



**Medical Student Education Committee - MSEC**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, April 19, 2016 at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

\_\_\_\_\_ Meeting Attendance \_\_\_\_\_

**Voting Members**

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Michelle Duffourc, PhD  
Jennifer Hall, PhD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jerry Mullersman, MD, PhD, MPH  
Jessica English, M3  
Omar McCarty, M2  
David Cooper, M1

**Subcommittee Members, Guest & Staff**

Robert Acuff, PhD, M1/M2 Subcommittee  
Brian Cross, Pharm D, College of Pharmacy  
Rick Wallace, Professor, Assistant  
Director, QCOM Medical Library  
Emily Weyant, Clinical Reference Librarian,  
QCOM Medical Library  
Nakia Woodward, Sr., Clinical Reference  
Librarian, QCOM Medical Library  
Cathy Peeples, MPH, Academic Affairs  
Lorena Burton, CAP, Academic Affairs

**Ex officio Voting Members**

Joseph Florence, MD  
Rachel Walden, MLIS

Shading denotes or references MSEC ACTION ITEMS

**1. Approval of Minutes**

The minutes of the April 5, 2016 MSEC meeting were approved with no further discussion.

**A motion by Dr. Monaco to approve the minutes of the April 5, 2016, MSEC meeting was seconded by Dr. Abercrombie and unanimously approved.**

Dr. McGowen reminded MSEC of the upcoming June 14th Retreat (business meeting) and Annual Meeting. The Retreat will be held in the Academic Affairs conference room and then moved to the large auditorium for the Annual Meeting to which all course and clerkship directors are invited.

In response to comments and questions expressed after the last MSEC meeting regarding why changes to the curriculum are necessary or why they are being proposed, Dr. McGowen reviewed the curriculum review policy and reminded everyone that MSEC is currently in the program evaluation year.

During this process we are charged with reviewing the curriculum as a whole.

The process to date has resulted in identifying many opportunities for MSEC to consider ways to modify and potentially improve our curriculum. MSEC has a responsibility to ensure that a comprehensive, coherent and coordinated curriculum is in place. We are here today to continue the year-long review process, which should lead to decisions about which options for modification to the curriculum should be adopted and how they should be implemented. Cathy Peeples added that she had recently returned from the Southern Group on Educational Affairs (SGEA) conference where it was a common theme across all attendees that they are looking at their curricula and implementing changes where it is in the best interest of their students.

## **2. Journal Club Presentation**

Dr. McGowen welcomed Rachel Walden, Associate Dean, Learning Resources, and staff from the College of Medicine (COM) Library. They have developed options for using a journal club format to address recommendations from the program evaluation working groups and the Curriculum Integration Subcommittee. Ms. Walden introduced her colleagues: Rick Wallace, Assistant Director, Nakia Woodward, Senior Clinical Reference Librarian, and Emily Weyant, Clinical Reference Librarian. Ms. Walden reviewed how the COM Library staff has been involved in other arenas of learning for students, i.e., workshops, online modules, and the Case Oriented Learning (COL) course.

The presentation provided suggestions of how a journal club can be used to explore Evidence Based Medicine (EBM) and use it as a lens to cover additional topics needed in the curriculum. It covered possible student compositions, session formats, and student assignments. Challenges to implementing a journal club were also discussed, such as student participation and depth of involvement, the depth to which a topic is explored so as to not “create a whole course”, identification of guest facilitators, and identification of instructors for introduction of “complex” issues. She emphasized that the COM Library is available to assist the faculty with implementation, facilitation, and research methods for any topic they want to present to the students.

MSEC discussion included a positive assessment of the role of a journal club and that a journal club could weave topics into the curriculum and serve dual roles for students to both learn a topic and how to interpret literature related to the topic. Journal clubs could be implemented across all four (4) years and the students could develop skills incrementally and as they are most relevant to learning needs. Ms. Peeples noted that these skills are related to Entrustable Professional Activity (EPA) 7 about forming clinical questions and retrieving evidence to advance patient care. Working group 3 suggested using the EPAs as a structure for building clinical skills in our curriculum.

Dr. McGowen asked MSEC what the next step needs to be related to the presentation and discussion. If the implementation of a journal club is considered, it might be connected to a curriculum component such as the Doctoring thread/course so that it has a clear place in the curriculum program. We need to be sure that the journal club is connected to a process where the students would need and be able to use the research tools they learn how to use. Connecting a journal club to a particular process could be done as we plan for our curriculum restructure.

