10-2-2012

# 2012 October 2 - Medical Student Education Committee Retreat Minutes

Medical Student Education Committee, East Tennessee State University

**QUILLEN COLLEGE OF MEDICINE**
**Medical Student Education Committee**
**MSEC Retreat**
**Minutes**
**October 2, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, October 2, 2012 at 11:30 a.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

| **Voting Members Present:** | **Ex officio / Non-Voting Members Present:** |
|---|---|
| Ken Olive, MD | Joe Florence, MD |
| Caroline Abercrombie, MD | Tom Kwasigroch, PhD |
| Reid Blackwelder, MD | Theresa Lura, MD |
| Rich Feit, MD | Cindy Lybrand, MEd |
| Howard Herrell, MD | Cathy Peeples, MPH |
| Dave Johnson, PhD | Sharon Smith |
| Ramsey McGowen, PhD | Lisa Myers, BA |
| Paul Monaco, PhD | |
| Jessica White, M3 | |
| Rebekah Rollston, M1 | |

## 1. List of Clinical Presentations

ACTIONS:
*Last week, Drs. Abercrombie, Blackwelder, Feit, Herrell, McGowen and Olive; also Ms. Lybrand and Ms. Peeples met to continue work on this list of symptoms / abnormalities / disorders / other.*

*<u>Today</u>, MSEC reviewed and provided input regarding their draft of 59 headings, a partial list of subheadings and the following (excerpted) preface:*

"This list is not intended to be limiting or all inclusive. It is being developed to serve as an organizing tool for focus, structure and delivery of curricular content. The presentations are broad in scope from which a differential (list of most common causes &/or possibilities) can be identified. This establishes a framework from which a most likely diagnosis can be determined."

<u>Discussion topics included</u>:

- Presentations' relevance and utility – usefulness in illustrating basic science points and addressing important topics across the curriculum; also, for mapping curriculum session data
- Use of and approach to presentations from different perspectives – patient, but also family, clinic, community and national
- Various subheadings, including those under Health Maintenance and School Problems

ACTIONS:
*7-24-12, MSEC approved using a list of presentations as an organizing curricular concept.*

*<u>Today</u>, on a motion by Dr. Herrell and seconded by Dr. Blackwelder the committee approved the list in its current stage of development.*

*- To be used as a curricular integration tool for teaching, the list was given the title: Curricular Integration Framework (CIF)*

*- A meeting of the ad hoc group will be scheduled to further consider the subheadings; Dr. Florence will also attend.*

## 2. Cross-Cutting Themes &/or Threads

- **Nutrition [*New M1&2 Elective*]**
- Evidence-based medicine
- Behavioral health
- Communication skills
- Cultural and diversity awareness
- Ethics
- Geriatrics
- Integrative medicine
- Pain management
- Palliative care
- Public health
- Socio-economic dynamics
- Domestic violence

ACTION:
*8-2-11, MSEC most recently revisited the strategic model developed at the University of New Mexico SOM regarding these curricular components, which members agreed were relevant across all four years. Regarding topics known to have less than comprehensive coverage, a review of the curriculum, beginning with nutrition, was initiated; also, a nutrition ad hoc committee appointed.*

*<u>Today</u>, members cited the example of the Nutrition elective now being offered and concurred in regard to the importance of these topics and continuing to collect this data for mapping, identification of gaps and development of methods to deliver the content.*

## 3. Implementation Plan for Curricular Integration Framework (CIF) & Threads

- Developing longitudinal use / delivery
- Building on existing curricular components
  M1: Anatomy – Cadaver Cases
  M1: Case Oriented Learning
  M1: Communication Skills for Health Professionals
  M1: Intro to Physical Exam Skills
  M1: Profession of Medicine
  M2: Practice of Medicine
  M2: Integrated Grand Rounds (IGR)

MSEC reviewed M1&2 student feedback regarding the 8-2-12 IGR "Case of Foot Pain."

Students' ratings were very positive for the following survey items, plus they submitted comments and suggestions:

1) This is an effective way to integrate information across the basic sciences disciplines.
2) This is an effective way to introduce clinical application into the basic science part of the curriculum.
3) This activity helped develop my skills in clinical reasoning and problem solving.

