including in Practice of Medicine*
- *Curriculum Integration Framework (CIF) cases*
- *Dr. Duffourc's method for NBME score conversion*
- *NBME Comprehensive Basic Science Exam*
- *Course director / faculty access to all course D2L sites*

e. Information Item – MSEC Members

As interim EAD, Dr. McGowen is recruiting additional faculty for MSEC membership. A class-elected M1 representative will join the committee soon. Determining this year's student representation for the M1/M2 & M3/M4 Review Subcommittees is in progress.

f. Update: OB/GYN Clerkship, Post-Period 1

Reference MSEC's [7-16-13](#) discussion and decision to monitor the clerkship based on the significant change in leadership and other issues.

Dr. McGowen

- Dr. Herrell completed students' Spring 2013 Period 8 assessments
- MSEC-mandated components, evidence-based medicine/biostatistics presentation was omitted from Period 1, but will be reinstated and student participation in one week of general OB/GYN ambulatory clinic has been arranged
- NBME performance was equivalent to last year—QCOM Period 1 mean = 76.7 (last year, mean = 76.2)
- Student Evaluation of Clerkship – Period 1 – (5 point scale)
 - "Overall evaluation of clerkship" 4.0
 - Most items evaluated by students were between 4 & 4.5, e.g., Enthusiasm for specialty, Enhancing professional skills, Mentoring
 - Between 3 & 4: Timely evaluation of histories, physicals, differential dx; Relevance and effectiveness of didactic presentations; Relevance of reading assignments
 - One item ranked below 3: Evaluations/examinations covered important aspects of the experience
 - Student comments regarded:
 - Positive: Resident teaching, attending teaching, hands-on nature of clerkship
 - Negative: Faculty conflict / unprofessionalism, didactic lectures and readings

(Dr. Jernigan is addressing student concerns about unprofessionalism, didactics and readings.)

In October after Period 2, the committee will again review the OB/GYN clerkship, including in regard to presentation of current clinical practice guidelines and standards.

g. Curriculum Content (Gap) Report: Acute Care

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

Ms. Lybrand

- Definition: Acute care is a level of health care in which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma and during recovery from surgery. Acute care is generally provided in a hospital by a variety of clinical personnel using technical equipment, pharmaceuticals and medical supplies.
- Related topics / Keywords: Urgent Care, prioritized evaluation and management, diagnostics, medical decision-making and disposition management
- Related LCME Standard ED-13: The curriculum of a medical education program must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative and end-of-life care
- Outcome Data:
 - 2012 Program Directors' Survey (Modify instrument to capture feedback on this content?)
 - Graduation Questionnaire: No question specific to 'Acute Care' content
- Curricular changes related to topic: None to date
- Review of required QCOM curriculum: Query in New Innovations on depth of coverage by year

Members' discussion centered on inconsistencies in how course/clerkship directors labeled their session level coverage – **Basic**, **Intermediate** or **Advanced**.

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 commencement objectives.

2. Recent documents / topics

Nutrition Content in QCOM Curriculum: 2013 – 2014

Team Report of the Limited Survey of Quillen College of Medicine June 23-26, 2013

Report: [M3/M4 Review Subcommittee] Annual Review of Pediatrics Clerkship

Report: [M1/M2 Review Subcommittee] Comprehensive Review of Pathology

NATIONAL BOARD OF MEDICAL EXAMINERS® Subject Examination Program Scaled Score Conversion Table; Shelf score conversion comparison – calculation examples

Summary from Report: Student Evaluation of OB/GYN Clerkship - Period 1, 2013

Curriculum Content (Gap) Report: Acute Care

National Standards and/or models for Curricular Content:

[American Academy of Family Physicians \(AAFP\)](#)

[International Federation for Emergency Medicine Model Curriculum for Emergency Medicine](#)

3. Announcements

The next meeting will be on September 3, 2013.

4. Adjournment

The meeting adjourned at 6:20 p.m.