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2012 December 4 - 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
December 4, 2012**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, December 4, 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
Howard Herrell, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD
Jamie Reagan, M4
Jessica White, M3
Rebekah Rollston, M1

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

Present:

Tom Ecay, PhD
Tom Kwasigroch, PhD
Tiffany Lasky, MD
Theresa Lura, MD
Cindy Lybrand, MEd
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 10-16-12 MSEC meeting were approved as distributed.

2. Topics

a. Proposal: M1/M2 Medical Nutrition II Elective

Dr. Ecay

The 1 credit hour enrichment elective will be offered for the second time in Spring 2013. Changes in the course format are planned, but it will again include online learning modules from UNC Nutrition in Medicine program, clinical cases and seven 2-hr class meetings spanning the semester.

Proposed that students who were enrolled last year as M1s and are now M2s could simultaneously, i.e., with same class meeting schedule, take part two of the elective:

- In Records and on transcript – “Medical Nutrition II” with a new course number
- Use of a different set of cases with expectation of more in-depth discussion

ACTION:

On a motion by Dr. Monaco and seconded by Dr. McGowen, the committee approved adding Medical Nutrition II. Dr. Ecay and Dr. Olive are continuing work toward integrating nutrition content into required courses / ideas for nutrition content required for all students.

b. [ED-13] Rehabilitation in the Curriculum

LCME determined Quillen noncompliant with this standard concerning their finding that “The absence of a structured curriculum in rehabilitative care has resulted in an unsatisfactory student learning experience in that area.”

RECENT ACTION:

At the [10/2](#) Retreat, MSEC decided that the M1/2 and M3/4 subcommittees would further review rehabilitation in the curriculum. Dr. Olive charged subcommittees with review of relevant information previously compiled and to make recommendations for changes that would result in a satisfactory student learning experience.

MSEC reviewed the reports submitted by the M1/2 and M3/4 subcommittees; both outlined the following:

- Discussion of white paper “Education Goals and Objectives In Physical Medicine And Rehabilitation For The Medical School Graduate”
- Review and discussion of the amount and sequence of existing Quillen content
- Recommendations for modifying the M1-M3 curriculum which took into consideration the changes in the way rehabilitative care is being delivered and some disconnects between student experience and reported coverage of content

Discussion of subcommittee recommendations for M1&2 included the following topics.

ACTION:

MSEC determined the listed modifications will be made.

M1

Profession of Medicine: Patients, Physicians & Society

- Introduction of rehabilitation terms and concepts
- Awareness of aspects that are covered, including in regard to threads through courses in general, like ethics, end-of-life care
- Prevalence of chronic illness; Dr. James Holt’s chronic care model

[MSEC Modification – Spring 2013] Dr. Lura, Course Director

1. *Introduce the concept that some important topics in the curriculum are not covered in one distinct course, but are introduced in multiple courses. These topics include rehabilitation and others. One of the responsibilities of professional students is to learn what is important for their future careers even if not taught in a separate free-standing format.*
2. *Include an introductory rehabilitation discussion in the context of chronic illness and the chronic care model.*

Medical Human Gross Anatomy & Embryology

- Course being restructured for Fall 2013 to “flipped classroom”
- Identification of content experts
- Foundational content relevant to rehabilitation

[MSEC Modification – Fall 2013] Dr. Kwasigroch, Course Director

Emphasize and clearly identify anatomy content that is relevant to rehabilitative medicine, especially in the musculoskeletal section.

Case Oriented Learning (COL)

- Rehabilitation components in a new, dedicated case &/or added to current cases

[MSEC Modification – Fall 2013] Dr. Monaco, Course Director

Add a rehabilitation focus, with learning objectives, to one case.

Lifespan Development

- Introductory level of psychosocial aspects of rehabilitative care; effects on psychosocial development, on families

[MSEC Modification – Spring 2013] Dr. McGowen, Course Director

Address psychosocial aspects of rehabilitation at an introductory level.

