

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
September 3, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, September 3, 2013 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
Rich Feit, MD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Rebekah Rollston, M2
Jessica Arthur, M1

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

Present:

Joe Florence, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Sylvester Renner, MBA
Cathy Peeples, MPH
Lisa Myers, BA

Shading denotes or references MSEC ACTION ITEMS

Dr. McGowen welcomed new MSEC members, Dr. Michelle [Duffourc](#), Associate Professor in the Department of Biomedical Sciences (Pharmacology) and M1 student representative, Jessica Arthur.

1. Approval of Minutes

The minutes from the 8-6-13 MSEC Retreat were approved as distributed.

2. Topics

a. Course Directors' Access to D2L Sites of All Courses

As part of the follow-up to course directors' requests for access and MSEC's [8-20-13](#) endorsement, Sylvester Renner, Medical Library Information Technology Manager attended today's meeting. He spoke to the committee in regard to having set up a D2L account that provides guest access to courses using a shared, generic username and password. Earlier today, Dr. McGowen notified course directors of this development, including that they should contact Mr. Renner if they needed assistance.

Discussion regarded changing the underlying role to "Incomplete Student" for more seamless access and this new access facilitating the organization and effectiveness of our curriculum. Members also addressed issues regarding and plans for improving VA campus Internet speed.

[ExamSoft update postponed until the 9/17 meeting.]

b. Summit 1 for M1 Curriculum, August 28, 2013

[Ref [5-7-13](#) MSEC ACTION re M1 unplanned redundancies & integration; also [8-6-13](#) MSEC ACTION re curriculum organization and sequencing]

Dr. McGowen's recap of the Summit and members' discussion regarded:

- Summit being a successful meeting of M1 course directors and key teaching faculty (minus representation from Introduction to Physical Exam Skills and RPCT)
- Review of Dr. Mitch Robinson's presentation / strategies for changing the timing and structure of M1 basic science courses toward improving coordination and integration of course content – Cellular and Molecular Medicine, Cell and Tissue Biology, Physiology & Genetics
- Inclusion of Curriculum Integration Framework (CIF) cases and cross-cutting themes
- Involvement of clinical faculty and their compensation
- Consideration of assessment and how NBME Subject Exams vs. Comprehensive Basic Science Exam factor into integration
- Debate over course placement in the academic calendar, including possible conflicts for faculty who also teach in the Biomedical Science Graduate Program
- Accommodation of schedules for M1/M2 courses other than basic science core, RPCT & the Interprofessional Education Program (iPEP)
- Acknowledgement of resource and personnel issues, pending changes in leadership
- Consideration of MSEC's role in facilitating integration (course directors will attend new MSEC Annual Meeting in May) and complying with LCME standards

ACTION:

Next steps for MSEC and M1 faculty –

- 1) Continuing work to determine an overall vision for the curriculum, including review of curriculum models from M1 redundancy working group and other institutions*
- 2) Deciding as soon as possible whether to alter M1 block / course placement and schedules*

On a motion by Dr. Herrell and seconded by Dr. Abercrombie, MSEC will direct M2 course directors and faculty to begin a process similar to M1's, identifying gaps, eliminating redundancies and integrating (including in relation to M1 content). An update from them will be expected in December 2013.

c. Quarterly Update to MSEC – [Outcomes Subcommittee]

Dr. McGowen

- Benchmarks due for review this quarter were found to be in compliance, with the following exceptions:
 - “95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Medical Knowledge & Patient Care domain objectives”
 - [Medical Microbiology 83% and Immunology 93%]

Dr. McGowen will contact the course directors (Drs. Russ Hayman & Rob Schoborg) for additional information and report back at the next Outcomes Subcommittee meeting.

- “Courses with a ranking of greater than 25% student dissatisfaction overall (= marginal/poor) are targeted for an in-depth review to be completed by the respective subcommittee.”
 - [Fall 2012 M2 Clinical Neuroscience course had a 62.86% student dissatisfaction rating]

Clinical Neuroscience course has already received a comprehensive review and has been restructured for the 2013-14 academic year. Lowering the 25% threshold was considered, but the subcommittee decided not to make a change at this time due to this being the first year of measurement; they plan to monitor courses that are close to this threshold.

