

**EAST TENNESSEE STATE UNIVERSITY  
QUILLEN COLLEGE OF MEDICINE  
Medical Student Education Committee  
Minutes  
Called Meeting  
March 20, 2012**

The Medical Student Education Committee of the Quillen College of Medicine  
met on Tuesday, March 20, 2012 at 4:15 p.m.  
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members  
Present:**

Ken Olive, MD  
Caroline Abercrombie, MD  
Reid Blackwelder, MD  
Rich Feit, MD  
Dave Johnson, PhD  
Ramsey McGowen, PhD  
Paul Monaco, PhD  
Dawn Tuell, MD  
Jamie Reagan, M3  
Jessica White, M2

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

Howard Herrell, MD  
Tom Kwasigroch, PhD  
Cindy Lybrand, MEd  
Cathy Peeples, MPH  
Lisa Myers, BA

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**1. Approval of Minutes**

The minutes from the 3-13-12 called meeting were approved as distributed.

**2. LCME Update** (post conference call with Dr. Barbara Barzansky)

Dr. Olive

- Conveyed some of the clarification and guidance provided by Dr. Barzansky in regard to LCME findings and our strategies for compliance
- Highlighted ED–33&35 pertaining to the need for a curriculum mapping system and a regularly scheduled MSEC review of all courses
- Announced that Barbara Barzansky, PhD MHPE (AMA) & Dan Hunt, MD, MBA (AAMC) – LCME Principal Secretaries – have scheduled a consultation visit to Quillen, May 24-25, 2012
- Informed the committee of the general timeline related to Quillen’s action plan to address deficiencies:
  - Report of the plan submitted to LCME mid-August 2012
  - LCME review of the plan in October 2012 (followed by their feedback to us)
  - Limited LCME site visit Fall 2013

**3. STANDARD: ED–35** The objectives, content, and pedagogy of each segment of a medical education program’s curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program’s faculty.

FINDING: The Medical Student Education Committee has not routinely conducted systematic and comprehensive review of all courses and clerkships.

Discussion that began at the March 13 meeting continued in regard to:

- Distributed [article](#) on course review structure & process as a “critical component of effective curriculum oversight” [*Academic Medicine*, Vol. 87, No. 3 / March 2012]
- MSEC’s role in continuous improvement, moving the educational program forward
- Consideration of Quillen’s (relatively) limited number of faculty and the challenge to engage active physicians; how to effectively use faculty who are balancing teaching, patient care and research roles
- MSEC establishing two standing curricular review subcommittees
  - One to cover M1&2, the other for M3&4
  - Comprised of 3-4 faculty and student members
  - Can appoint additional faculty &/or students, delegate work, use resources, etc., as deemed relevant or necessary
- Conducting a comprehensive review of each required course/clerkship every three years (may be sooner, if warranted)
- Defining a comprehensive, rigorous review
  - Standing subcommittees with participation of course director, other faculty
  - Expanded list of what is to be reviewed and questions to be asked
  - Findings and recommendations being reported back to subcommittees
  - Reports to MSEC
  - MSEC action implementing and monitoring change
- Supplementing the comprehensive review process with annual end-of-course reports (data, feedback and reflection) submitted by course/clerkship directors to subcommittees

*Based on the discussion, Dr. Olive will 1) prepare an outline of a revised course/clerkship review process, 2) put together an ED-35 Action Grid and 3) draft schedules for the comprehensive and annual reviews to be brought back to MSEC for approval at the April meeting.*

**STANDARD: ED-33** There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

FINDING: The College of Medicine lacks an effective system for the coordination and integration of curricular content; monitoring of content to identify omissions and unplanned redundancies; and review of the stated objectives of each individual course and clerkship to ensure congruence with the school’s educational objectives.

Discussion regarded:

- Dr. Barzansky’s advice to start with effective curriculum mapping
- Examples of curriculum mapping from other schools; Academic Affairs being in the investigative phase of finding a suitable system / software product

- Striving for closer scrutiny of content and how well it is being delivered, e.g., following up on recently defined objectives, patient types and procedures for M3&4 tracked in New Innovations
- Auditing and connecting / mapping QCOM commencement objectives with course/clerkship objectives with teaching methods that help students achieve the objectives and with assessment methods to gauge student progress + student performance (outcome) data
- Documenting “milestones” – year-specific objectives as part of the continuum
- Viewing the curriculum as a whole, facilitating the coordination, integration and evaluation of the overall program

*Dr. Olive will fill in an ED–33 Action Grid for review at the April meeting; ED–46 re outcome data will also be on that agenda.*

### **3. Recent documents / topics** {Linked or on file in Academic Affairs – contact [myers@etsu.edu](mailto:myers@etsu.edu)}

*Action Grid for ED–32, revised 3-13-12*

*Standard & LCME Findings: ED–33 & 35*

*Dr. Olive’s outline of ED–35 discussion, 3-13-12*

*Article related to ED-35 [[Acad Med. 2012;87:300–307](#)] – “Effecting Curricular Change through Comprehensive Course Assessment: Using Structure and Process to Change Outcomes”*

*Quillen Annual Course / Clerkship Review form*

*Example of University of New Mexico School of Medicine (UNM SOM) addressing ED–35*

*Examples from UNC SOM addressing ED–1, 33 & 46: Flow of Commencement Objectives’ competency > Course/Clerkship objectives based on it, with milestones = year-specific objectives > instructional methods > assessment methods + outcome data*

### **4. Announcements**

*The next meeting will be the regularly scheduled one on April 3, 2012.*

### **5. Adjournment**

The meeting adjourned at 5:50 p.m.