**Dr. Mullersman made a motion to have MSEC develop a plan for integrating journal club concepts in the COM curriculum as presented in the Journal Club presentation by COM Library. The motion was seconded by Dr. Abercrombie. MSEC unanimously approved the motion.**

*The entire COM Medical Library presentation is made available in a separate link at the end of the minutes.*

### **3. Policy: Preclerkship Medical Student Scheduled Time and Workload**

Dr. McGowen introduced the topic and gave background information that led to the revision of the curricular time policy previously identified as *Policy: M1 and M2 Medical Student Scheduled Time*. In November 2015, MSEC discussed two LCME accreditation standards related to student curricular time. One was *Element 6.3 Self-Directed and Life-Long Learning* and the other being *8.8 Monitoring Student Time*. In addition, a LCME white paper related to *Spatial and Temporal Distance Learning* was discussed. These three documents indicated that our existing policy needed to be revised in order to address time requirements imposed by instructional methods such as the flipped classroom and also including assessment hours as a part of calculating time in required activities. A draft revision was presented to MSEC, then taken to M1 and M2 course directors for input. Estimates of existing scheduled time for course activities was obtained. Policies from other schools were also reviewed. A revised proposed policy was developed and presented to MSEC today. The main points include changing the limit on scheduled time from twenty-five (25) average hours to twenty-eight (28) average hours per week, including assessment time in the twenty-eight (28) average hours per week, and adopting a monitoring plan for the policy that stipulated course directors will monitor adherence to the policy as they come together to plan each new semester.

MSEC discussion included national averages; what activities are covered by the policy; and trends in student classroom participation. Student members commented that the current amount of scheduled activity, especially in the M2 year, imposes a hardship on students preparing for STEP 1. Extensive discussion occurred about constraints imposed by this policy on curriculum delivery, including whether the current M1/M2 curriculum can be delivered in twenty-eight (28) hours per week; and how to enforce the policy if it is not adhered to by the course directors. Dr. McGowen pointed to the text under *D. Procedure* that identifies the course directors will review their semester schedule and plan for their new semester with adherence to the policy. Further monitoring will be completed by MSEC and its Subcommittees through annual and comprehensive review cycles.

Dr. Cross shared that the College of Pharmacy had the same type of conversations as they reviewed their curriculum structure and had to come together as a group and ask, "What is it that we want for our students?" What is important to teach to students? Dr. McGowen added that we need to work together to deliver everything in the most effective structure.

**Dr. Mullersman made a motion to amend the proposed policy text under “D. Procedure” to state: “At the planning meeting for the subsequent semester, course directors will evaluate whether the upcoming semester’s schedule is in accordance with the policy and if not, will notify MSEC at their next scheduled meeting. MSEC will decide if the planned semester schedule stands or needs to be amended.” The motion was seconded by Dr. Johnson. MSEC approved the motion with one (1) vote opposed and one (1) vote abstaining.**

The *Policy: Preclerkship Medical Student Scheduled Time and Workload* is made available in a separate link at the end of the minutes.

#### **4. Societal Issues**

Dr. McGowen introduced background information regarding a chart that depicts the five (5) societal issues identified for tracking within the COM curriculum. In November 2015, Dr. Olive gave a presentation of LCME Element 7.5 (Societal Problems). The COM curriculum must have a process for selection of societal problems included in the curriculum as well as reporting on the five (5) societal problems with relevant course and clerkship objectives that address the selected societal problem(s). In January 2016, the MSEC Retreat held a breakout session to select which societal problems were to be prioritized in the COM curriculum.

The five (5) societal problems identified are: 1) Nutrition / Physical Activity, 2) Education / Health Literacy / Poverty, 3) Substance abuse (includes tobacco, opioids, alcohol, illicit drugs, and prescription medications), 4) Family and Interpersonal Violence, 5) Health Disparities / Discrimination (Cultural Competence/access to care).

MSEC asked for administrative help to define specific indicators and measures for each societal problem and to bring them back to MSEC for future discussion. This is what is depicted in the table provided to MSEC. Dr. McGowen walked through each of the societal problems identifying event topic discussion for diagnosis, prevention, appropriate reporting and treatment that would help COM put into operation coverage of the five (5) societal problems. Dr. McGowen emphasized that when a topic discussion is held it must be tied to the societal problem in order to satisfy the goal of content coverage. Each event that includes coverage of a societal problem should have objective(s) and keywords associated with the societal problem.

Dr. Mullersman asked what percentage of coverage may already be happening. MSEC student representatives felt a lot of it is covered, but may not be specifically identified as related to societal issues.

*The Societal Issues chart is available in a separate link at the end of the minutes*

#### **5. AAMC Medical School Year Two Questionnaire – deferred to the May 2016 MSEC meeting**

#### **6. Administrative Annual Reviews: 2015-2016 Fall Courses and Clerkships**

During the program evaluation this year administrative reviews are being conducted by Dr. McGowen and Dr. Olive, rather than an annual or comprehensive reviews by the Review Subcommittees. This allows the members of the Review Subcommittees to participate in the program evaluation.

