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Medical Student Education Committee Minutes

4-10-2012

2012 April 10 - 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
April 10, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, April 10, 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
Jessica White, M2

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

Howard Herrell, MD
Tom Kwasigroch, PhD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 4-3-12 meeting were approved as edited.

2. 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.

MSEC finalized and approved the structure and process for implementing a systematic and comprehensive review of all required course/clerkships/selectives and the curriculum as a whole.

- MSEC will establish two standing subcommittees for curricular review, comprised of 3-4 faculty members and students that will report to MSEC
 - Year 1/2 committee will review courses from the first two years of the curriculum
 - Year 3/4 committee will review courses from the last two years of the curriculum
- An annual report will be submitted to a subcommittee by the director following delivery of each required course or clerkship
- A comprehensive review of each required course/clerkship/selective will be conducted every three years (according to a schedule that has been drafted, but may be modified by the subcommittee); in addition:
 - MSEC may require a comprehensive review sooner than every three years based on a variety of factors including, but not limited to: issues identified in annual reports, student evaluations, NBME scores, changes in faculty, changes in curriculum

- Comprehensive review may be conducted by members of the subcommittee itself or by other appropriate faculty and students appointed by the subcommittee
- Review team should consist of at least one faculty member (not a key course faculty member) and one student
- Course director will be involved, but will not be a member of the review team
- Review of the curriculum as a whole will follow the three year cycle of review; this review will include appropriateness of sequencing, content, integration, omissions & redundancies

Finalization of this procedure included an in-depth discussion, plus some revision and subsequent approval of the Comprehensive Review format and the Annual Course Report and Annual Clerkship Report forms.

➤ **Comprehensive Review format**

Derived from Goldman et al. Acad Med 2012;87:300-307, it has seven major categories; multiple questions in each category are to be addressed as appropriate to the course/clerkship/selective:

1. Information from prior reviews
2. Course administration
3. Course content
4. Methods of teaching (pedagogy)
5. Quality of teaching
6. Assessment
7. Course self-study summary

- Reviews will be reported to each subcommittee
- Summaries indicating that the review occurred along with recommendations and any needed follow-up will be reported to MSEC
- MSEC will review reports; action items will be scheduled and revisited to ensure effective implementation
- Summaries of reports will be given to the Administrative Council by the Executive Associate Dean for Academic and Faculty Affairs; also to the faculty by the chair of MSEC

Additional discussion about the comprehensive review regarded:

- Setting a high standard; challenge of completing a review at this level the first time (easier, the next)
- Review process encouraging faculty focus, learning and reflection that can lead to new perspectives and new ideas for changes and improvements in courses
- Various applicability of review questions within the seven major categories depending on the course; director explaining why, if not applicable
- Need to address student concerns as part of the course self-study summary
- Anticipation of guidance from LCME Principal Secretaries and possibility of beginning first major review in July 2012

➤ Annual Course Report and Annual Clerkship Report forms

Review questions cover the following areas:

1. Goals & objectives
2. Topics covered
3. How objectives and instructions are disseminated to students and faculty
4. Strengths and weaknesses; how weaknesses are addressed
5. Efforts toward discipline or clinical, basic science integration
6. Which active learning approaches are incorporated + percentage of time spent on them
7. Number of instructors who participate in each teaching method
8. How it is ascertained that faculty are employing good teaching practices
9. Whether the director or a designated peer reviewed the teaching ability of any new instructor(s) or instructor(s) who received low ratings in student feedback; if a plan for improvement was discussed
10. Methods of assessment and whether they are graded or non-graded
11. Whether the NBME Subject exam or other comprehensive exam is used
12. Grade distribution
13. Identification of areas that would benefit from consultation or faculty development

Additional discussion about the annual reports regarded:

- Intention to keep the task from being too onerous and to make the form easier to complete by including checkbox choices
- Review of this information along with student feedback from course evaluations
- NBME Comprehensive Basic Science Examination (CBSE)
- Availability of a glossary; [MedBiquitous](#) and technology standards for healthcare education and competence assessment

As a pilot for this review process, MSEC will ask course directors to submit an annual report for their 2011- 2012 courses.

Process flow charts will be created.

The MSEC plan for systematic and comprehensive review was felt to be an outcome that demonstrates compliance with standard ED-35; documents updated with today's approved revisions will be submitted at the April 24 meeting.

3. 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.

Discussion regarded:

- Review *and approval* of the ED–33 Action Grid submitted by Dr. Olive
- Academic Affairs staff's work in progress to propose year-specific developmental milestones for each of the modified Commencement Objectives, which will then be submitted to MSEC for further refinement
- Email sent earlier today from Dr. Olive, Cindy Lybrand and Cathy Peeples to course/clerkship directors with an update regarding LCME requirements for curricular mapping
 - 1) When the milestones have been modified and approved by MSEC, all courses, clerkships and selectives will be required to re-write their course objectives to align with the modified Commencement Objectives
 - 2) Faculty development workshops to assist with this process will be held next month in the Academic Affairs Conference Room (all course, clerkship and selective directors will be required to attend at least one session):
 - Tuesday, May 8 – 2:30 pm-4:30 pm
 - Tuesday, May 15 – 2:30 pm-4:30 pm
 - Thursday, May 17 – 10:00 am-12:00 pm
 - Wednesday, May 30 – 2:30 pm-4:30 pm

4. STANDARD: ED–46 – A medical education program must collect and use a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which its educational objectives are being met.

FINDING: The college of medicine collects a variety of educational program outcome data. These data have not systematically been used to evaluate the extent to which commencement objectives are being met.

Initial discussion on this standard included:

- Review of an example of how to assess and document student competence; each student's progress is tracked using a wide range of indicators – Some of the measurements occur within a course/clerkship, others are assessed with national exams

Domains of Competence >> (General competency)	Competencies >> (Educational program objectives)	Outcome Measure(s) (Specific tools that will be used to monitor growth in each competency)
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- Dr. McGowen chairing a committee to develop how Quillen will organize and track this correlation between competencies/objectives and outcome data
- Continued debate on potential benefits of providing / students taking the NBME Comprehensive Basic Science Examination (CBSE) – as an outcome measure, as a pre-test for USMLE Step 1; *Cathy will find out more about the exam, including what is reported back to the institution and how quickly*
- Need for metrics to be set for the various data
- Balance of what data is collected against what is needed to accomplish this standard
- Data being used to evaluate the extent to which commencement objectives are being met and for overall program effectiveness and improvement

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

Updated Action Grids for ED–33, 35 & 46

Dr. Olive’s outline of ED–35 discussion, including proposed review guidelines, 4-3-12

[ED-35] Draft revisions of Annual Course & Annual Clerkship Evaluation forms

[ED-33] QCOM Commencement Objectives, approved 4-3-12

[ED-46] Example: Assessing Student Competence (from University of Minnesota)

4. Announcements

There will be a called meeting on Tuesday, April 24.

The next regularly scheduled meeting will be on May 1, 2012.

5. Adjournment

The meeting adjourned at 6:06 p.m.