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2012 October 16 - 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
October 16, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, October 16, 2012 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ken Olive, MD
Caroline Abercrombie, MD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jeremy Brooks, M2
Rebekah Rollston, M1

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

Tom Kwasigroch, PhD
Theresa Lura, MD
Cindy Lybrand, Med
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 9-4-12 & 9-18-12* meetings were approved as distributed.

*Milestone (gap) revisions table will be added before publishing.

2. Topics

a. Letter from LCME [Dr. Barbara Barzansky & Dr. Dan Hunt]

Dr. Olive

- LCME voted to accept the action plan and to schedule a limited (focused) survey visit within the next 12 months; the visit will review the areas currently out of compliance and those in compliance with a need for monitoring
- LCME noted during its discussion that while plans have been developed, relatively little progress in implementation has been made to date (pre-August 2012)
- LCME Secretariat will be in touch with us to discuss the timing of the visit; we will need to submit information to the survey team and to the Secretariat approximately six weeks prior to the visit
- We must remain focused on accomplishing our action plan

b. Required Clinical Procedures for QCOM Students

Graduation Requirement: Clinical procedures all QCOM students are required to demonstrate / accomplish in order to graduate.

New policy (and document format) for M3 requirements: Not tied to specific rotations, i.e., they can be accomplished on any clerkship, but must be completed by the end of the M3 year.

M4 requirements are to be completed during the required M4 Internal Medicine Inpatient Selective.

ACTION:

In follow up to MSEC's two recent discussions regarding this list – after it had been reviewed by clerkship directors (9/18) and changes had been made to students' New Innovations Case Logger (10/2) – the committee approved 1) the reformatted list & 2) that the procedures are no longer tied to specific rotations and can be accomplished on any clerkship.*

*The list itself remained the same, with the exception of one procedure added by Dr. Jason Moore to be considered further; *Dr. Olive will consult with Dr. Moore and other Clerkship directors.*

c. Update: Professionalism Report Form

The committee reviewed the report form drafted by Academic Affairs administrators based on the language and format MSEC chose at the 10-2-12 Retreat.

This statement of purpose prefaced the form:

“The primary purpose of the Professionalism Report is to assist the student in developing appropriate professional behavior. The intent is to mold professional behavior, not to punish inappropriate behavior. Additionally, in aggregate form, the rate of event reporting will be used as a measure of institutional success in accomplishing the professionalism Commencement Objectives.”

The behaviors that could be indicated as being involved are listed in the following categories:

- Patient and Provider Communications
- Appearance, Attire
- Reliability, Motivation and Responsibility
- Interpersonal Relationships
- Accepts Instruction and Feedback
- Integrity

+ Other problematic or unethical behaviors not listed above:

The procedure to be followed is also included on the form; excerpted:

1. Concerns related to student professional behavior will be reported – by student(s) or faculty – on the Professionalism Report form.
2. The report will be signed and submitted to the Associate Dean for Student Affairs who will provide a copy for the Executive Associate Dean for Academic Affairs.
3. The Associate Dean for Student Affairs will review the report and meet with the student who is the subject.
4. The judgment of the Associate Dean for Student Affairs will determine what further action or actions, if any, need to occur.

+ “Multiple or repeated reports regarding the same student may warrant other responses.”

Discussion regarded:

- Quillen Honor Code [[Catalog 2012-2013](#) / Policies & Procedures/Student Honor System]
- Acknowledgment that it will be a judgment call as to whether this process is necessary
- Benefit to both students and faculty that when the level of concern warrants it, an incident will be formally addressed and documented
- Involvement of Student Promotion Committee when there is significant concern about a student’s fitness to function as a physician
- Professionalism objectives and various methods to assess professionalism at the course level monitored by MSEC
- Continued communication about the form before it is finalized and published

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Herrell, the committee approved the Professionalism Report form and procedure.

Dr. Kwasigroch will discuss professionalism reporting with the Organization of Student Representatives ([OSR](#)); Dr. Olive will address it with the Faculty Advisory Council and at the upcoming Quarterly Course Directors meeting, and both will apprise MSEC of any feedback.

d. Update: Curricular Integration Framework (CIF) Cases

Developed cases were submitted for MSEC review. They were written following the template established at the [10-2-12](#) Retreat which included suggesting basic science courses and integration components for which they would be applicable.

