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Medical Student Education Committee Minutes

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2012 March 13 - Medical Student Education Committee Minutes Called Meeting

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
Called Meeting
March 13, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, March 13, 2012 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ken Olive, MD
Reid Blackwelder, MD
Rich Feit, MD
Dave Johnson, PhD
Steve Loyd, MD
Ramsey McGowen, PhD
Paul Monaco, PhD
Dustin Price, M4
Jamie Reagan, M3
Jessica White, M2
Jeremy Brooks, M1

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

Joe Florence, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Michelle Tanner, M2
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Proposed Senior Selective [C-Specialty/Subspecialty]: OB/GYN – Reproductive Endocrinology Infertility

Excerpt:

<i>Location(s):</i>	Quillen Fertility and Women's Services
<i>Instructor(s):</i>	Norman Assad, MD
<i>Responsible Faculty:</i>	Norman Assad, MD 439-7246 assadn@etsu.edu
<i>Goal:</i>	To introduce students to the subspecialty of Reproductive Endocrinology and to teach them to apply the pathology to the clinical management of the patient.
<i>Objectives:</i>	<p><i>At the conclusion of this rotation, the student should be able to:</i></p> <ul style="list-style-type: none"> • Describe the common conditions causing infertility including ovulation disorders, endometriosis and tubal disease. (QCOM Objective: 1a, b, c) • Assess and work up of the infertile couple and learn protocol based approach to fertility treatment. (QCOM Objective: 1 d, f and 2b,c) • Describe the various medical and surgical treatments of infertility including basic evaluation of the pathology, correction of pathologic conditions, basic and advanced fertility treatment.(QCOM Objective 1b,f and 2 d)

	<ul style="list-style-type: none"> • Utilize conservative surgical management in reproductive age women. (QCOM Objective 2 b, c, d and f) • Employ pharmacologic management in the care of infertile couple (QCOM Objective 1d,g and 2b and 4b)
Course Outline:	The student will work directly with attending as well as the resident on the service. The division is active in operative endoscopy (laparoscopy and hysteroscopy) for conditions such as endometriosis, pelvic pain, fibroids, dysfunctional uterine bleeding, etc. Fertility treatment (in vitro fertilization), and reproductive endocrinology (hirsutism, amenorrhea, the menopause, etc.).The student will spend time in a private office setting seeing patients with an attending, scrub on surgical cases, and participate in the care of the patients and consultation. The student will have the opportunity to spend time in the IVF lab observing the embryologist identify and prepare sperm and oocytes for IVF, cryopreservation techniques.

Committee reviewed the course description including goals and objectives; on a motion by Dr. Monaco and seconded by Dr. McGowen, this offering was approved as submitted.

2. Action Plan in response to LCME DETERMINATIONS REGARDING COMPLIANCE WITH (ED) ACCREDITATION STANDARDS – Areas in Noncompliance:

- Report to LCME due by August 15, 2012
- Outcomes to be implemented next academic year, 2012-2013

For each standard, an Action Grid drafted by Dr. Olive outlined the following:

TASKS (Steps that will lead to the desired outcome)	INDIVIDUAL(S)/GROUP(S) RESPONSIBLE	INDICATORS THAT THE SPECIFIC TASK HAS BEEN ACCOMPLISHED	EXPECTED DATE OF ACCOMPLISHMENT OF THE TASK	DESIRED OUTCOME(S) THAT ILLUSTRATE COMPLIANCE WITH THE STANDARD
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STANDARD: ED – 1 The faculty of an institution that offers a medical education program must define the objectives of its program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.

FINDING: The College of Medicine has established competency-based commencement objectives that are stated in outcome-based terms. Course and clerkship directors, however, do not systematically use these in development of goals and objectives for all individual courses or clerkships.

MSEC discussion and plan in regard to “systematically using College of Medicine (QCOM) commencement objectives in development of goals and objectives for all individual courses and clerkships” included:

- Communicating with course directors about what needs to be accomplished; taking into consideration their current content and goals and objectives
- Determining by course which of the commencement objective competencies apply
- Combining MSEC direction and course directors’ input to develop goals and objectives that are based on the QCOM commencement objectives; determining where individual objectives are addressed or where they may need to be added, plus linking assessment methods to them
- Developing a session for faculty that will provide a better understanding of the process and assist them with writing and implementing competency-based objectives
- Increasing focus on students’ attitudes and behaviors at all levels; incorporating more than knowledge in basic science courses as appropriate
- Looking at other schools’ methods of documenting competencies – where taught, how taught, how measured

Action: *Motion by Dr. Blackwelder and seconded by Dr. Monaco to require that all course and clerkship directors will structure course goals and objectives to reflect QCOM commencement objectives.*

[Will insert link to] **Action grid:** Approach was approved by the committee; will be updated to include a faculty workshop and a slightly delayed timeline in the process of achieving outcomes that will illustrate compliance with the standard:

1. All courses and clerkships have goals and objectives consistent with QCOM commencement objectives.
2. All QCOM commencement objectives will be covered in the curriculum.
3. Assessment methods for all commencement objectives will have been defined.

