

QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
MSEC Retreat Minutes
August 6, 2013

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, August 6, 2013 at 11:30 a.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:

Ramsey McGowen, PhD [Interim Chair]
*Ken Olive, MD
Caroline Abercrombie, MD
*Reid Blackwelder, MD
Rich Feit, MD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
*Jeremy Brooks, M3

**Ex officio / Non-Voting Members &
Others Present:** [* part of the time]

*Tom Kwasigroch, PhD
Jerry Mullersman, MD, PhD, MPH
Cindy Lybrand, MEd
Cathy Peeples, MPH
Sharon Smith
Lisa Myers

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes from the 6-18-13 & 7-16-13 meetings were approved as distributed.

2. Maintaining momentum post LCME site visit

Dr. Olive spoke in regard to:

- Continuing to build on recent accomplishments that will improve Quillen's educational program and ensure compliance with LCME standards
- Ongoing review of curriculum content topics in the effort to determine gaps and redundancies
- Functioning of the three MSEC Subcommittees and Dr. Jerry Mullersman taking over for Dr. Jill McCarley as chair of the M3/M4 Review Subcommittee
- Anticipating a mid-August report of findings from the LCME survey team's limited site visit in June, which will require Quillen's review and response

3. Update: OB/GYN Clerkship

In follow-up to MSEC discussion and action at the [7-16-13](#) meeting, Dr. Olive informed the committee that the Period 8, June 2013 MSPE summaries have been re-submitted by Dr. Herrell in New Innovations, and MSEC's [\(4-30-13\)](#) mandate that every rotation is to include one week of general OB/GYN ambulatory clinic is being implemented.

4. Update: Community Medicine Clerkship

Updating the [5-7-13](#) MSEC follow-up review of this clerkship, Dr. Olive reported that it remains on track in Period 1, 2013 with recommendations made [4-2-13](#) by the M3/M4 Review Subcommittee following their comprehensive review.

End of 2012 – 2013 Student Evaluation of Clerkship reports and feedback from Dr. Bruce Bennard's student focus groups reflected clerkship improvements in 1) linking educational objectives and activities in each rotation's introductory session, 2) scheduling that allows students more time with fewer preceptors and 3) providing more continuity in the Community Project.

A developmental meeting for participating community physicians is still being planned.

5. Report to MSEC – [M1/M2 Review Subcommittee / Review Group: Dr. Duffourc, Dr. Johnson & Jessica White] Comprehensive Review of Introduction to Clinical Psychiatry (ICP) – Martha Bird, MD, Course Director (since 2011)

Dr. Johnson, Subcommittee Chair

- Summary of subcommittee's observations

Shelf exam performance (% students scoring at or above national average)

2013: 81%

2012: 63%

2011: 35%

Overall student evaluation of course

2013: 4.17; ~ 86% of students ranked the course as "Excellent" or "Good"

2012: 2.53: ~ 26% of students ranked the course as "Excellent" or "Good"

2011: 2.95: ~ 40% of students ranked the course as "Excellent" or "Good"

Thanks to Dr. Bird's leadership, and as evidenced by the higher scores on the Behavioral Sciences Subject Exam and better rating on student evaluations, this course has significantly improved.

The subcommittee agrees with Dr. Bird's plans for next year to

- consider giving more of the lectures herself
 - provide more "hands on" opportunities for students to practice interview or intervention skills
 - continue to improve quiz and test questions (with Dr. Duffourc's assistance)
 - increase the weight of quizzes and decrease the weight of the final exam toward the total grade
- Short-term recommendations regarded:
 - Course technology, including utilization of ExamSoft and training to aid faculty in the development of effective PowerPoint presentations [\[ATS Guides & Materials\]](#)

- Clinical Psychiatry and Medical Pharmacology continuing to work together to provide complementary coverage of psychiatric disease and its pharmacotherapy
 - Academic Affairs insuring that all course directors, including Dr. Bird, are provided with sufficient protected time for the execution of their duties
- Long-term recommendations regarded:
 - Restructuring current social/behavioral medicine curricular components to enhance integration, i.e., possibly moving Lifespan Development’s location in the curriculum or merging it with ICP
 - Developing a calculation to determine academic/teaching time for course directors
 - Formalizing mechanisms for training course directors and facilitating transitions between directors

MSEC members discussed this course, and also how the subcommittees’ work is improving with experience and their collaboration with course directors is benefitting courses and the curriculum.

ACTION:

MSEC accepted the M1/M2 Review Subcommittee’s comprehensive review of Introduction to Clinical Psychiatry report as written.

6. Curriculum Organization and Sequencing

MSEC members ranked this topic as the first (of the five suggested) on which to concentrate to begin their in-depth discussion regarding a vision for the overall Quillen curriculum.

[Ref [5-7-13](#) MSEC ACTION re M1 unplanned redundancies & integration]

1. Organizing curriculum time (block versus longitudinal, etc.)
2. Incorporating and evaluating curriculum threads / cross-cutting themes M1 – M4
3. Assessments (integrated exams / clinical vignettes)
4. Elaborating on and implementing the “Quillen 100” diseases and Clinical Integration Framework (CIF) cases
5. Creating a “Doctoring” thread for M1/M2

Work Session [~90 min]

Working Group A	Working Group B
Caroline Abercrombie Ramsey McGowen Jerry Mullersman Cindy Lybrand Sharon Smith	Rich Feit Howard Herrell Dave Johnson Paul Monaco Lisa Myers Cathy Peeples

TASK:

Using prepared worksheets, groups were asked to discuss and outline the strengths, weaknesses, opportunities and obstacles present in our current curriculum organization (vs. longitudinal vs. hybrid). The same analysis was to be done for any proposed alternative and a report brought back to the full committee on the options identified and recommendations made for improving curriculum organization.

