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Medical Student Education Committee Minutes

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10-4-2011

### 2011 October 4 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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**EAST TENNESSEE STATE UNIVERSITY  
QUILLEN COLLEGE OF MEDICINE  
Medical Student Education Committee  
Minutes  
October 4, 2011**

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

**Voting Members**

**Present:**

Ken Olive, MD  
Rich Feit, MD  
Caroline Fenley, MD  
Ramsey McGowen, PhD  
Paul Monaco, PhD  
Jamie Reagan, M3  
Jeremy Brooks, M1

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

**Present:**

Reid Blackwelder, MD  
Tom Kwasigroch, PhD  
Theresa Lura, MD  
Suresh Ponnappa, MSLS  
Mitch Robinson, PhD  
Cindy Lybrand, MEd  
Cathy Peebles, MPH  
Lisa Myers, BA

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**1. Approval of Minutes**

The minutes from the 9-6-11 meeting were approved as distributed.

**2. Topics**

**a. Follow-up: LCME Site Visit – “Survey Team Exit Conference Statement”**

The next step is for the site visitors to prepare a full report and send the draft to Dr. Bagnell for review by December 1; we will have the opportunity to correct factual errors and rebut any concerns. The final report will go to the next meeting of the LCME in February 2012.

Discussion regarded the statement’s findings that related to the accreditation standards for the Educational Program for the MD Degree:

1. Members agreed that course and clerkship directors have not systematically used the (new) March 2010 competency-based commencement objectives in development of goals and objectives for their individual courses; however, the process of identifying and combining commencement and individual objectives has begun, e.g., clerkship activities and patient types have been mapped to the commencement objectives
2. Noted the findings that Quillen has recently revised lists of the types of patients and clinical conditions that medical students must encounter, also the appropriate clinical settings and expected level of participation, and that monitoring and tracking is now electronic – in New Innovations

3. Acknowledged that there *is* an absence of a structured curriculum in rehabilitative care
4. Noted that timeliness of reporting clerkship grades had been identified as inadequate, but in this year's first two rotations, implementation of New Innovations and more rapid return of NBME subject exam scores have resulted in shortened final-grade return times
5. Members discussed the finding that narrative descriptions of student performance are not submitted as a component of final assessment in pre-clinical courses in which student-teacher interaction should provide this opportunity; topics included:
  - There not being a formal approach at this time
  - Current, limited use in some courses, including feedback &/or assistance after exams
  - Quillen's past attempts to provide narratives for all students; challenge to be timely and substantive
  - Potential implementation in small groups such as in Anatomy lab, COL, CSHP & Practice of Medicine; *MSEC will follow up on this*
  - Suggestion of using a standard form for satisfactory performance; additional narrative for exceptional work or if problems arise
  - Concept of and issues with student peer review
  - Faculty development
6. Disagreed in part with the statement that Quillen lacks an effective system for the coordination and integration of curricular content, the monitoring of content to identify omissions and unplanned redundancies and the review of stated objectives of each individual course and clerkship to ensure congruence with the school's commencement objectives; comments regarded:
  - There not being an official *system* dealing with content, but that much is accomplished at the course director level; less coordination among clerkship directors
  - Need for teaching faculty's involvement in the process; Dr. Fenley's perspective due to teaching in several courses
  - Integrating basic science courses' exams; increasing clinically-oriented items
  - MSEC focusing more on course objectives than on content; planning for a closer look at content
  - Reiteration that congruence with commencement objectives is in progress
7. Members took exception that the Medical Student Education Committee has not routinely conducted systematic and comprehensive review of all courses and clerkships; a specific calendar for review has not been established, but (in the last three years) M1-3 have been reviewed with reports from directors and student evaluations

8. True that an internally-developed curriculum (keyword) database is available, although it has not yet been actively used by course and clerkship directors to review for topic and content elements; the system is in transition to a searchable electronic database
9. Also true that a revised policy on student work hours has recently been implemented, but its effectiveness has not yet been demonstrated (we have baseline data from 2010-2011 student evaluation of clerkships; item remains on questionnaire)
10. Plans are underway for a comprehensive overview of our educational program outcome data, including to address that this data has not been systematically used to evaluate the extent to which commencement objectives are being met

### **b. Transitions to Clinical Clerkships**

#### Student Evaluation

"My overall evaluation of this course is:"

(Post-Pd 3: "IN RETROSPECT, MY OVERALL OPINION OF THE COURSE IS:")

1=poor, 5=excellent (number in parentheses is percentage responding poor or marginal)

Course	2008-2009	2009-2010	2010-2011
Transitions	4.24 (4%)	3.74 (15%)	* 4.32 (0%)
	Post-Pd3 N=50 3.48 (8%)	Post-Pd3 N=62 3.66 (9.7%)	

\* "the best yet"

#### 2012

- Co-directors: Drs. Martin Eason and Caroline Fenley
- Dates confirmed: June 25-27
- Planning is underway; anticipated changes include substituting online modules for some of the session presentations, e.g., OSHA & HIPAA

#### OSCE

- Co-directors: Drs. Reid Blackwelder and Caroline Fenley
- Dates confirmed (*moved from April* to Thursday & Friday of Transitions week): June 28 & 29
- New location: VA Bldg 1 Standardized Patient (SP) Center
- Planning includes: Exam being more like USMLE Step 2 Clinical Skills (CS) with a grading system that will allow for quicker feedback

### **c. Jr. Specialties Clerkship**

In June 2011, with the exception of Specialties, the new 6-week Clerkship descriptions on the revised form were presented to MSEC for review. (M3 curriculum in general was previously approved.)

