7-5-2011

2011 July 5 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
July 5, 2011

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, July 5, 2011 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:	***Ex officio* / Non-Voting & Others Present:**
Ken Olive, MD	Joe Florence, MD
Dave Johnson, PhD	Theresa Lura, MD
Steve Loyd, MD	Suresh Ponnappa, MSLS
Ramsey McGowen, PhD	Penny Smith, EdD
Paul Monaco, PhD	Cindy Lybrand, MEd
Dawn Tuell, MD	Lisa Myers, BA
Dustin Price, M-4	
Jamie Reagan, M-3	

1. Approval of Minutes

The minutes from the 6-7-11 meeting were approved as distributed.

2. Topics

a. MSEC Course Report: M-1 & M-2 Rural Primary Care Track (RPCT)

Dr. Florence

Rural mission / institutional purpose:
Community-based and inter-professional education with special emphasis on addressing the health care needs of Southern Appalachia.

Students elect to participate; there is a formal application process which includes an online application, essays and an interview; limited to 25% of the QCOM class.

RPCT Key Concepts:

- Clinical experience in context of the community
- Health promotion, disease prevention
- Community-based participatory research
- Community assessment and projects
- Inter-professional training (Medicine, Nursing, Public Health, Pharmacy, Social Work, Clinical Psychology, Respiratory Therapy)

RPCT Pedagogical Themes:

- Education is experiential, inter-professional and team-based; emphasis on self-directed learning
- Community-based learning: caring for people in the context of their community, occurs in the rural setting, taught by people from the rural community – "the community is the teacher"
- Community health and leadership training

Curriculum:

<table>
<tr><th></th><th colspan="3">MI</th><th></th><th colspan="2">M2</th><th></th></tr>
<tr><td rowspan="2">Fall</td><td colspan="3">Rural Case Oriented Learning and Preceptorship 1
(45 h)</td><td rowspan="3">Thursday</td><td>Alternative 1

The Practice of Rural Medicine 1
(45 h)

Rural Community Projects
(ID – Public Health Credit)
(45 h)</td><td>Alternative 2

The Practice of Rural Medicine 1A
(90 h)</td><td rowspan="3">Tuesday</td></tr>
<tr><td colspan="3">(Communications Skills for Health Professionals) Interdisciplinary (ID)
(45 h)</td></tr>
<tr><td rowspan="2">Spring</td><td>Alternative 1

Rural Case Oriented Learning and Preceptorship 2
(45 h)

Rural Health Research and Practice
(ID Public Health Credit)
(45 h)</td><td colspan="2">Alternative 2

Rural Case Oriented Learning and Preceptorship 2A
(90 h)</td><td colspan="2">The Practice of Rural Medicine 2
(90 h)</td></tr>
</table>

Rural Track course alternatives – approved by MSEC 2-1-11

- GOALS: Increase rural primary care physicians, train physicians to function in health care teams, equip physicians to become effective agents / leaders of community change

<u>Rural Case Oriented Learning and Preceptorship 1 & 2</u>

- OBJECTIVES:

Upon completion of this course students should have:

1. Developed ability to locate and acquire the knowledge and skills necessary to meet health needs of rural patients in the context of their community
2. Collaboratively developed learning objectives in regard to common diseases

3. Developed skills in interdisciplinary clinical collaboration, recognizing the professional roles of rural health care professionals
4. Developed an approach for addressing cultural competencies and ethical dilemmas
5. Used rural, clinical experience to validate and integrate basis science, clinical science and community science domains
6. Developed clinical documentation skills through the SOAP note and Problem Oriented Medical Record
7. Enhanced clinical examination skills through focused clinical encounters and reliance on evidence-based references
8. Developed skills for lifelong learning

- TEACHING METHODS:

Clinical experiences – Community preceptors, geriatric patients (nursing homes), children (Head Start, elementary school), special populations (prison)

Case-oriented learning (community & clinical experiential, computer-based learning, evidence-based medicine); small group discussion and collaborative process

Temperament Inventory (Keirsey and Myers Briggs); required reading; review of clinical encounters / written documentation

