QUILLEN COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, December 15, 2015 at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178.

Voting Members Present:

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Reid Blackwelder, MD
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Kenneth Olive, MD
Eli Kennedy, M4
Omar McCarty, M2
David Cooper, M1

Ex officio / Non-voting Members & Others Present:

Tom Kwasigroch, PhD, ex officio
Theresa Lura, MD, ex officio
Rachel Walden, MLIS, ex officio
Patricia Amadio, MD
Emily K. Flores, PharmD, BCPS
Robert Schoborg, PhD
Kathryn Idol Xixis, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. **Approval of Minutes**
   The minutes of the November 3, 2015, MSEC meeting, were presented and approved with no further discussion.

   A motion by Dr. Blackwelder to approve the minutes of the November 3, 2015, meeting was seconded by Dr. Herrell, and unanimously approved.

2. **M1/M2 Review Subcommittee Reviews:**
   14-15-A Medical Physiology; 14-15-A Introduction to Clinical Psychiatry;
   14-15-C Practice of Medicine; 13-15-A Biostatistics & Epidemiology;
   14-15-A Clinical Preceptorships

   Dr. Johnson presented the **14-15-A Physiology course** report under course director, Dr. Tom Ecay.

The course experienced changes with the absence of Dr. Robert Wondergem from the course. Student comments confirmed the changes in instruction and course overall were noticed. Student NBME subject exam scores were very good with 69% of the scores above the national mean. There is a concern about available faculty to deliver the course, but the M1/M2 subcommittee has heard there is a search within Biomedical Sciences to resolve this concern. Dr. Olive has discussed the concern about faculty numbers with the Dean. Also delivered to the Dean was the *Biomedical Sciences Course Directors Report,* which included concerns about available teaching faculty. MSEC reviewed the report in November 2015.

Short-term recommendation – none

Long-term recommendation – A concern with ongoing depletion of Physiology teaching faculty. The newly hired biomedical faculty may have some background in Physiology, but may not be enough to deliver the course. Consideration should be given to actively recruiting faculty who can teach physiology.

Dr. Herrell made a motion to accept the Physiology report. Dr. Blackwelder seconded the motion. MSEC voted unanimously to accept the report.

Dr. Johnson presented the **14-15-A Introduction to Clinical Psychiatry course** report under course director, Dr. Martha Bird.

The course is going very well. The student NBME subject exam scores were at the 74th percentile of the national mean. There is concern with the course director having adequate release time to teach the course due to a heavy clinical schedule. This concern came up last year with the review of the course. Since the report was completed, Dr. McGowen has followed up with Dr. Bird and found that Dr. Bird's clinical duties have changed and a support staff position has been filled which will allow for more assistance, although the amount of Dr. Bird's available time should be monitored.

Short-term recommendation – none

Long-term recommendation – A committee should be formed to examine social/behavioral medicine curricular restructuring as part of the move towards enhancing curricular integration.

MSEC discussed and clarified that the program evaluation of the curriculum as a whole is addressing recommendations related to curriculum modifications to improve curriculum integration, and no further specific action from MSEC is needed to examine the idea of social/behavioral sciences integration while the program evaluation is going on.

Dr. Herrell made a motion to approve the Introduction to Clinical Psychiatry report. Dr. Blackwelder seconded the motion. MSEC voted to accept the report with Dr. Duffourc abstaining from vote.

Dr. Johnson presented the **Practice of Medicine course** report under course directors, Dr. Patti Amadio and Dr. Beth Fox.

Short-term recommendations – 1) Continue to monitor the impact changes in this year's course have on timely feedback for history and physical, written assignments.
2) Exam scheduling meetings in the fall and spring should be mandatory for all pre-clerkship course directors. The draft schedule should be available to course directors and coordinators shortly following the meetings to facilitate course planning.