## **MSEC Minutes Approval May 17, 2016**

Dr. McGowen presented each administrative review completed thus far, highlighting the course's objectives and their mapping to the Institutional Educational Objectives, any recommendations from prior Review Subcommittee reviews, major changes to the course or clerkship this academic year, the course or clerkship outcomes, strengths and weaknesses, significant issues for MSEC attention, and a summary statement to include the overall student evaluation score and general student comments. Each administrative review was discussed and all administrative reviews were accepted as presented with no required actions except for Community Medicine.

### **Psychiatry Clerkship – Merry Miller, MD, Clerkship Director**

The clerkship has increased outpatient and psychotherapy exposure. The student overall evaluation score was 4.59/5.

### **Pediatrics Clerkship – Jennifer Gibson, MD, Clerkship Director**

A new clerkship director was appointed and the structure was modified; student feedback regarding the modification has been positive. The new NBME grading policy resulted in three (3) failing grades and one C grade. There have been no additional failing grades since the initial failures. The clerkship director is watching this very closely. The student overall evaluation score was 4.58/5.

### **Family Medicine Clerkship – Jason Moore, MD, Clerkship Director**

The clerkship needs to update mapping of objectives to the new Institutional Educational Objectives. Family Medicine plans to begin using the NBME exam next year and will revise some clerkship experience to prepare students for this assessment. The student overall evaluation score was 4.59/5.

### **Surgery Clerkship – Dr. Tiffany Lasky, DO, Clerkship Director**

Students are involved in an IRB approved study with different simulation models for teaching arterial puncture. The student overall evaluation score was 4.4/5.

### **Community Medicine Clerkship – Dr. William Fry, MD, Clerkship Director**

As a result of the previous year's review MSEC had required that course objectives be updated and anonymous student evaluations of faculty be initiated. Objectives have been updated, but anonymous student evaluations has yet to be implemented. The self-study did identify this is being planned for the 2016-2017 academic year. Though not a formal recommendation, the clerkship has added optional preceptor time for students that wanted more clinical time. Discussion of this review concluded that MSEC should assure that the plan for student evaluation of preceptors is completed and that intended changes to how nutrition modules are used are implemented. The student overall evaluation score was 3.48/5.

**A motion by Dr. Abercrombie to have the Community Medicine Clerkship follow through with the prior MSEC recommendation for anonymous student evaluations of faculty for the 2015-2016 Period 8 rotation and continue with each period rotation thereafter. The motion was seconded by Dr. Mullersman. MSEC unanimously approved the motion.**

**Intro to Physical Exam course – Dr. Jason Moore, MD, and Dr. Peter Bockhorst, MD, Clerkship Directors**

Follow up with the course directors related to appropriate mapping of objectives is needed. There is more emphasis on continuity, an added progressive H&P over several weeks, efforts made to streamline the OSCE into smaller sections and shorter times. Course directors suggest MSEC consider moving or extending IPE to the second block of the M1 year. The student overall evaluation score was 4.03/5.

**Cellular & Molecular Medicine course – Mitch Robinson, PhD, Course Director**

MSEC had recommended improved consistency in small group sessions and continued refinement of class activities. The faculty worked to improve both. Seventy-six percent (76%) of the students scored at or above the national mean of 56.7% which is approximately the 75<sup>th</sup> percentile. The student overall evaluation score was 4.24/5.

**Communication Skills course – Dr. Rick Hess, PharmD, and Dr. Reid Blackwelder, MD, Course Directors**

Course objectives may need to be reviewed. A new interprofessional pilot program with oversight by ETSU Interprofessional Education and Research Committee (IPERC) has created six (6) interprofessional groups and six (6) newly taught faculty. All students passed the course. The student overall evaluation score was 4.31/5 for medical students only.

**FM Inpatient Selective – Dr. Leigh Johnson, Course Director**

One objective in the initial selective description has been dropped based on action taken by MSEC related to modifying the required procedures list. This is a new rotation and as of date ten (10) students have taken the selective. The selective is graded pass/fail and all students have passed. It consists of 75% inpatient clinical experiences, 10% conferences, 10% independent learning, and 5% peer teaching. Strengths of the course include an appropriate level of responsibility, interprofessional experiences with pharmacy students and faculty, daily discharge planning meetings with social workers, and flexibility. Weaknesses identified were low patient volume at times, excessive down time and didactics not as useful as expected, and limitations of EHR hinders accomplishing goals. The self-study did not respond to the questions on the use of narrative assessment or provide any information about student performance. The selective director should provide more detail in these sections in the next self-study report. The overall student evaluation score was 3.9/5.

