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6-12-2012

2012 June 12 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee, East Tennessee State University, "2012 June 12 - Medical Student Education Committee Minutes" (2012). *Medical Student Education Committee Minutes*. 30.
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**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
June 12, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, June 12, 2012 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ken Olive, MD
Caroline Abercrombie, MD
Rich Feit, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD

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

Tom Ecay, PhD
Joe Florence, MD
Howard Herrell, MD
Theresa Lura, MD
Cindy Lybrand, MEd
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 5-15-12 meeting were approved as distributed.

2. Topics

a. Report – New Nutrition in Medicine Elective, Spring 2012 – Dr. Tom Ecay

Course faculty:

Tom Ecay PhD – Course director; Professor, Biomedical Sciences/Physiology

Michelle Lee, PhD – Instructor and licensed dietitian; Assistant Professor and Dietetic Internship Director, Allied Health Sciences in Nutrition and Dietetics

Additional clinical faculty participated as appropriate for each session topic:

Bhuvana Guha, MD & Charles Stuart, MD – Internal Medicine

Karen Schetzina, MD MPH – Pediatrics

James Thigpen, PharmD – Gatton College of Pharmacy, Pharmacy Practice

Course Objectives (approved by MSEC in January 2012); *at the conclusion of this course the student will be able to:*

1. Explain the role of different health care professionals in the nutritional management of medical problems
2. Apply nutritional strategies to treat and prevent common medical problems
3. Discuss the role of nutrition in management of obesity
4. Use nutritional supplements appropriately in clinical settings

| Topics | Cases |
|--------------------------------|---|
| Basic Nutrition and Assessment | What is a healthy diet? How to perform a nutritional assessment |
| Hypertension and CVD | Hypertension and lifestyle modification Disorders of lipid metabolism Malnutrition and depression |
| Cancer and nutritional support | Esophageal cancer and enteral feeding Colon cancer and parenteral feeding |
| Adult nutrition | Type 2 diabetes mellitus Obesity and metabolic syndrome |
| Adolescent nutrition | Obesity and metabolic syndrome in children Children with insulin resistance |
| Infant and maternal nutrition | Encouraging breastfeeding Iron deficient anemia in women |

Instructional materials: Online modules hosted by the UNC-Chapel Hill Nutrition in Medicine website (<http://www.nutritioninmedicine.net/>) & case histories developed by course staff from *Medical Nutrition and Disease: A Case-Based Approach* (4th Ed., 2009) by Hack and Morrison

Instructional methods: Six class meetings were held February 29 – May 2, 2012. Assignment of two to four online modules to be completed in preparation for in-class discussion of two or three nutrition-related patient cases; clinical experts and a nutritionist facilitated in-class discussions

Assessment: Grading – Pass/Fail; completing all assigned online modules and attending a minimum of 5 of 6 class meetings were required for a passing grade; 25 students completed the course (15 M2 and 10 M1)

Excerpts from Student Evaluation of Course:

Best learning experience in the course:

- 48% insights from clinical experts
- 36% online modules
- 16% case discussions

I would recommend course to M1/M2 students: 80% Yes / Best time for taking this course: 68% Spring M1

Overall evaluation of course:

- 20% Excellent
- 56% Good
- 20% Satisfactory
- 4% Marginal

Discussion regarded:

- UNC nutrition modules - the varying lengths and self-assessment feature (which MSEC may consider for factoring into grade); also, the need to supplement what little is presented regarding motivational interviewing skills
- Other nutrition topics that could be covered, e.g., nutritional assessment and deficiencies, sports nutrition
- Identification of existing nutrition-related content in M1–M4 and potential for expanding and integrating that content possibly using online modules and clinical cases
- Course strengths, weaknesses and recommendations for improvement cited by students
- Possible changes for next M1/M2 offering and development of an M3/M4 elective that has more focus on patient care
- Move toward a required nutrition curriculum component, possibly interdisciplinary
 - *Dr. Olive & Dr. Ecay will consider ideas of how this could be accomplished and bring back to MSEC*
 - *MSEC decided next year's iteration of the course will remain elective*

b. Synopsis – New Cadaver Cases / Presentations, 2011-2012 – Dr. Monaco

Developed by James Denham, MD; began during the gross anatomy course, then was administered and completion required as part of Case Oriented Learning.