Dr. Abercrombie noted that since Dr. Amadio and Dr. Fox have begun teaching the course that timely feedback has improved. They have begun to use a rubric and students are receiving timely feedback on D2L. She also noted that this recommendation applies to other courses that do not administer exams. All pre-clerkship course directors need to be aware of all course exam schedules and how the students' schedules could be impacted by their course activities being scheduled at / about the same time as an exam is schedule. Per Dr. Abercrombie, this has already begun with Drs. Amadio and Fox.

Long-term recommendations –1) Provide opportunities for the course director(s) to align content with concurrent basic science content in M1/M2 years.
2) Support the course(s) in collaborating with other interdepartmental courses and clinical clerkships to standardize expectations of student clinical competence and appropriately stage content. A formalized plan could ensure students achieve learning objectives within each year and reach mastery of the AAMC Entrustable Professional Activities (EPAs), facilitating vertical integration across the clinical curriculum.
3) During the comprehensive review process, the creation of a continuous Doctoring course series in the form of a "Becoming a Physician" sequence should be evaluated. The existing content addressed in Practice of Medicine would be an integral part of this concept.

Dr. Abercrombie reported that content alignment has already begun. Dr. Olive has sent a summary of the thread reports to the course directors / clerkship directors identifying how the thread topics may be incorporated into their course. Per Dr. Abercrombie, the recommendation identified in this report is to remind all courses of the need to look for ways to integrate student clinical competence within each year of the curriculum. This idea of a doctoring thread has been discussed in the past by MSEC and is being considered by the Program Evaluation Working Groups.

Dr. Amadio welcomes all support and suggestions to help her and Dr. Fox familiarize themselves with needs of the course. Dr. Blackwelder commented that for the first time ever all students received timely feedback.

Dr. Herrell made a motion to approve the Introduction to Practice of Medicine report. Dr. Blackwelder seconded the motion. MSEC voted to accept the report with Dr. Abercrombie abstaining from vote.

Dr. Johnson presented the **Biostatistics and Epidemiology course** report under course director, Dr. John Kalbfleisch.

Dr. Kalbfleisch is stepping down as course director. Drs. John Franko and Beth Bailey, Family Medicine, will direct the course in the spring semester. The new course directors have a copy of the report and working on restructuring of the course.

Short-term recommendation – with the restructuring of the course, it is recommended that the course be reviewed after the first iteration / end of spring 2016 semester.

Long-term recommendation – MSEC should examine whether this course is appropriate in its placement in year 1 or 2 and the material learned in the course reinforced in subsequent years.

Dr. Olive commented that he worked on the Self-Study of this course. The new course directors have received the previous course evaluation, syllabus and USMLE content outline and are at work to restructure the course for the spring semester. Dr. Lura commented that Dr. Bailey has been very good to work with her to place the Research and Ethics session at the end of the Profession of Medicine: Patients, Physicians & Society course when the Biostatistics course is taught. This will allow for coordination / correlation of the material delivered in both courses. Dr. Lura will also be talking with the course directors about delivery of session(s) in the Keystone course.

Dr. Herrell made a motion to approve the Biostatistics and Epidemiology course report. Dr. Blackwelder seconded the motion. MSEC voted to accept the report with Dr. Olive abstaining from vote.

Dr. Johnson presented the **Clinical Preceptor Courses**: PRCP 2121 and PRCP 1122 course report under course director, Dr. Kenneth Olive.

The Preceptor program is more of an experience, rather than a course and is a little more difficult to evaluate as is done for a course.

Short-term recommendation – none

Long-term recommendation – none

Dr. McGowen asked if the placement of the Preceptorship in the curriculum came up for review. Dr. Herrell clarified that Working Group 2 had discussed this, but had not recommended any changes in placement of the preceptorships.

Dr. Herrell made a motion to approve the Clinical Preceptor courses report. Dr. Blackwelder seconded the motion. MSEC voted to accept the report with Dr. Olive abstaining from vote.

3. **M3/M4 Review Subcommittee Reviews:**
   14-15-A Internal Medicine Inpatient Selective; 14-15-C Rural Primary Care Clerkship

Dr. Mullersman presented the **14-15-A Internal Medicine Inpatient Selective** report under course directors, Dr. Lamis Ibrahim and Dr. Anna Gilbert.