<u>Discussion regarding implementation included</u>:

- Various methods of clinical correlation basic science faculty / courses are currently using
- "Presentations" and "threads" being two of the session/event mapping fields to be populated
- Emphasis on medical reasoning and differential diagnoses as a part of using clinical cases
- Ways in which the CIF concept is likely to expand as we move forward, including involvement of more clinicians, the writing of cases and development of learning objectives and exam questions
- Strategies for rolling out CIF to all faculty and requesting feedback regarding it

ACTION:
*MSEC will work with course directors to fully identify the correlation methods already in place and, incorporating the presentations & diagnoses from the CIF, seek ways to build on the existing methods or use others; also to determine what assistance basic science teaching faculty may need.*

**Breakout Session 1** [~1 hour]

| **Working Group A** | **Working Group B** |
|---|---|
| Caroline Abercrombie<br>Reid Blackwelder<br>Howard Herrell<br>Ramsey McGowen<br>Jessica White<br>Cindy Lybrand<br>Sharon Smith<br><br>X Tom Kwasigroch (arrived 2:15 pm) | Rich Feit<br>Joe Florence<br>Dave Johnson<br>Theresa Lura<br>Paul Monaco<br>Ken Olive<br>Rebekah Rollston<br>Lisa Myers<br>Cathy Peeples |

Task:

- Again review headings from Curricular Integration Framework (CIF) list.
- Select two presentation categories and develop a clinical vignette / case from each that could be incorporated into two or more courses in one or more years of the curriculum.
- Further discuss how the CIF concept could build on and expand what we are already doing.
- Suggest ideas for how to provide more clinical integration.
- Recommend steps for implementation.

Working groups' session summaries / committee discussion regarded:

- Presentations / cases selected:
  1) Abnormal Glucose, Serum (Diabetes Mellitus) [Dr. Florence]
  2) Chest Pain [Dr. Feit]
  3) Fatigue (Alcoholism) [Dr. Olive]
  4) Failure to Thrive – Pediatric [Dr. Herrell]
  5) Fatigue (Hyperthyroidism) [Dr. Herrell]

- Multitude of factors to be considered when writing cases and brief outlines of what was developed so far for each case, leading to the following case template:

| |
|---|
| Case / Patient Name:<br>CIF Item Number:<br>Presenting Chief Complaint:<br>Presenting Symptoms:<br>Primary:<br>Secondary:<br>Pertinent Physical Exam Findings:<br>Labs / Tests / Radiology:<br>Broad Differential List:<br>Courses where could be used/continued [with potential integration components / examples]:<br>M3 Clerkships [longitudinal]:<br>Test Questions: |

- Effectively illustrating clinical application of basic science knowledge across all disciplines; combined effort of clinical and basic science faculty
- Goal of developing a library of vignettes / cases with corresponding exam questions
- Benefits of clinical relevance in piquing students' interest and aiding learning and retention
- MSEC's implementation of CIF; also, use of CIF in curriculum mapping and management

ACTION:
*Cases are to be fleshed out by individual clinicians (as noted with the cases above) and brought back to MSEC for approval at the 10/16 meeting in advance of the CIF concept, list and cases being presented to all M1&2 course directors.* [Next Quarterly Course Director Meeting will be on 10/30.]

**4. Instrument for Reporting Professionalism Incidents**

ACTION:
*The committee responded to the need to 1) formalize a process enabling faculty, staff or students to document an incident or trend of student unprofessional or unethical behavior, and 2) measure institutional success in accomplishing Quillen's Professionalism Commencement Objectives.*

The eight objectives in professionalism are outlined under "Students will demonstrate the behaviors befitting an ethical professional at all times." Institutional Outcome Measures' benchmarks:

<20% of students will receive professionalism incident reports in years 1 & 2
<10% of students will receive professionalism incident reports in years 3 & 4

Members reviewed, critiqued and compared two examples of report forms from other schools.