- 1) Concern about Diabetes [Dr. Florence]
- 2) Chest Pain [Dr. Feit]
- 3) Fatigue [Dr. Olive]

- 4) Small for Age (failure to thrive, neglect) [Dr. Herrell]
- 5) Fatigue (hyperthyroidism, depression) [Dr. Herrell]

Each case was review and discussed; topics addressed included:

- How best to tie in and build on the clinical cases to present basic science content in varied and engaging ways
- Benefit to students from early emphasis on clinical relevance of basic science and being accustomed to clinical thinking, including for USMLE Step 1
- Methods for identifying and tracking the use of specific cases across the curriculum
- Dr. Monaco and Dr. Tom Ecay incorporating a case or cases in Spring 2013 Cell & Tissue Biology and Physiology

ACTION:

MSEC approved these five cases as works in progress, and they will be distributed to Spring 2013 M1&2 course directors to further determine how to use and possibly expand them.

The committee prioritized five additional presentations/conditions that have potential for integration. Dr. Olive will contact clinical faculty in regard to developing cases based on:

- 1) *Abnormal bleeding / bruising,*
- 2) *Electrolyte abnormalities,*
- 3) *Shortness of breath,*
- 4) *Abdominal pain &*
- 5) *Pregnancy*

e. Proposal: Internal Medicine Endocrinology Senior Elective

Excerpt:

Location(s):	ETSU Physician & Associates VA Medical Center
Instructor(s):	Drs. Alan Peiris and Charles Stuart
Responsible Faculty:	Dr. Alan Peiris 439-6368 peiris@etsu.edu Dr. Charles Stuart 439-8796 stuartc@etsu.edu
Goal:	To develop a working knowledge of clinical endocrinology and enhance physical diagnosis skills.
Objectives*: (*Tied to all 6 domains of commencement / milestone objectives)	At the conclusion of this rotation, the student should be able to: [1.0 Medical Knowledge] Intergrate knowledge of the expected changes in organ function as well as normal physiologic changes across the lifespan of patients with endocrine conditions Identify and participate in the management of patients with critical endocrine conditions. Utilize advanced physical exam skills, describe the altered structure and function of organ systems producing disease across the lifespan and incorporate this knowledge in to the care of patients with endocrine conditions. [ETC]

Course Outline:	<p>Management of general endocrine disease with an emphasis on diabetes and thyroid disease; the student will see patients and present their findings to the attending.</p> <p>One half-day per week will be spent on clinical/physical diagnosis skills with hands-on demonstrations.</p> <p>The student is expected to read a general endocrinology textbook and supplement it with appropriate additional reading such that they can address specific points in their patients.</p> <p>The student will attend at least 5 clinics per week.</p>
Additional note about the rotation:	An award will be presented annually to the most outstanding student on the rotation.

ACTION:

MSEC reviewed the proposal with particular attention to the objectives and educational and assessment methods. On a motion by Dr. Johnson and seconded by Dr. Abercrombie, members approved this offering.

f. Report: [ED-30] Timeliness of Clerkship Assessment Submission

The committee reviewed the 2012-2013, Periods 1 & 2 data submitted by Ms. Peeples which showed the trend of improvement continuing. There was discussion regarding the carrot of Ms. Peeples monitoring and reporting, plus the faster turnaround for NBME Subject “shelf” Examination scores; but, also about delayed teaching faculty assessments impeding the director’s composites.

Dr. Olive will next submit this report the Administrative Council.

g. Concept of Quarterly MSEC “Retreats”

Members agreed the six hours spent on 10/2 was a productive use of time and decided to intersperse this type of meeting and plan to include breakout sessions.

Dates for 2013 will be determined and distributed.

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

LCME Response to Quillen Accreditation Action Plan, 8/12

Required Clinical Procedures for QCOM Students, rev9/12

Draft: Quillen Professionalism Report Form

Drafts: 5 Curricular Integration Framework (CIF) Cases + Template

Proposal: Endocrinology Senior Elective

Report: [ED-30] Timeliness of Clerkship Assessment Submission

4. Announcements

The next MSEC meeting will be postponed until the week after the 2012 AAMC Annual Meeting to November 13, 2012, followed by the regularly scheduled meeting on the 20th.

5. Adjournment

The meeting adjourned at 5:27 p.m.