From assignment – *“The ability to treat patients is not acquired from one class, but rather from a compilation of knowledge and skills that begins across the four years of the medical school curriculum and will continue throughout your career. The Cadaver Case Presentation Assignment (CCPA) is a longitudinal learning opportunity; it will allow you to utilize the basic science knowledge you gain during this year starting with the first patient you encounter, the cadaver.”*

After any abnormal findings were observed and recorded, student groups were to formulate a possible cause of death or a major disease from which their first patient may have suffered. In this context, the groups were to determine learning objectives to be considered as they continued through biochemistry, histology and physiology. In addition to biologic issues, groups could choose to address aspects such as treatment options and clinical management, or behavioral, cultural or psychosocial issues.

At the end of Spring semester, groups gave presentations to faculty and students. During the presentations, students noted and turned in 3 positives and 3 negatives regarding the project. In general, they expressed that this was a beneficial teamwork experience and an effective way to integrate material and learn.

Some of the items discussed by the committee that will be considered by Drs. Denham and Monaco in preparation for next year's M1s included:

- Having more faculty guidance / mentoring and monitoring of each group's progress
- Involving additional basic science faculty to increase the integration across courses
- Encouraging more faculty to attend the presentations
- Making some logistical changes in the presentation sessions
- Helping students improve their PowerPoints
- Carrying this concept forward into M2 and beyond

c. Brief Update – Profession of Medicine – Dr. Lura; discussions regarding course / M1 have been taking place among Drs. McGowen, Monaco & Lura

- Plan to keep the introductory sessions and Community Agency Fair in the Fall semester, but realization some other material/sessions would be more appropriate if moved from Fall to Spring
- Intention to provide more small group activities with content possibly coordinated with Case Oriented Learning
- Possible change in credit hours from 3 & 3 to 2 for Fall and 4 for Spring
- Idea of "Doctoring" course that would span the first two years

d. Follow up [ED-38] Duty Hours [Report](#) [[Policy](#), rev. June 2011]

Every period students' evaluations of clerkships are reviewed by a Medical Education coordinator and compliance with the work hour policy is reported to clerkship directors and coordinators; this information will be reported to MSEC each semester.

Self-reported data was made available and reviewed by the committee for the item: "During this rotation, my time in the hospital/clinic was less than 80 hours per week." Data showed near total compliance with the policy; monitoring will continue.

e. Follow up [ED-30] Clerkship Evaluation Submission Monitoring Process & [Report](#)

Three weeks after the conclusion of the clerkship period, status of composite assessments in New Innovations will be checked by a Medical Education coordinator. Those programs that have not yet submitted their composites / grades by this deadline will be notified that they are out of compliance with LCME standards and will be monitored for timeliness; results of the monitoring will be reported by Dr. Olive at the monthly chairs meeting.

Data submitted for committee review confirmed that turnaround time for these summative assessments is improving for all clinical departments.

f. Post-Consultation Visit with Dr. Barbara Barzansky and Dr. Dan Hunt

Discussion regarded:

- Clear establishment of MSEC's authority and ways to improve its effectiveness
- MSEC coordination of LCME standards
- Recent work that has put pieces in place for going forward with a system to control and integrate the curriculum
- Staff needed to support curriculum management goals
- Potential impetus for integration as a result of merging the five basic science departments into the Department of Biomedical Sciences; Dr. Ordway's support of the process
- Role of clinical department chairs; compensation for clinicians' time spent teaching

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

[ED-35] Director's Report: First offering of Nutrition in Medicine Elective, Spring 2012

[ED-30] Jr. Clerkship - New Innovations - Evaluation Submission Monitoring Process & Report

[ED-38] Report: Clerkship Work Hours (data from Student Evaluation of Clerkship, Period 2, 2010 – Period 6, 2012)

[ED-46] Example: Milestone Exams (from University of Minnesota)

4. Announcements

The next two meetings are scheduled for June 26 & July 10, 2012.

MSEC will meet every two weeks; schedule to be determined and disseminated later this month.

5. Adjournment

The meeting adjourned at 5:50 p.m.