STANDARD: ED – 13 The curriculum of a medical education program must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

FINDING: The absence of a structured curriculum in rehabilitative care has resulted in an unsatisfactory student learning experience in that area.

MSEC discussion and plan included:

- Using the term “rehabilitative” as part of increasing students’ awareness that this type of care and associated therapies are already integrated into the curriculum (although it was not reflected in the responses on past Graduation Questionnaires – GQ)
- Realizing the opportunities Family Medicine and other clinical departments provide
- Researching established rehabilitation programs / curricula and identifying resources
- Continuing to add content and experiences from M1 (e.g., COL) through clinical years

Action: *Examples of rehabilitation curricula have been and will be collected; MSEC and EAD will appoint a committee to propose a rehabilitation curriculum and report back to MSEC.*

[Will insert link to] **Action grid:** Committee approved the process designed to achieve the outcomes that will illustrate compliance with the standard:

1. Revised rehabilitation curriculum is implemented
2. Student evaluations suggest effectiveness
3. Graduation Questionnaire results improve

STANDARD: ED-32 A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship rotation whenever teacher-student interaction permits this form of assessment.

FINDING: Narrative descriptions of student performance are not submitted as a component of final assessment in all pre-clinical courses in which student-teacher interactions permit this opportunity.

MSEC discussion and plan included:

- Recalling the “blue sheet” narrative evaluations done in the past; the work required and opinion they were not used effectively by the students or the administration
- Considering each M1 & M2 course in regard to whether there is enough student interaction to permit appropriate and systematic narrative feedback
- Formatting the evaluations to be concise; narrating what students did well, what they could improve upon
- Defining a reporting mechanism as the next step (using New Innovations to report narrative assessments would facilitate student access to this information)

Action: *Defined pre-clinical courses in which teacher-student interaction permits this form of assessment; on a motion by Dr. Monaco and seconded by Dr. McGowen, the committee approved a list of courses:*

M1 – Medical Human Gross Anatomy & Embryology, Introduction to Physical Exam, Case Oriented Learning & Rural Case Oriented Learning, Communication Skills for Health Professionals and Profession of Medicine (possibly in the future, Cellular and Molecular Medicine)

M2 – Medical Microbiology, Practice of Medicine and Practice of Rural Medicine

[Will insert link to] **Action grid:** Committee reviewed the process designed to achieve the outcomes that will illustrate compliance with the standard:

1. Narrative descriptions of student performance will be part of final course assessment.
2. Narrative descriptions will be available to students.

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.

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.

- Dr. Olive is requesting guidance from LCME secretary, Dr. Barbara Barzansky on how to best respond to the findings for ED – 33 & 35
- Action Grids for these standards are forthcoming

MSEC discussion to be continued; suggestions on these two related standards regarded:

- Setting up an MSEC review schedule for all courses and clerkships; possibly having separate meetings for this purpose
- Determining how often to evaluate – annually, every two ..or four years
- Determining how to evaluate; defining types of reviews and when each would occur
 - “Major” review could involve an (external) team of faculty and students, could include faculty attending lectures / activities in others’ courses
 - “Interim” review could include course directors’ presentations to MSEC &/or submission of a re-instated Annual Course / Clerkship Review form
 - “Trigger” review as often and as in-depth as needed based on various factors, e.g., student evaluations, NBME scores, changes in director / faculty, changes in curriculum
- Expanding list of course review items including clinical emphasis and fit within the curriculum as a whole
- Making reviews more rigorous
- Planning for review of electives
- Defining autonomy of course directors / purview of MSEC, i.e., what decisions are reasonable for course directors to make without MSEC input and what decisions should require MSEC approval
- Continuing to look at changes for M2 curriculum (subcommittee is still in place)
- Seeking student feedback in regard to whether objectives have been met
- Again, planning for faculty development

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

Proposed Senior Selective: OB/GYN – Reproductive Endocrinology Infertility (REI)

LCME Findings Analysis

Draft LCME-specified Action Grids ("include action steps - specific tasks - that will lead to the desired outcome") for ED – 1, 2, 13, 30, 32 & 46

4. Announcements

There will be another called meeting on March 20.

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

5. Adjournment

The meeting adjourned at 5:55 p.m.