This report follows the comprehensive review presented by the subcommittee in July 2015. There have not been many new changes made to the course for 2014-2015. The delivery of didactics has gone from one hour daily to a half-day, once a week, and is well-received by the students.

Course directors continue to work on implementing a change in venues to include adding a rotation at the VA for the M4s that will increase student responsibilities by pairing a student and physician together, without resident assistance. Course directors are aware of the direction the course needs to proceed for further enhancement of student experiences. There are no short-term or long-term recommendations at this time, other than to continue to follow the course to the next review.

A motion by Dr. Herrell to approve the Internal Medicine Inpatient Selective report was seconded by Dr. Blackwelder, and unanimously approved.

Dr. Mullersman presented the **14-15-C Rural Primary Care Clerkship** report under course director, Dr. Joseph Florence.

The clerkship is going very well, but there are several items where the course director is asking for MSEC assistance. Dr. Mullersman asked that all feedback from MSEC, with delivery of this report, be given to the course director so he is aware of the MSEC discussion.

• Adjustments to scheduling that will ensure that at least two students will be scheduled to each site at any given time. The Rural Primary Care Clerkship faculty have determined that the rotation runs best when there are two students at a sight at any given time and asks scheduling consider this.

Dr. Olive agreed this is best and is the standard practice, but occasionally circumstances make it impossible. Such circumstances as an odd number of students in the rotation or a student's schedule becoming "off-schedule" can affect the total number of students at any one time on a rotation. Priority is given to RPCT students when scheduling rotations and every attempt is made to get two students / even number of students at a clinical sight for each rotation. The clerkship coordinator does speak with the students ahead of time so the students are aware of the locations being requested and can select rotations where they will be paired with another RPCT student.

• Assistance in exploring better teleconferencing capabilities.
Dr. Florence would like to have didactics delivered more readily at / between remote sites.

Cindy Lybrand and Dr. Abercrombie confirmed there are multiple mechanisms for delivery of synchronized classroom didactics and ETSU Information Technology Services (ITS); Academic Technology Services (ATS) has staff to support these mechanisms. Cindy will email contact(s) with the Academic Information Technology committee and ask that they contact Rural Programs (Dr. Florence / Carolyn Sliger) to discuss options available to them.

• Development of standardized rubrics to-be used college-wide for grading H&Ps and SOAP notes. This would allow students to have "like" instruction across clerkships with how to write H&Ps and SOAP notes.

MSEC discussion noted that variation in H&Ps and SOAP notes are common, based on preferred style of the instructor or information most pertinent to a specialty. Eli Kennedy, MSEC student representative, stated some standardization is beneficial, but also finds benefit in the differences he receives from preceptors.

It gives multiple ways to view / think about the patient information. Dr. Abercrombie and Dr. Amadio continue to work on developing something for the OSCEs and have had conversation with Dr. Florence who wants to collaborate with them in their efforts. MSEC discussion included:
1) There is benefit to requiring students to look at patient information in different ways and asking them to produce write-ups differently from that which they are accustom to doing in an earlier clerkship.
2) Standardization may occur within a department, and if so, this needs to be communicated to the student when they begin the clerkship.
3) Standardization of a grading process where there is more than one person grading a student should be in place. MSEC consensus is that there is not a need for a college-wide standardized method for writing H&Ps and SOAP notes.

• Guidance in the use of portfolios for collecting and assessing student achievements. Dr. Florence is looking at the use of portfolios and asking if New Innovations software may offer some options and be available.

Dr. Olive identified that there is a Portfolio module in New Innovations, but it is not flexible. Exploratory conversations about the use of the module have occurred; but are not at the point of decision as whether or not to use the module. There are other mechanisms for adopting a portfolio system; i.e., drop box function in D2L allows students to attach documents and becomes a portfolio type system.