Discussion regarded:

- Better communication of Quillen's professionalism standards, expectations and culture
- Student support for a reporting mechanism
- Submitter signing report form, i.e., reports will *not* be anonymous
- Using discretion applied to incidents ranging from an official report not being necessary to "zero tolerance" ones or patterns of behavior that should always be reported
- Report as part of professionalism education; faculty narratives and student self-assessment also contributing to this; preparing for real world of being a doctor with licensure boards, etc.

The committee also reviewed LCME / AAMC data re professionalism in the curriculum:

Assessment of Professional Behavior – Methods Used in U.S. Medical Schools

Longitudinal Assessment of Professionalism – 125 Schools (95%) responded "Yes" to the question, "Is student professionalism assessed longitudinally throughout the curriculum (in at least three years of the curriculum)?"

Professionalism as Explicit Component of Student Grade – Number of U.S. Medical Schools where Student Professional Behavior/Professionalism is Part of Final Grade for Various Required Educational Experiences

ACTION:
*MSEC decided on the basic format of a Professionalism Report form – to include a breakdown of categories of professionalism behaviors – and procedures to be followed, including that the form will be submitted to Dr. Kwasigroch (Associate Dean of Student Affairs).*
*Academic Affairs administrators will prepare a draft, subject to approval at the 10/16 meeting, before it is distributed for further feedback.*

**5. Information Item –** Excerpt from proposal to the Dean for a new Technical Clerk staff position and possibly a second position at a later date.

Outline of Academic Affairs staff service, roles and responsibilities 2003 – 2012, under suggested name of "Office of Medical Education (OME)," included:

- 214% Increase in support of faculty [7 to 22]
- 300% Increase in course delivery [6 to 24] with expanded staff role

- New Courses / Clerkships
- Student enrollment increase, other changes and multiple online systems impacting student assessment and course evaluations
- Greatly increased administrative staff operations in data collection, analysis and reporting, plus more demanding role in MSEC and support of MSEC, including standing subcommittees

**6. Curriculum Management**

Proposed session / event data mapping fields:

1. Title of Session / Event
2. Hours per event: session / event = 1 hour
3. Main Content Topic #1
4. Main Content Topic #2
5. Main Content Topic #3
6. Main Content Topic #4
7. CIF – Presentation / Disease / Condition
8. Thread
9. Depth of Coverage*
10. Domain (Knowledge, Skills & Attitudes)
11. Session / Event Keywords
12. Session / Event Objective(s)
13. Session / Event Milestone(s)
14. Instructional Method(s)
15. Assessment Method(s)
16. LCME Topic
17. LCME Topic Depth*
18. LCME Standard
19. Clinical Patient / Procedure Logs

*Depth of coverage = Basic [B], Intermediate [I], Advanced [A]
or LCME Topic Depth = Minimal (1), Some Detail (2), Extensive (3)

MSEC reviewed the list of fields which has been in development as the next step in data collection; also, an alphabetical list of topics, content and skills compiled from the AAMC/LCME Annual Questionnaire, AAMC Graduation Questionnaire (GQ) and LCME ED Standards.

Discussion points included:

- Information from and discussion with multiple peer institutions
- Quillen's existing data not being in one place
- Ongoing collaboration with New Innovations to create and customize a mapping / management system for Quillen
- Need for data to be entered and tagged on the front end in a way that will result in the ability to produce desired reports, internal or mandatory, and be designed to allow uploads, e.g., to our LCME accreditation standards database or to the AAMC Curriculum Inventory Portal (attention to all questions a curriculum management system should be able to answer)
- Learning vs. teaching; determining whether objectives are being achieved using student assessment and program evaluation

ACTION:
*With earlier approval of the CIF, it was agreed that all pertinent fields have been identified and that preparations will be made to take this to all course directors after beta testing in M1 Cellular & Molecular Medicine, M2 Immunology & M3 OB/GYN.*

**7. Information Item – Milestones / Competencies: Awareness of National Standards / Use**

MSEC reviewed AAMC documents:

1) Regional Group on Educational Affairs Focus Group Questions re Competencies beginning with: Have you begun to set up milestones and competencies in your curriculum and how are you (or do you plan to) linking them in your curriculum?