All options were to observe the following expectations:

- Horizontally and vertically integrating information into meaningful units
 - Consideration of distributed articles in work toward best possible integration; also, integration aspects:
 - Interdisciplinary
 - Course topics
 - Student learning
 - Threads
- Successfully preparing students in each content area for their next level of education, M1-M4
- Distinguishing core material from less crucial detail
- Teaching in clinical context
- Logically and sequentially presenting content (**B**asic-**I**ntermediate-**A**dvanced)
- Commitment to the material added in the 2009 curriculum revision (professionalism, roles, chronic care, public health, health care financing, cultural issues, etc.)
- Protection of time for Rural Primary Care Track (RPCT)
- Consideration of Interprofessional Education (IPE) [new LCME Standard], students working as part of a team, new M2 Clinical Neuroscience course

Committee discussion that followed covered the expectations (above) and generally focused on:

- Students having a reason to attend class sessions through experiences gained
- Course organization being parallel and porous to maximize integration
- Cases being more fully developed and increasingly utilized for organization, clinical context and horizontal and vertical integration
- Faculty becoming more aware of content in other courses and staying current with technology

Committee discussion continued narrowing its scope and regarded:

- Within the time currently scheduled, decompressing and integrating Cellular & Molecular Medicine (biochemistry), Cell & Tissue Biology (histology) and Physiology + Genetics
- Following up on elimination of unplanned redundancies across these four courses
- Logically sequencing content / building on aspects of structure & function
- Using existing clinical cases to begin with; involving additional clinicians, including to develop new/more in-depth future cases with possibility of COL small groups being the clinical case component of M1 “mega course”
- Possibly employing different directors and content experts for different modules

- Working toward integrated assessment; tagging exam questions, using clinical vignettes
- For now keeping Medical Human Gross Anatomy & Embryology as a separate block; reducing anatomy content and detail (potentially using prosection instead of dissection for Head & Neck and Pelvis & Perineum); continuing to use cases
- Fitting into the schedule Biostatistics & Epidemiology, Lifespan Development, Profession of Medicine and RPCT courses

ACTION:

On a motion initiated by Dr. Feit, then after further consideration, made by Dr. Herrell and seconded by Dr. Monaco, MSEC decided that integration across Cellular & Molecular Medicine, Cell & Tissue Biology, Physiology and Genetics is to be the basis for revised organization and sequencing of the M1 curriculum.

Also agreed upon, was that the work toward eliminating redundancies and integrating basic science content and assessment in this segment of the curriculum is to be continued at a “Summit” of M1 course directors and teaching faculty to be held later this month. Summits to address M2 – M4 will follow.

A plan for the first iteration of these M1 changes is to be finalized by February/March 2014 for implementation in Fall 2014.

7. Update: Rehabilitation Content in Lifespan Development, Spring 2013

[Ref MSEC ACTION [12-4-12](#) and follow up [4-2-13](#) re rehabilitation content]

This year’s course having concluded, Dr. McGowen, course director, spoke regarding MSEC’s requirement for this course to address psychosocial aspects of rehabilitation at an introductory level relevant to lifespan development. She reported on the new session with guest speaker Fredda Roberts from the Crumley House who discussed traumatic brain injury (TBI), including the issue of lack of access to pertinent services. Dr. McGowen expressed that it was a good and consciousness raising experience for students, but that she planned on changes for next year to more closely tie the content to the learning objective – “Describe and explain behavioral factors in medical interventions, including rehabilitation, relevant to developmental stages” – and allow for direct assessment.

8. Reminder: New – MSEC Annual Meeting with Course/Clerkship Directors; June 25, 2013 Revision in the Policy for Periodic and Comprehensive Review of Curriculum

An annual end-of-academic-year MSEC meeting will be scheduled to address the following.

1. Ensure that all recommendations have been acted on (or are in progress)
2. Identify priorities for the next year
3. Course and clerkship directors will attend a two-hour session within this meeting that focuses on:

- Giving feedback and assistance to other course directors (e.g., clinicians assisting with basic science presentations or the writing of exam questions; pre-clinical faculty helping to integrate basic science into clinical experiences)
- Looking for omissions and unplanned redundancies (horizontally and vertically)
- Identifying areas for improvement (e.g., if faculty in pediatrics find students don't really retain the material from Lifespan and we need to look for ways to accomplish that)
- Discussing other areas for both horizontal and vertical integration

9. Technology Update

Ms. Cindy Lybrand

- MSEC: All course directors to have access to all D2L content
- D2L V.10 [December 2013] and migration to use of D2L Analytics
- [ExamSoft](#) Purchased by QCOM; Beta with Microbiology
- [Tegrity Screen Capture](#)

ACTION:

On a motion by Dr. Abercrombie and seconded by Dr. Monaco, MSEC agreed that all QCOM faculty should have access to all D2L sites. ATS and Sylvester Renner will be contacted to determine how best this can be accomplished and in regard to assistance with other technological needs.

10. Information Item

CME Dean's Health Care Reform Series
Impact of the Affordable Care Act on Patient Care
Stanton Gerber Hall – Large Auditorium
August 21, 2013
5:00 - 7:00pm

Documents / Topics

Report: [M1/M2 Review Subcommittee] Comprehensive Review of Introduction to Clinical Psychiatry

Articles: The integration ladder: a tool for curriculum planning and evaluation & Lessons learned about integrating a medical school curriculum: perceptions of students, faculty and curriculum leaders

Announcements

The next MSEC meeting will be on August 20, 2013.

Adjournment

The Retreat adjourned at 4:29 p.m.