Short-term recommendation – Consider providing support to the clerkship director for the items requested in Section 9.D. that are related to student scheduling, teleconferencing capabilities, standardized rubrics for assessing students' documentation of patient encounters, and the adoption of student portfolio.

Long-term recommendation – none

Dr. Herrell made a motion to approve the Rural Primary Care Clerkship report from the M3/M4 Subcommittee review without adopting any specific action on the items listed in Section 9D, based on information that resulted from MSEC discussion of each item. Dr. Monaco seconded the motion and MSEC unanimously approved.

Dr. Olive commented on the one-day retreat, held on December 1, 2015, to review the Rural Program in its entirety. Dr. Olive will be meeting with Dr. Florence on December 16, 2015, to review the retreat minutes and recommendations that came from those attending the event. A summary report will be provided to MSEC at the February 2016, meeting.

4. Promotions Subcommittee: Clerkship Grading Policy

Cathy Peeples introduced a proposed revision of the clerkship grading policy that originated from the Promotions Committee that allows for remediation by a student when they have failed any single component (domain or sub-domain of the clinical evaluation, NBME end of clerkship exam, OSCE, oral exam, etc.) of a clerkship. NOTE: *The text of the proposed new policy is available in the meeting documents at the end of the minutes.* Earlier in the academic year, MSEC adopted a grading policy that does not allow for remediation of any separate portion of a clerkship.

Note: This proposed policy is presented in a new format and this new format will be used for recording all policies going forward.

Currently four students have failed a clerkship this academic year, which is a significant increase over past years and seems to reflect the changed grading policy. Some clerkship directors have questioned the value of students repeating an entire clerkship when they had satisfactory clinical performance, but the score on the NBME exam caused them to fall below the total 70 points needed to pass the clerkship. Policies from other medical schools were reviewed and suggest that it is common to offer remediation for a failed grade component, rather than having a student receive a grade of "F" for a clerkship and repeat the entire experience. Within the proposed policy a student's grade would be changed from a "D" to a "C*" for the clerkship, upon successful remediation of any failed clerkship component.

Members of the Promotions committee members in attendance at MSEC commented that any decision made today on the proposed revised policy is intended to be retroactive to the beginning of the academic year. Comments / questions from MSEC included:
If a student failed an NBME subject exam, how would study to retake the same exam be accomplished while studying for additional clerkships exams? What is the College of Medicine offering to the student for academic support in preparation for retaking of an exam? There is a need to provide additional academic support, rather than offering a solution for remediation of a grade component. The importance of a subject exam / standardized exam for every course and clerkship must be emphasized to the students.

Dr. Herrell made a motion to maintain the current Clerkship Grading Policy with no changes. This policy states, "a total clerkship grade below 70 will be a failing grade and will be subject to the usual policy regarding failures." He highlighted the intention to not permit remediation of a failing NBME exam score as a distinct component of the clerkship grade. The motion was seconded by Dr. Monaco and passed with one opposed vote and no abstentions.

MSEC discussion continued regarding a need for student assistance in the form of an Academic Support Services program within the College of Medicine that would provide academic support to those students identified in need. This would be a program located in the College of Medicine, available and made known to all students, and specifically directed to the students whose risk of failure has been identified. MSEC identified there is a need for support to be conveyed to the College of Medicine Dean.

Dr. Abercrombie made a motion to communicate to the Dean that MSEC recognizes there is a need for additional academic support services in the College of Medicine across all four years. In addition, resources that are more comprehensive should be developed to assist struggling students in improving their academic performance, as well as identifying areas in need of improvement for future student performance. Dr. Blackwelder seconded the motion and MSEC unanimously approved.

5. **Inter-professional Elective: Global Healthcare: Perspectives & Practice**
   Dr. Emily Flores, Pharmacy, introduced a new inter-professional pass / fail, enrichment elective for our M1/M2 students. The course is a 3-credit hour course that meets once a week on Tuesday evenings, in 3-hour time blocks.