- Noted that courses should be using the Narrative Assessment form revised in Spring 2013; Ms. Peeples is following up to ensure courses have the current forms
- Regarding the NBME grade conversion formula submitted by Dr. Duffourc, it was agreed that for this academic year, courses should continue using the score as they have in the past
- Subcommittee reviewed, discussed at length and today reported on information pertaining to the Comprehensive Basic Science Exam; MSEC members discussed this topic in regard to:
 - Subcommittee’s list of advantages and a disadvantage of this type of assessment vs. NBME Subject Exams

ADVANTAGES: 1) usefulness as a formative student assessment, 2) provides a way to monitor student progress over the first two years, 3) creates the possibility of using the exam structure for mapping the curriculum, 4) assists in ability to evaluate the curriculum more wholly across the first two years, 5) same general types of reports are

available as for the individual course exams and 6) this exam is designed to be a well-rounded preparation for Step 1

DISADVANTAGE: Loss of course-specific national comparison data (but available reports will allow for sufficient evaluation of specific disciplines)

- Subcommittees' recommendation to MSEC

For the 2014-15 academic year, phase in the Comprehensive Basic Science Exam in place of the individual subject exams, administering it to the M1 & M2 classes 4 times over their first two years: first as a baseline during orientation, then at the end of the first semester, at the end of the first year and after the first semester of their second year. (No outcomes benchmark will be established until after a period of monitoring.)

Continued discussion about the Comprehensive Basic Science Exam regarded:

- Benefits to students such as allowing for early identification of test-taking difficulties and being diagnostic for Step 1
- Doubts that administration during orientation would serve a worthwhile purpose
- Methods for incentivizing student preparation for the exams; realization that it will be an *extra* exam for students
- Use in evaluation of course effectiveness
- Costs and whether there will be an option for courses to also give subject exams

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Herrell, MSEC approved use of the Comprehensive Basic Science Exam beginning AY 2014-2015 to be administered four times, at the end of the first four semesters.

- Report of AAMC Graduation Questionnaire (GQ) results for Class of 2013
 - Response rate was 89%, up from 75.4% last year
 - In regard to benchmark – “Curricular questions with greater than a 25% overall dissatisfaction rate will be targeted for a review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum.”
 - [12/100 areas met or exceeded this benchmark indicating a need for MSEC review]

Members reviewed and discussed the related data (including national) which is in response to the GQ question –

“Do you believe that your instruction in the following area was inadequate, appropriate or excessive?” (% in 2013 / % in 2012):

INADEQUATE:

Physician-patient communication skill with proper use of interpreter as needed (27.3/26.3)

Practice Management (26.8 / 51.3)

Medical Economics (41.1 / 61.5)

Medical Licensure (37.5 / 56.4)

Occupational Medicine (28.6 / 33.3)

Global Health (25 / 51.3)

Biological, chemical and natural disaster management (39.3 / 43.6)

Law and medicine (35.7 / 46.2)

Complementary and alternative medicine (35.7 / 41.0)

Palliative care/pain management (25 / 20.5)

Rehabilitative Care (29.1 / 35.9)

EXCESSIVE:

Community medicine* (26.8 / 5.1)

*Class of 2013 was the first to have the Community Medicine clerkship

The Subcommittee and MSEC discussed instruction in the use of the interpretive phone system at JCMC and how it could be incorporated into the curriculum, possibly during the Transitions course. Dr. Abercrombie is developing a proposal.

Overall, the Quillen GQ report was positive. The areas exceeding the benchmark are trending vast improvement, which is expected to continue as a result of many having been reviewed, labeled more clearly and had curriculum adjustments during the 2012-13 academic year.

MSEC consensus was that no additional action was indicated at this time.

Other than continued monitoring, no specific action was taken on any item by the subcommittee or MSEC.

3. Recent documents / topics

Course Director D2L Access Information

Report: Improved Coordination of First Year Basic Science Courses – Summit 1 – Dr. Mitch Robinson

Quarterly Report: [Outcomes Subcommittee] Review of items identified for this quarter's reporting cycle

[2013 AAMC Graduation Questionnaire \(GQ\)](#)

4. Announcements

The next meeting will be on September 17, 2013.

5. Adjournment

The meeting adjourned at 6:23 p.m.