Skills – Continuity of care: medical history and problem list, family history and social history, history and physical exam / the patient with LBP, diabetes / cardiopulmonary issues; elementary school required evaluations; SOAP notes; capillary glucose testing; O2 Sat testing; complete genogram, ADLs, IADLs, Mini-Mental Status Exam

- EVALUATION METHODS:

Case Oriented Learning cases / research and clinical experiences

Community health resources – data collection and evaluations

Patient encounters – physical exams, evaluations and documentation

Preceptor day – write up and presentation of patient encounters

SOAP notes

Group interaction / discussions / participation / professionalism

<u>The Practice of Rural Medicine 1 & 2</u>

- OBJECTIVES:

Upon completion of this course students should have:

1. Developed ability to locate and acquire the knowledge and skills necessary to meet health needs of rural patients in the context of their community

2. Collaboratively developed learning objectives in regard to common diseases
3. Developed an approach for addressing the ethical dilemmas of patient care in a rural community
4. Used rural, clinical and community experiences to validate and to integrate basic science, clinical science, public health and community science domains
5. Enhanced differential diagnoses, interviewing and physical exam skills
6. Enhanced an understanding of cultural competencies appropriate for clinical practice
7. Developed clinical medical record documentation skills
8. Completed certification in Advanced Cardiac Life Support (ACLS)
9. Developed an understanding of quality improvement process in the practice of medicine and in the application of evidence-based inquiry
10. Developed skills for lifelong learning using iterative, quality improvement process

- TEACHING METHODS:

Clinical and community experiences – Continuity nursing home experience “adopt a patient”

Case-oriented learning (community & clinical experiential, computer-based learning, evidence-based medicine); small group discussion and collaborative process

Didactic sessions and computer-assisted learning modules; required / recommended reading; SAM (student auscultation mannequin); HPS (human patient simulator) and psychomotor skills training

Skills – History & physical exam and continuity visits with accompanying documentation; differential diagnosis; nutrition assessment; dementia screening; mental health screening (attention to anxiety and depression); immunization; pre-participation exam; Occupational Health Evaluation: DOT physical exam; school readiness evaluations, BLS & ACLS; spiritual assessment; end of life / palliative care assessment, including advanced directives and being part of a hospice team

- EVALUATION METHODS:

Pre-participation exams; Occupational Health Exam – planning, participation and performance; school evaluations; preceptor ½ day – participation and write up; flu shots – participation, immunization review; researched case-oriented learning objectives; completed medical record documentation

Completion of ACLS certification

Group interactions / discussions / presentations of patient encounters including spiritual assessment and end of life

Interprofessional two-course sequence:

<table>
<tr><td>Spring, M-1
Rural Health Research and Practice</td><td>Fall, M-2
Rural Community Health Projects</td></tr>
<tr><td colspan="2">Interprofessional course sections (interdisciplinary faculty facilitators):
Regional breastfeeding coalition - Carter County
Diabetes – African-American community, Greeneville
Breast cancer - Hawkins County/Rogersville
Risky youth behaviors - Henry Johnson Alternative School, Johnson City
Maternal and child health - Johnson County
Occupational health issues of migrant agricultural workers - Rural Medical Services (RMS), Cocke County and Hamblin County
Adolescent mental health - Unicoi High School</td></tr>
<tr><td colspan="2">COURSE OBJECTIVES/OUTCOMES</td></tr>
<tr><td>− Work in interdisciplinary health professional teams in a rural community setting
− Use community-based principles to evaluate existing and desired health programs and services
− Partnering with communities to access and research community resources and needs</td><td>− Partner with communities to plan, implement and evaluate community service or research project
− Work in interprofessional teams in a rural community setting
− Apply community-based principles while working in a rural community setting</td></tr>
<tr><td colspan="2">CORE CONTENT</td></tr>
<tr><td rowspan="2">− Introduce community
− Define health issues
− Assess and identify important dimensions
− Collaborate with community to define and design intervention</td><td>− Community project partnering with community organization</td></tr>
<tr><td>− Define research question to study in response to community organization</td></tr>
<tr><td colspan="2">Conducting assessments – methods traditionally used:
Brain storming and affinity grouping
Side walk survey, windshield survey
Focus group meetings with community boards
Community luncheons and informal discussions
Screening activities: associated with clinical experiences (BMI, glucose, etc); health promotion /disease prevention
Written or face-to-face surveys</td></tr>
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Continued: Spring, M-1 *Rural Health Research and Practice*	Fall, M-2 *Rural Community Health Projects*
TEACHING METHODS	
Individual: Desire2Learn (D2L) learning modules: completion of IRB and HIPAA training Written skill-building assignments, discussion board Oral presentation of skill-building assignments Participation in small group discussions and community interaction Collaborative: Preparation of final written report Preparation and presentation of final oral report Community interaction	
EVALUATION METHODS	
Individual: Participation Oral intensive evaluation Writing intensive evaluation Completion of IRB training Team evaluation: Final written report Presentation	Individual: Participation Modules / quizzes Skill building assignments Team evaluation: Final written report Presentation