*Edited excerpt from Specialties description, revised October 2011:*

<b>Responsible Faculty:</b>	Daniel J. Wooten, MD, Clerkship Director																
<b>Contact Person:</b>	Mariela McCandless, MPH, Clerkship Coordinator																
<b>Goals:</b>	<ol style="list-style-type: none"> <li>1. To give students exposure to subspecialty practice in one medical and one surgical subspecialty</li> <li>2. To provide an opportunity for exposure to gain exposure to an additional specialty of individual interest not available within other clerkships</li> </ol>																
<b>Objectives:</b> <i>Learning objectives or outcomes are statements that clearly define what the learner is expected to do in order to demonstrate mastery and accomplish the goal. (Specific, measurable, observable student skills or behaviors)</i>	<i>At the conclusion of this rotation, the student should be able to:</i> <ol style="list-style-type: none"> <li>1. Perform a history and physical examination appropriately focused for the subspecialty.</li> <li>2. Write an effective consultation report.</li> <li>3. Recommend appropriate diagnostic tests or procedures for evaluation of patients commonly seen in consultation.</li> <li>4. Observe the most frequently performed procedures related to the subspecialty.</li> <li>5. Effectively communicate information related to the subspecialty to patients and/or families.</li> </ol>																
<b>Course Outline:</b>	This clerkship consists of three 2 week blocks. One of these will represent a subspecialty of internal medicine, one will represent a subspecialty of surgery and one will be chosen from another specialty. This third block may not duplicate an experience otherwise available on a required clerkship, but should result in the student's exposure to a different specialty that is of interest to the student.																
<b>Methods of Evaluation:</b>	<table> <tr> <td>Attending evaluations</td><td>55%</td></tr> <tr> <td>Participation in group meetings</td><td>10%</td></tr> <tr> <td>Oral case presentation</td><td>20%</td></tr> <tr> <td>-organization completeness and flow</td><td></td></tr> <tr> <td>-teaching value</td><td></td></tr> <tr> <td>-evidence used to support presentation</td><td></td></tr> <tr> <td>Report on Psychosocial Issue</td><td>10%</td></tr> <tr> <td>Summary of Specialties</td><td>5%</td></tr> </table>	Attending evaluations	55%	Participation in group meetings	10%	Oral case presentation	20%	-organization completeness and flow		-teaching value		-evidence used to support presentation		Report on Psychosocial Issue	10%	Summary of Specialties	5%
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<b>Grading Policy:</b>	<input type="checkbox"/> Graded <input type="checkbox"/> Pass/Fail																

Discussion regarded:

- Several edits to be made in order to finalize the official form and whether Objective #4 is measureable; Cathy Peeples will discuss with Mariella
- Benefit of providing exposure beyond Quillen departmental offerings, e.g. ER
- Students' frustration with not knowing their specific subspecialties very far in advance although it is logistically unavoidable
- Students' positive attitudes about having choices, being immersed in the experiences and possibility of being the only student on the rotation

- Grading policy in general, and if this unique Clerkship should be Pass/Fail instead of Graded like the other Clerkships
  - Reported that Period 1 students expressed feeling their final grade was arbitrary
  - Members agreed that 2-week blocks would most likely not be sufficient time for attendings to fairly evaluate students
  - *On a motion by Dr. Blackwelder and seconded by Dr. Monaco, the committee approved the Jr. Specialties Clerkship being Pass / Fail (retroactive to Periods 1 & 2)*

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

9-8-11 Email from Dr. Olive to QCOM Faculty & Staff: Awareness of Medical Student Mistreatment and Mistreatment Policy [complete policy can be found in the [student handbook](#) beginning on page 44]

LCME Survey Team Exit Conference Statement

Proposed M3 2012 – 2015 June Schedules

Global Data – Student Evaluation of Transitions to Clinical Clerkships

Jr. Specialties Clerkship Description

[Summary](#) of Educating Physicians: A Call for Reform of Medical School and Residency

## M2 Integrated Grand Rounds

“A case of developing fatigue”

October 21<sup>st</sup> from 1 – 3 p.m.

Large Auditorium

M2 Attendance Required / M1 Optional / Open Invitation

QUILLEN  
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EAST TENNESSEE STATE UNIVERSITY



## 4. Announcements

*The next meeting will be postponed until November 15, 2011 (after the AAMC Annual Meeting in Denver, Nov. 4-9). Agenda will include today's agenda items that were not covered: Residency Questionnaire – Class of 2010 [Program Director Summary Report] / Interprofessional Education / Update: Nutrition*



## 5. Adjournment

The meeting adjourned at 5:18 p.m.