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Medical Student Education Committee Minutes

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### 2013 February 5 - 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  
February 5, 2013**

The Medical Student Education Committee of the Quillen College of Medicine  
met on Tuesday, February 5, 2013 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  
Howard Herrell, MD  
Dave Johnson, PhD  
Ramsey McGowen, PhD  
Paul Monaco, PhD  
Jamie Reagan, M4  
Jeremy Brooks, M2

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

**Present:**

Tom Kwasigroch, PhD  
Tiffany Lasky, MD  
Cindy Lybrand, Med  
Cathy Peeples, MPH  
Lisa Myers, BA

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**1. Topics**

- a. Concept for the Clinical Neuroscience Course** – J. Kelly Smith, MD – Professor & Interim Chairman, Department of Internal Medicine; neuroscience was a component of Dr. Smith’s internal medicine training; he is a former course director of Immunology and (previously called) Practicing Medicine

An M1/M2 Subcommittee comprehensive review of Clinical Neuroscience is in progress due to recent and upcoming changes in course director and teaching faculty and issues identified in the 2012 Student Evaluation of Course/Faculty and in the 2012 Annual Course Review.

Dr. Smith’s presentation of ideas included [abridged]:

▪ **TEACHING PHILOSOPHY**

“Trying to learn medicine without a patient is like going to sea without a ship.”

Sir William Osler

“The best way to learn is to teach.”

▪ **GOALS**

Students will:

- Gain an understanding of all aspects of neuroscience, both scientific and clinical
- Score in the top 20% on the Neuroscience NBME Subject Exam

- OBJECTIVES (proposed)

Upon completion of the course, students will be able to:

- Perform a complete neurological exam
- Give oral case presentations
- Interpret neuroradiology studies
- Interpret studies of neurophysiology
- Understand the electromagnetic and chemical properties of brain function
- Understand the role of the genome in neuroscience
- Have a full understanding of neuroanatomy
- Be familiar with the clinical presentations of patients with neurologic damage due to ischemic, metabolic, immunologic, traumatic, genetic and proteomic disorders

- TEACHING STRUCTURE – Small Groups

Responsibilities:

- Construct a functional model of a designated part of the brain or spinal cord (to be assembled with other group models as a complete & functional nervous system; comparison to building a robot)
- Participate in “Gong Shows”
- Conduct Grand Rounds
  - Give oral presentations
  - Interview patients
  - Demonstrate neurological findings
  - Read neuroimaging studies
  - Read studies of neurophysiology
  - Answer patient-related questions
  - Provide salient references to other students

- SAMPLE SCHEDULE (2-hr time slot x 9 weeks)

Discussion regarded:

- Dr. Terry Harrison being the new course director last Fall; Drs. Ron Baisden and Uta Schambra retiring; current recruitment of neuroscience faculty
- Scores on Neuroscience NBME Subject Exam and USMLE Step 1 being near the national mean and not of concern
- Main differences between this model and the current course including fewer lectures, presence of patients and more active student involvement
- Early training in performance of the neurological exam bringing the science to life
- Expanding use of this type model; providing more reasons for students to want be in the classroom
- Focus on implementation and tracking of vertical integration of neuroscience with increased clinical application; benefits of an organ-based approach
- Wide variety of online resources in addition to text and review books

- Necessity and challenge of having adequate faculty and staff for such a multifaceted course; also, the additional courses' demands on students during M2 Fall semester
- Potential patient population from and involvement of Tri-State Mountain Neurology
- Related rehabilitative, socioeconomic and ethical issues

MSEC acknowledged the practical hurdles in delivering this model for the Clinical Neuroscience course, including that Dr. Smith's direction is not a long-term solution and additional teaching faculty will still need to be recruited, but favored the general concept and reached consensus that it was a reasonable approach that should be fleshed out and considered further. Impact on enrolled Physical Therapy students will be examined; Dr. Olive will consult with Dr. Greg Ordway, Interim Chair of Biomedical Sciences.

The committee also discussed the M1/M2 Subcommittee's simultaneous comprehensive review of Clinical Neuroscience and felt this combined effort would expedite improvement of the Fall 2013 course.