- SUMMARY OF STUDENT FEEDBACK (Overall evaluation of course):

Spring 2011	Rural COL		Practice of Rural Medicine	
	Mtn City N = 7	Rogersville N = 10	Mtn City N = 3	Rogersville N = 3
Excellent	100%	70%	100%	100%
Good		20%		
Satisfactory		10%		

Unintended consequences of first year reorganization on RPCT scheduling:

- Exams scheduled the day after RPCT negatively impact RPCT curriculum and willingness of students to actively participate
- Required Human Sexuality, COL and Genetics material forced schedule change and location of class to campus

Strengths included: Community interaction, interaction with M3s, real patients, the faculty (fantastic teachers, mentors and friends), adequate time for discussion of cases, integration with basic sciences, skin workshop, spiritual assessment day (work with chaplains), ACLS certification

Weaknesses included: Desire for more interprofessional faculty and students, more time in clinics and community, more emphasis and feedback on documentation, less emphasis on research component

- PLANS FOR CHANGE: Adding more interprofessional faculty, students and experiences; seeking more Public Health influence; enhancing interaction with upper level students and residents; working with main campus to avoid "main campus schedule creep"

Discussion regarded:

- Scheduling considerations
- Campus / rural sites related to convenience, delivery of material and equivalency of experiences
- New Community Medicine clerkship being successfully underway in Sevierville; plus, recent Health Fair in Sevierville

b. QCOM Faculty

Initiated by Dr. Johnson in response to faculty attrition, discussion regarded:

- Basic science faculty who will be retiring in upcoming years and academic clinicians who are leaving this year
- Recruitment of new faculty
- Issues and concerns regarding clinical departments related to generation of income; also re support, recognition and compensation for teaching
- Importance of clinicians' roles in M-1&2 courses, including as small group facilitators; residents and M-4s teaching

c. 2011- 2012 MSEC Plan

Future agenda items / activities suggested:

- Review of course evaluations, AAMC Graduation Questionnaire, Quillen Medical Education PGY-1 Residency Questionnaire
- Update from Dr. Blackwelder's M-2 Working Group
- *Proactive*, long term curriculum planning – continuous improvement, innovation, growth & development

- Presentation and discussion of current topics and new ideas in Medical Education
- Possible assistance for course directors in regard to communicating more effectively and working in a cross-disciplinary way
- Debate policy uniformity across M-1&2 courses; question re how directive MSEC should be – *Dr. Olive will work with sub-group on this subject and bring back to the committee*

3. Recent documents / topics {On the MSEC web site **or** on file in Academic Affairs – contact *myers@etsu.edu*}

MSEC Course Report: M-1 & M-2 Rural Primary Care Track – Dr. Florence

MSEC Future Agenda Items – Dr. McGowen

"Fitting it all in: integration of 12 cross-cutting themes into a School of Medicine curriculum" Med Teach. 2007 Jun;29(5):489-94.

LCME databases on the T: drive > Academic Affairs > LCME 2010

4. Announcements

M-2 Integrated Grand Rounds
"A Case of Foot Pain"
Thursday, August 4th
10 am – 12 pm, Large Auditorium

The next meeting will be on August 2, 2011.

5. Adjournment

The meeting adjourned at 5:27 p.m.