The course includes large group sessions, on-line modules, outside lectures, and a group project. The course has approval in Public Health and Pharmacy. Spring 2016, will be the initial launch date. MSEC had questions about whether the elective could provide credit for those in the MD-MPH program. Dr. Flores stated that it does provide credit for those students enrolled in the Pharmacy MPH program, but could not verify credit status for medical students enrolled in an MD-MPH program. Dr. Olive stated that he had not clarified the credit status for MD-MPH students, but felt it would probably be available for credit as an elective in the MD-MPH program, but this would require the MD-MPH student to register for the course through Public Health. Dr. Flores confirmed this is the case for the Pharmacy-MPH student who has enrolled for the course.

Dr. Abercrombie made a motion to approve the Inter-professional Global Healthcare: Perspectives & Practice elective for M1/M2 students. Dr. Monaco seconded the motion and MSEC unanimously approved.

6. **Rural Health Elective: Underserved Ambulatory Pediatrics**

Dr. Olive presented what was originally considered a new elective for M4 students enrolled in the Rural Track program, but was described in the written description as a Category D Selective and an Elective. The rotation would primarily serve as an option for the Rural Track students, but is open to the Generalist Track students based on availability of rotation slots. MSEC identified the need to consult the Pediatrics Department about approving the course as a four-week Ambulatory Care (D) selective for Generalist Track students. Dr. Olive will follow up with the Pediatrics Department and bring back a response to MSEC in January 2016.

Dr. Blackwelder made a motion to postpone approval of the Rural Health Elective: Underserved Ambulatory Pediatrics for Rural Track students until approval from the Pediatrics Department is confirmed regarding their approval of an Ambulatory Care (D) selective for Generalist Track students. The proposal will come back to MSEC in January 2016, for approval, prior to student scheduling. Dr. Herrell seconded the motion and MSEC unanimously approved.

7. **Pediatric Elective: Neurology**

Dr. Kathryn Xixis, Pediatrics, introduced a new two-week Neurology elective for M4 students. Seventy-five percent of the student's time will be spent in the Pediatric Neurology Clinic and twenty-five percent spent in an inpatient setting at Niswonger Children's Hospital. A maximum of one student per rotation is offered throughout the M4 year.

Dr. Blackwelder made a motion to approve the Pediatric Elective: Neurology. Dr. Herrell seconded the motion and MSEC unanimously approved.

8. **Integrated Grand Rounds Attendance by First Year Students**

Dr. Monaco spoke to a proposal for all first year students to be required to attend Integrated Grand Rounds (IGR). Ninety-five percent of the students are already attending, but their attendance had never formerly been required. Attendance would be part of the Case Oriented Learning course. Coordination with the Rural Track Program students' schedules would be needed. Cindy Lybrand confirmed that the schedule for IGR dates is coordinated across all course / clerkships schedules.

Dr. Herrell made a motion to require attendance for Integrated Grand Rounds (IGR) by first year medical students, effective immediately. Students' attendance will be required as part of the Case Oriented Learning course(s) {both Generalist and Rural Tracks}. Dr. Abercrombie seconded the motion and MSEC unanimously approved.

9. Outcomes Subcommittee Report

Dr. McGowen reviewed the Outcomes subcommittee's, quarterly meeting of December 8, 2015. The subcommittee reviewed quarterly benchmarks, discussed plans for the future and identified one recommendation for MSEC. Some benchmarks scheduled for last quarter could not be reviewed because of missing data; these benchmarks are also presented today. Dr. McGowen noted that many of this quarter's benchmarks are based on the Program Directors Survey for PGY-1 Residents. It is noted that the response rate from the Program Directors was significantly lower this year. Last year's response rate was 89%, but this year it was 63%. Dr. Mullersman noted in his experience as a Program Director that he did not respond if there was not a "release statement" from the individual included. Dr. Lura confirmed there is a release statement obtained from the students during the Keystone course.

