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Medical Student Education Committee Minutes

2-7-2012

2012 February 7 - 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
February 7, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, February 7, 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
Dustin Price, M4
Jeremy Brooks, M1

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

Joe Florence, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Suresh Ponnappa, MSLS
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 1-10-12 meeting were approved as distributed.

Dr. Olive announced that Reid Blackwelder, MD, has accepted his invitation to be a voting member of the committee. MSEC members are expected to represent the broad interests of students and the medical school curriculum as a whole, and Dr. Blackwelder has demonstrated a strong commitment to this.

2. Topics

a. Student Promotions Committee Composition

- Current structure (abridged):

Appointed by the Executive Associate Dean for Academic and Faculty Affairs (EAD), committee members shall be the chair from each department and the director from each course not conducted by a department. The Associate Dean for Student Affairs, Registrar and directors of medical education shall be invited as *ex officio* members without vote. There will be one student appointed by each class; student members will be without vote.

- Proposed structure would include:

Clerkship directors for Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry and Surgery (if the department chair deems the director's other responsibilities preclude fulfilling this function, the chair in conjunction with the EAD will identify another appropriate individual)

Director of Rural Programs

All M1 & M2 course directors as ex officio and of those, eight will be appointed by the EAD with voting privileges (the 8 will include equal representation from Fall and Spring semester courses)

Ex officio members: EAD, Associate Dean for Student Affairs, Assistant Dean for Student Affairs, Director of Admissions & Records, Associate Registrar and Clinical Medical Education Coordinator; other ex officio members may be appointed by the EAD as deemed appropriate

[Same] One medical student will be elected by each class; student members will be without vote

- Choice of course directors to be voting members will be based on commitment to fulfill responsibilities
- General agreement that proposed structure appropriately represents faculty necessary to evaluate student performance and adapts to the changing administrative structure resulting from basic science department consolidation
- Agreement in regard to it being critical to have interaction between course and clerkship directors due to student issues that may carry over
- Proposal has been reviewed by the Promotions committee and Chairs Group; after MSEC, it will go to the Faculty Advisory Council, then to the faculty as a whole

b. Update – Nutrition in Medicine Elective

- Had an introductory meeting on February 13; 32 students now enrolled on D2L site
- Faculty in addition to Dr. Ecay will be Michelle Lee, PhD, RD, from the Dept. of Allied Health – Nutrition & Dietetics
- Six course meeting times are scheduled for Monday and Wednesday afternoons, 3-5 p.m. through the remainder of spring semester

c. Proposed Senior Elective: Surgery - Orthopaedic - JCMC

EXCERPT:

Instructors:	Robert M. Harris, MD 423-431-3820/harrisrm@msha.com Robert H. Boyce, MD 423-431-3814/boycerh@msha.com Todd Horton, MD 423-431-3826/hortont@msha.com
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Responsible Faculty:	Robert M. Harris, MD
Goal:	To provide the student with an overview of the specialty of Orthopaedic Surgery
Objectives:	<p>At the conclusion of this rotation, the student should be able to:</p> <p>Perform a physical examination to evaluate palpable tumors masses and estimate size. QCOM Objective: 2a</p> <p>Apply acquired skills and knowledge to perform an Orthopaedic history and physical examination. QCOM Objective 1 a, b, c, d, f, 2 a</p> <p>Apply acquired skills and knowledge to be familiar with the materials and tools of the Orthopaedic surgeon and with particular emphasis on splinting, plaster casting and traction techniques. QCOM Objective 1 a, b, c, 2 a, b, d, e, g, 3 b, 5 f</p> <p>Apply acquired skills and knowledge to understand the pathophysiology and management of the more common fractures and soft tissue injuries. QCOM Objective 1 a, b, c, e, f, 2 b, c, d, e, g, 3 b</p> <p>Apply acquired skills and knowledge to interpret bone x-rays with particular emphasis on the recognition of fractures. QCOM Objective 1 a, b, c, e, f, 2 b, c, d, 3 b</p> <p>Apply acquired skills and knowledge of the methods of diagnosis and principles of therapy of the most common diseases affecting the musculoskeletal system. QCOM Objective 1 a, b, c, e, f, g, 2 b, d, e, 3 b</p> <p>Apply acquired skills and knowledge regarding the back examination, and exam of the extremities. QCOM Objective 1 a, b, c, e, 3 b</p> <p>Apply acquired skills and knowledge to identify various syndromes of interest to the orthopedic field such as the low-back syndrome, the over-use syndrome, etc. QCOM Objective 1 a, b, c, e, f, 2 b, c, d, e, 3 b</p>
Course Outline:	<p>The student will:</p> <ol style="list-style-type: none"> 1. work under a close tutorial arrangement with the assigned instructor(s) 2. function as an integral part of the Orthopaedic service team and be on call with the team as identified by the instructor(s) 3. be exposed to new patients in an out-patient setting to include follow up scheduled visits 4. receive instruction in surgical Orthopaedic specific techniques 5. attend Orthopaedic Grand Rounds and other identified conferences as scheduled
Methods of Evaluation:	<p>Skills identified under the objectives will be observed and informally evaluated, discussed, with feedback provided to the student on a daily basis. The attending(s) and residents(s) will evaluate the student's performance at the end of the rotation, with a selected preceptor submitting a standardized evaluation form summarizing all observations and feedback.</p> <p>The evaluation will be based on daily clinical performance at the levels of Pass, Incomplete, Deficiency, Fail or Review. Attention will be paid to: Medical Knowledge; Medical Knowledge and Patient Care; Patient Care; Patient Care and Interpersonal and Communication Skills; Professionalism; Professionalism and Interpersonal and Communication Skills; Practice-Based Learning and Improvement; Systems-Based Practice; Attendance.</p>