#### **b. Report to MSEC – [Outcomes Subcommittee] – Update from [1/22 Meeting](#)**

- Group welcomed new member, Becky Copeland, MD, Associate Professor, Internal Medicine
- Reports and data in the Curriculum Management System and content materials on D2L have been reviewed; Academic Affairs administrators provided an update on the migration to New Innovations
- Cellular & Molecular Medicine (CMM) NBME scores failed to meet outcomes Medical Knowledge benchmark "50% of students will score at or above the national mean on NBME subject exams"; CMM Annual Course Review is on the M1/M2 Subcommittee schedule
- After review of current Step 1 and Step 2 data, the subcommittee determined that we are meeting the institutional benchmarks
- Subcommittee reported that overall data indicates that Quillen is meeting educational objectives

#### **c. Curriculum Content (Gaps) Report: Practice Management**

The committee reviewed the report summarized as follows.

- From our database, content in required curriculum:

M1

Clinical Preceptorship I – introductory exposure

Profession of Medicine – basic

M2

Clinical Preceptorship II – introductory exposure

M3

Community Medicine Clerkship – electronic health records

Rural Primary Care Clerkship – rural practice management issues

M4

Keystone Course – practice management – basic review

- Outcome data

2012 AAMC Graduation Questionnaire (GQ) item:

(Rate) your instruction in the following area – Practice Management – [Inadequate  
Appropriate Excessive]

- Quillen student rating was split between %Inadequate & %Appropriate, similar to the national averages

2012 Quillen Residency Questionnaire items:

1) PGY-1's awareness of the types of available healthcare coverage

2) PGY-1's appreciation for providing cost effective care

[Outstanding Excellent Satisfactory Fair Unsatisfactory]

- Program Directors ranked ~70% of Quillen Class of 2011 graduates Satisfactory, ~20% Excellent & the remainder Outstanding

Members discussed the changing nature of this content area and it becoming more relevant during graduate medical education; also, that some of the content is relatively new to the curriculum and will not be captured in the GQ until this year.

**ACTION:**

*MSEC found the level of practice management content in the curriculum to be appropriate and no changes are planned.*

**d. Update: Clinical Ethics & the Profession of Medicine *Online* Senior Elective**

Additional elective M4s can accomplish while away for residency interviews, approved by MSEC [6-26-12](#).

Dr. Abercrombie [Developed web-based course & with Dr. Tom Townsend, Responsible Faculty / Instructors]

- 10 students accepted for first 2 week offering  
Fee (\$75) announced: 2 dropped + 1 added = 9 enrolled students
- 10 daily ethical topics each linked to a discussion board  
Day 1 & 10 required 1 post + days 2-9 required 2 posts = 18 required posts per student

- Reported that the discussions turned out to be totally student driven, posts exceeded the number required and were thoughtful and respectful; also, impressive quality of writing and length of posts
- Noted ~80% of content (71 items) was viewed
- Shared student feedback from the brief course / website evaluation on D2L
- Announced that Dr. Townsend was pleased with the online offering and is willing to add to the number of students allotted and participate in two 2-week rotations

Members' discussed the positive aspects of the online discussion format in regard to:

- It being well suited for the Medical Humanities elective
- Potential for increased use by other courses with D2L sites
- Providing flexibility
- Allowing more freedom of expression in sharing of opinions, ideas and experiences

#### **e. Update: [ED-13] Rehabilitation in the Curriculum**

MSEC action at the [12/4](#) meeting included modifications regarding rehabilitative care to be made by clerkship directors in Community, Family and Internal Medicine and implement this semester, Spring 2013.

Dr. Olive informed the committee that Dr. Jason Moore is incorporating Dr. Robin Feierabend's lecture and PowerPoint presentation "Introduction to Rehabilitation Medicine: An Overview for Students and Residents" in Family Medicine clerkship rotations. The session for M3's will also include a pre/post-test developed by Dr. Feierabend.

**3. Recent documents / topics** {Linked or on file in Academic Affairs – contact [myers@etsu.edu](mailto:myers@etsu.edu)}

*Proposal: Concept for M2 Clinical Neuroscience Course*

*Curriculum Content Report: Practice Management*

*Report: Clinical Ethics & the Profession of Medicine Online Elective 2013*

*Report: Outcomes Subcommittee – Update from Jan. 22 Meeting*

*Update: Rehabilitation Medicine – Family Medicine / Dr. Feierabend's Lecture and Assessment Components*

#### **4. Announcements**

*The next MSEC meeting will be on February 19, 2013.*

#### **5. Adjournment**

The meeting adjourned at 5:42 p.m.