Seventeen benchmarks were reviewed, fourteen of which were met. NOTE: *The complete Outcomes Subcommittee report is available in the meeting documents at the end of the minutes.* One benchmark was reported as not met, the Interprofessional Communication Skills which requires 95% of students will pass performance based assessments on the first attempt. Interpretation of available data suggested 91.66% of students passed the M3 OSCE. Dr. Olive asked for a clarification about whether all the failures on the M3 OSCE were for Communication Skills. Dr. Abercrombie confirmed that not all of the six students required remediation related to Communication Skills, but rather only three of seventy-two (4.17%). This would mean that the benchmark was met. The subcommittee will confer with Dr. Abercrombie about how best to report the Communication Skills OSCE data for the benchmark. There is not a recommendation from the subcommittee for this benchmark other than they will continue to track and speak with the clinical faculty as to what needs done.

In three benchmarks, the information was not available. The Interprofessional Collaboration benchmark will require adding a question to the Program Director's survey for our graduates. The benchmark, Medical Knowledge (50% of students will score at or above the national mean on NBME subject exams) relates to the NBME Anatomy exam and because the subject exam most recently administered is a new version and did not have national mean data available for distribution. Outcomes subcommittee reviewed the percent correct score on this exam as a surrogate measure for this year and believes student performance was acceptable. The subcommittee will continue to report on this benchmark. The third benchmark, Personal and Professional Development, will require adding a question to this year's Keystone course.

The subcommittee plans to review all benchmarks as part of the overall review of the curriculum and determine if current benchmarks are appropriate or need modified for future benchmarking.

The subcommittee had one recommendation based on a previous recommendation for Family Medicine to use the NBME subject exam for their clerkship. Family Medicine came to MSEC in October 2015, and agreed to review both the traditional and modular Family Medicine NBME subject exam. Preliminary feedback from Dr. Blackwelder was that the Family Medicine NBME exam was more appropriate than expected, although some concerns remain.

The subcommittee's recommendation is that Family Medicine, beginning in academic year 2016-2017 either begins using the Family Medicine NBME subject exam in accordance with the existing clerkship NBME exam policy or systematically evaluate using it by developing a pilot project to evaluate what impact using it would have on the clerkships. If they decide to use a pilot project, the results should be reported to MSEC by June 2017, about the outcomes that derive from the pilot project so that a final determination can be made about the requirement for using the Family Medicine NBME subject exam.

Dr. Herrell made a motion to accept the Outcomes Subcommittee report, including the recommendation for Family Medicine NBME exam. It is understood that the Communication Skills benchmark is to be updated to reflect 95.83% of students passed the M3 OSCE and the Interpersonal Communication Skills benchmark was met. Dr. Abercrombie seconded the motion and MSEC unanimously approved.

10. Societal Problems – Standard 7.0 / Element 7.5

Dr. McGowen introduced a proposed process for selecting societal problems to be included in the College of Medicine (COM) curriculum. This comes as a follow up to Dr. Olive's review in November 2015 of LCME Standard 7.0 / Element 7.5, Societal Problems:

"*The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.*"

Dr. McGowen reviewed the narrative response COM will need to address in response to the standard that includes describing the process used by faculty in the selection of societal problems included in the curriculum. The following process is proposed.

"To ensure that the curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems, MSEC will highlight at least five societal problems that are relevant to QCOM's mission and educational objectives. These MSEC-identified problems will be representative of the inclusive topic of societal problems. MSEC will plan, monitor, and evaluate the outcomes associated with the curriculum on the selected societal problems.

In determining which societal problems to identify, MSEC will focus on the societal problems most affecting our state and region; ones that have the most significant health consequences; the consensus of medical educators on societal issues of most importance in medical education; and QCOM's Institutional Educational Objectives.

MSEC will review the identified societal problems during the periodic program evaluation of the curriculum as whole and revise them as necessary.

MSEC-identified societal issues are not exclusive; course and clerkship directors are expected to identify and incorporate a variety of societal problems pertinent to course and clerkship goals and objectives to add relevance, breadth and depth to the curriculum."

