

East Tennessee State University

Digital Commons @ East Tennessee State University

Medical Student Education Committee Minutes

9-6-2011

2011 September 6 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

Follow this and additional works at: <https://dc.etsu.edu/msec-minutes>



Part of the [Higher Education Commons](#), and the [Medical Education Commons](#)

Recommended Citation

Medical Student Education Committee, East Tennessee State University, "2011 September 6 - Medical Student Education Committee Minutes" (2011). *Medical Student Education Committee Minutes*. 17.
<https://dc.etsu.edu/msec-minutes/17>

This Minutes is brought to you for free and open access by Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Medical Student Education Committee Minutes by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact digitlib@etsu.edu.

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
September 6, 2011**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, September 6, 2011 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members

Present:

Ken Olive, MD
Caroline Fenley, MD
Steve Loyd, MD
Ramsey McGowen, PhD
Paul Monaco, PhD
Dawn Tuell, MD
Jessica White, M2
Jeremy Brooks, M1

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

Present:

Reid Blackwelder, MD
Joe Florence, MD
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

Dr. Olive introduced Jeremy Brooks, Class of 2015 elected student representative and voting member of the committee.

1. Approval of Minutes

The minutes from the 8-2-11 meeting were approved as distributed.

2. Topics

a. Revision of Required Clinical Skills for QCOM Students

Family / Community Medicine changes were proposed to Dr. Olive by Dr. Florence; Dr. Jason Moore agreed with the changes, but noted that the shift would not necessarily exclude the skills from the Family Medicine rotation.

1-11-11	Revision →	9-6-11
<u>Family Medicine / Rural Primary Care</u>		<u>Family Medicine / RPCT - Rural Primary Care</u>
<ol style="list-style-type: none"> 1. Perform finger-stick glucose test 2. Obtain clean catch urine / Perform urine dipstick test 3. Perform subcutaneous and intramuscular injections 		<ol style="list-style-type: none"> 1. Perform subcutaneous and intramuscular injections
		<u>RPCT / Community Medicine / Health Fairs</u>
		<ol style="list-style-type: none"> 1. Perform finger-stick glucose test 2. Obtain clean catch urine / Perform urine dipstick test 3. Perform an EKG 4. Spirometry

Also, removing “arterial line insertion” (demonstrated in simulation lab) from Senior Internal Medicine was recommended by Dr. Thomas Roy in light of decreasing use of this procedure.

On a motion by Dr. Blackwelder and seconded by Dr. McGowen the proposed Family Medicine and Internal Medicine changes were approved.

b. Information Item: Projected M-3 & M-4 Academic Calendars through 2015-2016

Dr. Olive & Cathy Peeples

- Effort to determine most productive schedules while allowing for each year's holidays and breaks
- Necessity of advance scheduling for the "Transitions" course (in last week of June) due to competition for space with GME orientation
- Pros and cons of moving M-2 OSCE to "Transitions" week

c. Period 1 – New Community Medicine and Specialties Clerkships

Dr. Olive's summaries of students' evaluation of the first rotation of these clerkships included the following:

Community Medicine Clerkship	Specialties Clerkship
My overall evaluation of this experience – 2.33	My overall evaluation of this experience – 4.75
Lowest scores: <ul style="list-style-type: none">• The patient load assigned to me was – 1.33 (1=too light, 2=appropriate, 3=too heavy)• The variety of clinical problems I studied was – 1.67 (1=limited, 2=appropriate, 3=excessive)	No major weaknesses were noted
No student exceeded duty hour policy limits	No student exceeded duty hour policy limits
Major areas identified for improvement: <ul style="list-style-type: none">-Increase clinical time-Increase amount of time a student spends with an individual preceptor-Require students to write SOAP notes and H&P with feedback-Stabilize schedule (concern expressed about the continually changing schedule)-Better communicate to preceptors what is expected of students-Allow students to follow hospital patients-Provide students the opportunity to select 1-2 specialties of personal interest	Major areas identified for improvement: <ul style="list-style-type: none">-Improve organization and structure-Improve orientation and feedback-A single student expressed dissatisfaction at not getting their first choice for a surgical subspecialty