2) Draft Taxonomy for Mapping Competency Based Learning and Assessment =
Domains of Competency – Competency – Performance level – Content/focus areas

3) Proposed Glossary of Competency-Based Education Terms ("Glossary of terms used in competency-based education for healthcare professionals, with the goal of standardizing the language...")

Discussion regarded Quillen's approach to using our Milestones as curriculum guides toward accomplishment of the Commencement Objectives, i.e., they are not assessed at the student level.

**8. [ED-13] – Review of existing curricular content related to rehabilitation**

[LCME finding of noncompliance: The absence of a structured curriculum in rehabilitative care has resulted in an unsatisfactory student learning experience in that area.]

MSEC reviewed the "Rehabilitation in the Curriculum" appendix table from the Quillen College of Medicine Action Plan 2012 that had been updated by Academic Affairs staff and course directors to include many M1-4 instances = course + topic(s) omitted in the original 2011 LCME database.

ACTION:
*MSEC decided that asking the standing M1/2 and M3/4 subcommittees to further review rehabilitation in the curriculum would be preferable to appointing an ad hoc committee. It was felt that this initial task, separate from the subcommittees' upcoming role in the Periodic and Comprehensive Review of Curriculum, will give them experience working together.*

*Dr. Olive will charge subcommittees with reviewing the relevant information from 1) the Quillen College of Medicine Action Plan 2012, including this table of current rehabilitation content, 2) the ED-13 Action Grid and 3) GQ 2012 and making recommendations for changes necessary to result in a satisfactory student learning experience in this area.*

*Timeline from Action Grid: The committees are to meet this Fall and make recommendations to MSEC in time to possibly implement any changes next semester, Spring 2013.*

## 9. LCME Action Grids

**Breakout Session 2** [1-2 hours]

| **Working Group A** | **Working Group B** |
|---|---|
| ED – 1, 2, 32, 35 & 46 | ED – 13, 30, 33, 37 & 38 |
| Caroline Abercrombie<br>Howard Herrell<br>Tom Kwasigroch<br>Ramsey McGowen<br>Jessica White<br>Cindy Lybrand<br>Sharon Smith<br><br>X Reid Blackwelder (temporarily absent from meeting) | Rich Feit<br>Joe Florence<br>Dave Johnson<br>Theresa Lura<br>Paul Monaco<br>Ken Olive<br>Lisa Myers<br>Cathy Peeples<br><br>X Rebekah Rollston (had to leave for the day) |

Task:

- Closely review our current LCME ED Standards Action Grids
  – Noncompliance, ED – 1, 13, 32, 33, 35 & 46
  – In compliance with need for monitoring, ED – 2, 30, 37 & 38
- Determine our progress – reconfirm if and how we are doing what we want to do, if we are where we want to be at this point and whether projected tasks, outcomes and dates look reasonable
- Take note of the actions in the recently added "To Do" column
- Compile list of questions, comments &/or suggestions

<u>Working groups' session summaries / committee discussion covered the standards one by one and focused on</u>:

- [ED-1] Imminent gathering of M4 Selectives' objectives, identification of gaps and what to do about them
- [ED-2] System and process for recording and monitoring required clinical experiences being firmly in place using New Innovations
- [ED-13] Plan for reviewing existing content in rehabilitative care as determined earlier, plus suggestions for seeking additional expertise in this field and student input re instruction
- [ED-30] Continued vast improvement in compliance with clerkship assessment submission deadlines now being monitored and regularly reported, including to MSEC
- [ED-32] M1-4, longitudinal use of narrative descriptions of student performance
  - Probable use of New Innovations portfolio feature and need for faculty development
  - Process of self-assessment and faculty response advancing students' personal development and ownership of their medical education