M2

Practice of Medicine

- Better identification of what is in current cases
- Stronger emphasis on rehabilitative issues in general

[MSEC Modification – Fall 2013] Dr. David Linville, Course Director

Include at least one case with a significant rehabilitation component; may be from modification of an existing case or new case at the discretion of the course director(s).

Integrated Grand Rounds (IGR)

- Rehabilitation as a case component, not necessarily the sole focus

[MSEC Modification – Spring 2013] Dr. Blackwelder, Director

Include rehabilitation as a significant component of at least one case.

M3 – Discussion of subcommittee recommendations for clerkships included the following topics.

- Limitations in physicians’ day-to-day practice
- Rehabilitative care involving physical therapists, nurse practitioners and physician assistants (interdisciplinary teams)

- Facilities where our students rotate often not being ones that deliver rehabilitative care; expanding access, affiliation agreements with area centers
- Expectation for students to have exposure to cardiac, pulmonary and stroke rehabilitation
- Early exposure to the rehab system and process: discharge plans, what's available for long term care; also, continuity of care
- Availability of physiatrists
- Positive aspects of current Family Medicine model
- OB/GYN possibly adding a physical therapist to the practice
- Options at Niswonger Children's Hospital
- Surgery morning report including notes/progress from multiple therapies

ACTION:

MSEC determined that the following modifications should be made beginning Period 5, Spring 2013:

Community Medicine Dr. Bill Fry, Clerkship Director

Provide each student rehabilitation related clinical exposure: physiatry, physical therapy or sports medicine.

Family Medicine Dr. Jason Moore, Clerkship Director

1. *Expose all students to content equivalent to the presentation Dr. Feierabend gives to residents.*
2. *Ensure each student has a Skilled Nursing Facility (SNF) experience.*

Internal Medicine Dr. Vijay Ramu, Clerkship Director

Each student should have clinical exposure to one of three rehabilitation settings: stroke, cardiac or pulmonary.

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Monaco, members approved the modifications to be implemented.

These changes will be distributed and discussed with Course/Clerkship Directors. Directors are to provide follow-up reports to MSEC evaluating their implementation of the new components; a report template will be provided. MSEC will review the reports and determine if any further modifications should occur.

c. Review of Information Systems for Curriculum Gaps

Members discussed the following topics identified by Academic Affairs administrators as areas where our curriculum may have gaps. The list is based on data gathered from the Keywords Database, Milestones documentation and the 2012 AAMC Graduation Questionnaire (GQ); also, feedback from course and clerkship directors who were

asked whether they addressed the topics and at what level = [Introduction: Touch on the subject; Intermediate: Spend some focused time; In-depth: Major focus of a session].

- Biostatistics
- Communication Skills with an Interpreter
- Diverse Population Care
- End-of-Life Care
- Global Health
- Health Care Systems
- Medical Licensure
- Medical Economics
- Medical Record Keeping
- Practice Management

ACTION:

The committee agreed that this is a reasonable list of topics with which to begin the process of vetting whether there actually are gaps. Administrators will bring back to MSEC curriculum content reports, beginning with Biostatistics at the 12/18 meeting.

d. Update: Required Clinical Procedures for QCOM Students

In response to the report that the Digital Rectal Exam (DRE), a Community Medicine clerkship requirement, was not being routinely performed during the Health Fair clinics (although addressed in the orientation), MSEC considered adding this exam to the list of global requirements.

Discussion regarded types of DREs and where else students encounter them. With the shift in recommendations away from prostate cancer screening as an effective preventive intervention, DREs are being performed less often as part of the routine physical exam.

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Monaco, the committee approved moving the Digital Rectal Exam requirement to the institutional level. Pending additional information, it is likely the requirement will be specifically for the Prostate Exam.

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

[UNC Nutrition in Medicine](#)

[Reports: \[ED-13\] Evaluation of Rehabilitation in the Curriculum – M1/M2 & M3/M4 MSEC Subcommittees](#)

[Reports: Review of information sources / databases to identify curriculum gaps](#)

4. Announcements

The next MSEC meeting will be on Tuesday, December 18, 2012.

5. Adjournment

The meeting adjourned at 5:58 p.m.