**MSEC Comment:** Dr. Mullersman asked if it was known which EHR system is being referenced in the self-study – inpatient or outpatient - that is hindering the goals. There is a MEAC committee looking at the systems and it would be good to know which system. Dr. McGowen will follow up with the course director and bring back the information to the next MSEC meeting.

*Each complete administrative review for the courses and clerkships listed above is available at the end of the minutes.*

**7. Institutional Educational Objectives**

Dr. McGowen provided background to the Institutional Educational Objectives spreadsheet provided to the MSEC members. In the fall of 2015, Dr. Olive and Dr. McGowen identified Institutional Objectives where course and clerkship mapping indicated minimal or no coverage of the objectives. There were a total of fourteen (14) objectives identified: 1.10, 2.6, 3.4, 3.10, 4.4, 5.2, 6.5, 6.6, 7.4, 8.2, 8.3, 8.6, 8.7, and 8.8.

## MSEC Minutes Approval May 17, 2016

At the January 2016 MSEC Retreat, three (3) groups reviewed a subset of the fourteen (14) objectives to see if the objectives are currently being covered and how, what other courses or clerkships could be added, and the pedagogy and assessment recommended.

Today MSEC is provided with a master spreadsheet of the breakout session results with comments from each of the three (3) groups. Additional columns all titled: *Step 2 – Ad Hoc Implementation Group* have been added. MSEC is asked to decide on how the objectives with minimal or no coverage, are going to be addressed in the curriculum, i.e. should Ad hoc groups incorporate into their discussions and recommendations? Dr. McGowen also suggested MSEC consider alternatives to the recommendations. For example, consideration of alternatives to the recommendation to eliminate Institutional Educational Objective 2.6 might result in a decision to reword rather than eliminate the objective. In addition, there are some objectives where courses say they cover them, but it is unclear how this is being accomplished.

MSEC members are asked to review the document closely prior to the next meeting and come prepared to discuss actions. It is important that MSEC be familiar with all of the COM Institutional Objectives and where coverage is identified.

### 8. Standing Agenda Item: Subcommittee, Working Groups & Technology Updates

No comments received for discussion/action by MSEC.

The meeting adjourned at 5:55 p.m.

---

## MSEC Meeting Documents

Approval of Meeting Minutes – [April 5, 2016](#)

[Journal Club Presentation](#)

[Policy: Curricular Time](#)

[Societal Issues Chart](#)

[Institutional Educational Objective Worksheet](#)

Administrative Annual Reviews

- [Psychiatry Clerkship](#)
- [Pediatrics Clerkship](#)
- [Family Medicine Clerkship](#)
- [Surgery Clerkship](#)
- [Community Medicine Clerkship](#)
- [Intro to Physical Exam](#)
- [Cellular & Molecular Medicine](#)
- [Communication Skills](#)
- [FM Inpatient Selective](#)

---

## Upcoming MSEC Meetings – 3<sup>rd</sup> Tuesday of each month, except where noted\*

Tuesday, May 17, 2016 – 3:30-6:00 PM

Tuesday, June 14, 2016 – MSEC Retreat 11:30 AM – 3:30 PM & Annual Meeting – 3:30 PM – 6:00 PM

Tuesday, July 19 – 3:30-6:00 pm

Tuesday, August 16 – 3:30-6:00 pm

Tuesday, September 20 – 3:30-6:00 pm

Tuesday, October 18 – **Retreat** – 11:30-6:00 pm

Tuesday, November 8 – 3:30-6:00 pm\*



## **MSEC Minutes Approval May 17, 2016**

Tuesday, December 6 – 3:30-6:00 pm\*  
Tuesday, January 17, 2017 – **Retreat** – 11:30-6:00 pm  
Tuesday, February 21 – 3:30-6:00 pm  
Tuesday, March 21 – 3:30-6:00 pm  
Tuesday, April 18 – 3:30-6:00 pm  
Tuesday, May 16 – 3:30-6:00 pm  
Tuesday, June 20 – **Annual Mtg. & Retreat** - 3:30-6:00 pm

---

### **TIME LINE: Program Evaluation to LCME Visit**

*2015-16* Review of the entire medical education program

*2016-17* Implementations of identified curricular changes

*2017-18* Academic Year reported on in Self-study Summary Report and DCI

*2018-19* Complete Self-study Summary Report and DCI based on academic year 2017-18 data; begin process in March 2018

*2019-20* Self-study Summary Report and DCI due to LCME spring 2019 with site visit fall 2019