- [ED-33] Continuing to lay the groundwork for curricular mapping (like approval earlier of session data fields), product development with New Innovations and thinking ahead to how mapping will contribute to curriculum management and evolution
- [ED-35] Preparation for the first M1/2 Annual Course Review form to go to M2 course director Dr. Rob Schoborg now that the Immunology course has concluded and he has received the Student Evaluation of Course/Faculty report
- [ED-37] Monitoring curriculum *content* as a component of our future, searchable mapping system and its usefulness to administration and faculty for course / curriculum design, integration and program review
- [ED-38] Data from students' self-reporting on Student Evaluation of Clerkship forms regarding hours worked showing near total compliance with the Medical Student Duty Hours policy
- [ED-46] Work on additional specifics for the process of collecting and using outcome data
  - Sources for assessment data for the outcome measures / benchmarks used to evaluate the extent to which objectives of each domain are being met; sources discussed today = Professionalism Report and narrative assessments
  - Who, what, when & where of data flow, tracking, using and reporting
  - ACTION: *Additional Outcomes Subcommittee meetings are being scheduled*

**10. Information Item – Required Clinical Procedures in New Innovations Case Logger**

MSEC reviewed the current list sorted by clinical department and including Quillen's graduation requirements.

Discussion regarded:

- Status of the Gynecologic Teaching Associates (GTA) program in regard to the number of GTAs

ACTION: *Dr. Olive will consult with Bill Linne, the Standardized Patient Coordinator*.

- Questions about the required skill "History & Physical - perform & *observed* by preceptor," including the inconsistency between the 100% completion record in the case logger and graduates not reporting the same on the GQ

ACTION: *Follow-up with clerkship directors is planned, also (action item from the 9-18-12 meeting) the proposed newly formatted graduation policy, to be called Required Clinical Procedures for QCOM Students, will be submitted to MSEC for review and approval at the 10/16 meeting.*

**11. Report: M1/M2 Course Directors' Recommendations to MSEC for Standards across Courses, 9-26-12**

MSEC reviewed the outline of opinions, recommendations and options regarding:

- All courses should have a uniform grading scale.
- All courses should have the same pass/fail numeric threshold.

- There should be a uniform policy on rounding of numeric grades.
- Courses should have similar policies for requiring remediation.
- There should be a uniform policy for use of “shelf” exams (when available).
- Courses should have a uniform policy on exam question rebuttal.
- There should be a uniform policy across courses on exam format & question composition (clinical vignettes, short answer, essay, new material, etc.).
- Attendance should be required for all course lectures.
- Attendance should be required for all small group sessions/meetings.
- “Appropriate” attire should be required by students attending school/course activities. (Dress code statement on appropriate / inappropriate attire)
- Professional attire should be required by students attending school/course activities. (Awareness of policy for this attire with any clinical patient encounter, real or simulated)
- There should be a standard format for PowerPoint presentations (to decrease hard to read slides / ADA requirements for color blind, etc.).
- All courses should have a uniform policy on having handouts (outline of material covered in lecture) for each session.

A spirited discussion followed in regard to grading scales and policy, also on exam rebuttal and remediation options *before it was unanimously decided to table this entire report until a future meeting.*

**Documents**

*Draft: Quillen List of Clinical Presentations*

*Information: Mapping Content - Topics & Skills [Sources – AAMC, LCME & GQ]*

*Report: Student feedback on Integrated Grand Rounds (IGR) session*

*Worksheet: Instructions for Clinical Presentations breakout session*

*Examples: Unprofessional Behavior Incident Reports*

*Information: Data from U.S. medical schools – Methods of Assessment of Professional Behavior & Professionalism as an Explicit Component of Student Grade*

*Proposal: To the Dean re Academic Affairs / Medical Education staff responsibility*

*Quillen Session / Event Mapping Fields*

*Information: Topics for 10-8-12 Curriculum Management Session with Terri Cameron, M.A., Director, Curriculum Management, AAMC*

*Information: Regional Group on Educational Affairs re milestones / competencies, taxonomy for mapping competency-based learning and assessment & glossary of competency-based education terms*

*Report: [ED-13] Rehabilitation in the Quillen Curriculum*

*Report: Updated procedures in New Innovations Case Logger*

*Report: M1/M2 Course Directors' Recommendations to MSEC for Standards across Courses*

*Quillen LCME ED Standards Action Grids*

*2012 AAMC Graduation Questionnaire*

**Announcements**

*The next MSEC meeting will be on October 16, 2012.*

**Adjournment**

On a motion by Dr. Feit and seconded by Dr. Abercrombie, the Retreat adjourned at 6:05 p.m.