MSEC is being asked to approve the process for our identification of societal problems and the discussion on selection of specific societal topics will be discussed during the January 2016 Retreat.

Dr. Herrell made a motion to accept the process to be used for identification of the College of Medicine societal problems for inclusion in the curriculum. Dr. Blackwelder seconded the motion and MSEC unanimously approved.

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

Dr. Mullersman asked to follow up on an earlier M3/M4 Review Subcommittee report for the Psychiatry Clerkship, where a survey of fourth year students about comments for more psychotherapy training while on the Psychiatry clerkship, was to be completed. Since the delivery of the report, a summary of students comments for the Psychiatry clerkship through Period 3 were reviewed and it was found that the request for psychotherapy training had diminished greatly – there was only one mention of psychotherapy and it was regarding therapy in the outpatient setting. There is no longer any mention of students needing additional psychotherapy training. The M3/M4 subcommittee does not feel there is a need for a follow up survey to the fourth year students, and would like to be relieved of the task.

Dr. Herrell made a motion to remove the task for the M3/M4 Review Subcommittee to survey the fourth year students about a need for additional psychotherapy training while on the Psychiatry clerkship. Dr. Blackwelder seconded the motion and MSEC unanimously approved.

12. Pediatric Elective: Endocrinology

Cathy Peeples reviewed the proposed senior Pediatric Endocrinology elective under Dr. George Ford, in both inpatient and outpatient (ambulatory) settings. The elective is designed for one student, each 4-week rotation. The course objectives are mapped to the QCOM Institutional Educational Objectives.

Dr. Duffourc made a motion to approve the Pediatric Elective: Endocrinology for M4 students. Dr. Abercrombie seconded the motion and MSEC unanimously approved.

13. Pediatric Elective: Pulmonology

Cathy Peeples reviewed the proposed two-week senior Pediatric Pulmonology elective under Dr. Barbara Steward. The rotation will accommodate two students for each rotation. The students will participate in both inpatient and outpatient (ambulatory) settings. The in-depth course objectives are mapped to the QCOM Institutional Educational Objectives.

Dr.Blackwelder made a motion to approve the Pediatric Elective: Pulmonology for M4 students. Dr. Abercrombie seconded the motion and MSEC unanimously approved.

Adjournment

The meeting adjourned at 5:52 p.m.

MSEC Meeting Documents

1. Approval of November 3, 2015 minutes
2. M1/M2 Review Subcommittee: 14-15-A Physiology course report
   M1/M2 Review Subcommittee: 14-15-A Introduction to Clinical Psychiatry course report
   M1/M2 Review Subcommittee: 14-15-C Practice of Medicine course report
   M1/M2 Review Subcommittee: 14-15-A Biostatistics and Epidemiology course report
   M1/M2 Review Subcommittee: 14-15-A Clinical Preceptorships I&II report
3. M3/M4 Review Subcommittee: 14-15-A Internal Medicine Inpatient Selective report
   M3/M4 Review Subcommittee: 14-15-C Rural Primary Care Clerkship report
4. Promotion Subcommittee: Clerkship Grading Policy
5. Inter-professional Elective: Global Healthcare: Perspectives & Practice
6. Rural Health Elective: Underserved Ambulatory Pediatrics
7. Pediatric Elective: Neurology
8. Integrated Grand Rounds Attendance by First Year Students
9. Outcomes Subcommittee Report
10. Societal Problems – Standard 7.0 / Element 7.5
12. Pediatric Elective: Endocrinology
13. Pediatric Elective: Pulmonology

Upcoming MSEC Meetings

Tuesday, January 19, 2015 – MSEC Retreat – 11:30 AM to 5:00 PM
Tuesday, February 16, 2016 – 3:30-6:00 PM
Tuesday, March 15, 2016 – 3:30-6:00 PM
Tuesday, April 19, 2016 – 3:30-6:00 PM
Tuesday, May 17, 2016 – 3:30-6:00 PM
Tuesday, June 14, 2016 – MSEC Retreat & Annual Meeting – 11:30 AM – 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