Discussion regarded:

- Comments by students that Dr. Harris is an excellent clinical teacher; also about his role in the planned orthopaedic residency program
- Course objectives as linked to commencement objectives

- Two students per rotation providing adequate spots for interested Quillen students (who are given priority; students from LMU DeBusk College of Osteopathic Medicine also rotate with these physicians)

On a motion by Dr. Monaco and seconded by Dr. McGowen, the elective was approved.

d. Review of USMLE Results (1st time takers / as of 2-1-12)

Step 1 [Class of 2013]

reported / passed: 64 / 57

% pass rate: 89.06

Mean: 213.67

Step 2 CK [Class of 2012]

reported / passed: 57 / 56

% pass rate: 98.25

Mean: 237.11 (260 or higher: 7)

Step 2 CS

reported / passed: 49 / 48

% pass rate: 97.96

e. Update – LCME

Dr. Olive

- The LCME site visit team report and Quillen's response have gone to the LCME Secretariat which is meeting this week; final report is expected by the end of February.
- *Will assemble an MSEC working group to combine our program data to more clearly demonstrate and document the extent to which educational objectives are being met; data categories:*

Commencement Objectives – Core competencies	Commencement Objectives – Specific educational program objectives	Course / Clerkship Objectives	[ED-46] Measurement = Outcome data on student performance
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f. Cross-cutting Themes

“Have relevance and need emphasis throughout the medical curriculum; are effectively taught through horizontal and vertical integration”

Discussion regarded:

- Development of Nutrition threads beyond new M1 & M2 elective
- Suggestions for next topic on which to concentrate, e.g., genetics, population health, evidence-based medicine (EBM)
- Reasons why EBM would be a good choice, including that coverage already begins in COL and that it’s increasingly prevalent in clinical training
- Ideas for inclusion across the curriculum
- *Dr. Olive will assemble a group of faculty to consider options*

g. Update – Proposed Interprofessional Education Program (IPE) in Division of Health Sciences = Colleges of Clinical and Rehabilitative Health Sciences, Medicine, Nursing, Pharmacy & Public Health; four general competencies:

Values/Ethics for Interprofessional Practice	Roles / Responsibilities	Interprofessional Communication	Teams and Teamwork
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Draft proposal of pilot program's 3 phases:

- *Phase 1: Prologue*
 - ✓ Each college, identifies 15-20% of its students (graduate or professional degree) for pilot
 - ✓ Students begin as a cohort and the pilot program continues for ~24 months
 - ✓ Orientation and informative session(s) regarding interprofessional education

- *Phase 2: Experiences*
 - ✓ Each student in the pilot program completes four competency-based experiences during the 24 month period (all at the formative level of learning)
 - ✓ If competency-based, an individual course can meet the requirement of one core competency
 - ✓ Courses can replace up to two of the four competencies
 - ✓ Each college puts forward one activity every semester (total of 20 experiences over the 24 month period), each designed to meet one specific core competency and to accommodate ~15 students
 - ✓ The IPE committee vets courses and experiences and works with colleges to ensure adequate offerings to meet program requirements
 - ✓ There will be a central coordinating structure that organizes and documents individual experiences for students

- *Phase 3: Capstone Activity*
 - ✓ Groups consisting of four members (representative members from each college) complete an activity designed to provide the opportunity for *transformative* learning (e.g., clinical skills competition, disaster day – there are various options)

Discussion regarded:

- MSEC's previous support of the concept (11-15-11) and future oversight and decision making in regard to requirements for QCOM in accordance with LCME
- Question raised about the program being developed more by administration than faculty; noted that the IPE Committee is comprised of faculty members from all five colleges in the Division of Health Sciences
- Shared opinion that including students enrolled in programs outside the Division of Health Sciences, e.g., Social Work, should be considered to fulfill components of any future interprofessional education requirement

- Defining “interprofessional” as student interaction as a team, as opposed to “interdisciplinary” which can be students from different disciplines attending a lecture together
- Current working proposal beta testing courses and experiences to evaluate resources and logistics before making this a requirement for what will be a large number of students
- Need for faculty involvement in developing and facilitating courses and experiences

No MSEC action required today, discussion will continue; next month, the IPE committee is having a retreat at Valleybrook to work on moving the program forward.

h. Residency Questionnaire Items

Dr. Olive requested that members review these surveys that we send to our graduates and their program directors at the end of PGY-1 and email their feedback, including in regard to revising the questions to be more in line with Quillen’s new Commencement Objectives.

Dr. Olive will bring recommendations back to MSEC.

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

Proposed Student Promotions Committee Structure, rev2-2-12

Description of Proposed Elective: Surgery – Orthopaedic – JCMC

2011-2012 USMLE Results, as of 2-1-12

Quillen Accomplishment of Educational Objectives Data [ED-46]

Quillen Educational Program Outcome Data Table

DRAFT Proposed ETSU Interprofessional Education Program, rev1-26-12

Residency Questionnaire – Program Director & PGY-1 Resident Survey Items

Cross-cutting themes [“Fitting it all in”](#) article

4. Announcements

The next meeting will be on March 6, 2012.

5. Adjournment

The meeting adjourned at 5:32 p.m.