- Health Fair, evaluated separately by students, was considered beneficial
- Changes in Community Medicine are planned for Period 2

d. Report: Student Evaluation of Clerkships

Dr. Olive presented 2010 – 2011 global data with comparison to the last three years.
[Global data = Average response to *MY OVERALL EVALUATION OF THIS CLERKSHIP* based on 5 – 1 scale: Excellent/Good/Satisfactory/Marginal/Poor]

Discussion regarded:

- Data for the most part being similar to past years
- Surgery having a slightly lower overall rating; narrative comments being like those in the past; Drs. Bill Browder and Tiffany Lasky co-directing this year
- Future revision of New Innovations questionnaires (evaluations) to tie in clerkships' objectives
- Baseline, pre-policy data pertaining to student work hours; [policy](#) was implemented for 2011 – 2012; evaluation item: "During this rotation, my duty hours were less than 80 hours per week. [Time in hospital or clinic/office; in didactic education (lectures, conferences); in any mandatory educational activity]"

e. Fall 2011 Introduction to Physical Exam Course Revisited

Discussion (with Jeremy, M1) regarded:

- Course being underway with new director, Dr. Andy Pierce; positive comments about his lectures
- Differences in physical exam instruction depending on standardized patient (SP); good program, but need for even more standardization
- Benefit of having more clinicians present to explain what SPs cannot
- Better, specific preparation for course final OSCE
- Dr. McGowen's idea for a Medical Education elective – M4s assisting/facilitating in M1&2 courses

f. Nutrition in the Curriculum

- In response to MSEC recently identifying nutrition as an area to reexamine within the curriculum, an ad hoc committee of interested faculty so far includes: Drs. Sharon Campbell (Chair), Tony Delucia, Martin Eason, Tom Ecay, Ron Hamdy, Theresa Lura, Mitch Robinson, Karen Schetzina, Bill Stone & Charlie Stuart
- Dr. Campbell has recruited others from the College of Public Health; College of Pharmacy faculty may also participate
- Laurie Bennie, MPH & Jessica White (M2s) will be part of the group and possibly other students
- The goals of the group are:
 1. To identify areas in the curriculum where nutrition education might be enhanced
 2. To consider the possibility of developing an interprofessional nutrition elective

g. Review of 2011 AAMC Graduation Questionnaire (GQ), N=42/43

Members looked at data for many topic areas, including the 4.4 mean for “Overall, I am satisfied with the quality of my medical education.” Initiated by Dr. McGowen, most of the focus was on the Mistreatment section, and the ensuing discussion about Quillen regarded:

Mistreatment (Pg. 45; GQ 2011 linked below)

In 2011, respondents were presented the following clarification text prior to the mistreatment questions:

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process: Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner.

-
- 9% of graduates reporting being mistreated as students; 23% reporting seeing another student mistreated
 - Types of mistreatment identified: being publicly belittled or humiliated, being subjected to unwanted sexual advances, being subjected to offensive sexist remarks, being denied opportunities for training based on gender, being subjected to racially or ethnically offensive remarks
 - Most common sources of mistreatment identified: clinical faculty in hospitals, residents, nurses, other students and patients
 - Quillen’s commitment to look at what is being reported and to monitor and improve problem situations
 - The grievance process and Dr. Lura’s role with medical students
 - Awareness of Quillen’s Mistreatment Prevention Policy (Pg. 44; [Student Handbook](#))
 - Potential training sessions for faculty
 - Ways to best deal with dilemmas and to get regular feedback from M3&4 students – working groups, surveys

3. Recent documents / topics {Linked or on file in Academic Affairs – contact myers@etsu.edu}

Required Clinical Skills for QCOM Students, rev1-11

Proposal: M-3 & M-4 Academic Calendars including “Transitions” Course

Summaries of Student Evaluations: Period 1 – New Community Medicine and Specialties Clerkships

Global Data – Student Evaluation of Clerkships 2010 – 2011; plus evaluation data re work hours

[Nutrition in Medicine](#) (NIM) Teaching Series – Module Descriptions and Handouts for the Medical School Curriculum

[Graduation Questionnaire 2011](#)

4. Announcements

The next meeting will be on October 4, 2011.

5. Adjournment

The meeting adjourned at 5:45 p.m.