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Medical Student Education Committee Minutes

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2013 February 19 - 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 19, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, February 19, 2013 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ramsey McGowen, PhD [Meeting Chair]
Caroline Abercrombie, MD
Reid Blackwelder, MD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jamie Reagan, M4
Rebekah Rollston, M1

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

Tiffany Lasky, MD
Theresa Lura, MD
Jill McCarley, MD
Barbara Sucher, MBA
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 1-8-13 meeting were approved as distributed.

2. Topics

- a. Report to MSEC – [M3/M4 Review Subcommittee] –** Annual Review of M3
Transitions to Clinical Clerkships Course, Dr. Abercrombie & Dr. Martin Eason,
Co-Course Directors

Subcommittee members:

<u>Faculty</u>	<u>Medical Education Administrators</u>	<u>Medical Students</u>
Jill McCarley, MD [Chair] Brooke Foulk, MD Russ Hayman, PhD Tiffany Lasky, MD Patrick MacMillan, MD Deb Mills, MD John Schweitzer, MD	Cindy Lybrand, MEd Cathy Peeples, MPH	Emma Peiris, M3 Michelle Tanner, M3

Dr. Jill McCarley – Subcommittee’s general observations:

- Course is very well delivered
- Changes planned for the 2013 offering appear well thought out and appropriate; changes include:
 - Some online modules scheduled to be completed in advance of related sessions or workshops rather than requiring that all of them be done prior to the course
 - Increased use of online instructional videos
 - Use of iPads for suture instruction
 - “History of the VA” going from a lecture to a panel discussion with veterans to allow more focus on the culture and needs of the VA patient
 - Experience with Quillen required clinical procedure, subcutaneous injections (as directed by MSEC, [11-20-12](#)) by incorporating a workshop on diabetic patients and insulin injections

Short-term recommendations:

- Allocation of resources for replacement of equipment before June 24 – 26, 2013
 - ABG arm
 - Pelvic & breast exam simulation equipment

Long-term recommendations:

- In response to students’ limited &/or restricted access to electronic health records (EHR) in hospitals and clinics, determine needs and implement training in this area across all four years, potentially including training in the Transitions course

Discussion focused on the present reality of the multitude of EHR systems and ideas for providing general preparation for students, including finding out if the MEAC test environment and training could be made available to students.

ACTION:

MSEC accepted the subcommittee’s recommendations and will monitor the replacement of equipment and follow up on incorporating stages of EHR training in the curriculum.

b. Presentation: Quillen Office of Continuing Medical Education ([CME](#)) – Enrichment Opportunities for Medical Students

Barbara Sucher, MBA, Associate Dean

- Spoke regarding CME’s interest in maintaining a dialog with MSEC as a way to communicate how their resources and wide variety of educational activities can benefit medical students; also, to seek advice regarding ways to better serve our students as they design, develop and present programs
- Stated that the purpose of the CME office is to provide (and evaluate) educational activities that enhance the knowledge, skills and competencies required by health

professionals in our region to better serve patients, the community and their profession

- Noted their office's application for accreditation in Continuing Interprofessional Education
- Outlined content areas covered, new initiatives and types of activities, including the expanding live grand rounds broadcasts, skill-based sessions and the 2013 conference schedule
- Mentioned their many joint sponsors and partnerships

Discussion regarded:

- Specified number of students being able to attend some CME events at no charge; M3 students currently attending CME grand rounds
- Finding intersections with our objectives and content that is advantageous, possibly fills curriculum gaps and is delivered at an appropriate level
- Generally encouraging student participation in evidence-based medicine activities
- Providing opportunities to instill the habit of life-long learning
- Getting updates from CME every six months

c. Proposal: Pulmonary Critical Care (A) Selective

Excerpt:

Location(s):	Johnson City Medical Center (JCMC)
Instructor(s):	Jeff Farrow, MD Melissa Palazzo, MD Dan Snider, MD Wendy Zouras, MD Susan Curde, FNP Angela Hardin, FNP, ACNP
Responsible Faculty:	Wendy Zouras, MD
Max. students per period:	1
Goal:	The goal of the Pulmonary Medicine/Critical Care selective is to provide the student with a solid knowledge base and understanding in the care of critically ill patients, ventilator management, nutrition, work in interdisciplinary teams, chest X-ray interpretation and critical care consultation.
Course Outline:	Other topics covered in this selective include: cardiopulmonary interactions that include the effects of mechanical ventilators on cardiovascular hemodynamics, the physiology of the pleural space, the understanding and assessment of gas exchange abnormalities and palliative care. Students will be expected to participate in formal presentations.
Objectives:	At the conclusion of this rotation, the student will be able to: describe how factors resulting in abnormal organ structure and function produce disease in critically ill patients integrate information obtained from history and physical examinations, diagnostic testing and review of the clinical literature to formulate an appropriate differential diagnosis and plan of care for critically ill and emergent patients perform clinical procedures using appropriate sterile technique and universal precautions

	<p>work effectively with the healthcare team, including those from other disciplines, to provide patient-centered care.</p> <p>communicate effectively with patients, patients' families, and other healthcare professionals</p> <p>demonstrate collaboration with members of the Interprofessional healthcare team</p>
Educational Methods:	<p>1.Clinical experience - Inpatient</p> <p>2.Ward rounds</p>
Assessment Methods:	<p>1.Clinical performance rating</p> <p>2.Oral patient presentation</p> <p>3.Clinical documentation review</p> <p>4.Participation</p>

Discussion regarded:

- Dr. Olive being involved in bringing about this new Selective and Ms. Peebles assisting with the proposal
- Benefit of additional critical care slots, especially with Surgery-Trauma/Critical Care Medicine (A) Selective at JCMC no longer being available
- High opinion of this pulmonary group; also, that it's a busy service and they do not employ residents
- Potential for exposure to pulmonary rehabilitative care

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Monaco, the committee approved the Pulmonary Critical Care (A) Selective as proposed for immediate implementation.

d. Curriculum Content (Gaps) Report: Medical Economics

The committee reviewed the report summarized as follows.

- From our database, content in required curriculum:

M1

Profession of Medicine – healthcare systems including insurance, costs and access

Case Oriented Learning – in context of:

CHF case
lifelong treatment of spina bifida
fetal alcohol syndrome
payment for dialysis
renal failure case
uninsured patient with hepatitis B
diabetes treatment

(M2)

M3

Rural Primary Care Clerkship – costs and access

Community Medicine Clerkship – hospital finances

M4

Keystone Course – healthcare systems, healthcare reform, medical jurisprudence

- Outcome data

2012 Graduation Questionnaire (GQ) item:

(Rate) your instruction in the following area – Medical Economics – [Inadequate Appropriate Excessive]

- Quillen student rating was split ~60/40 between %Inadequate & %Appropriate, almost identical to the national averages

2012 Quillen Residency Questionnaire items (same items used for Practice Management rating systems-based practice abilities):

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 reported data, identifying additional medical economics coverage in M2 Integrated Grand Rounds (IGR) and in a healthcare lecture in the Family Medicine clerkship. They noted again regarding this topic that some of the content is relatively new to the curriculum and will not be captured in the GQ until this year.

ACTION:

On a motion by Dr. Abercrombie and seconded by Dr. Herrell, MSEC found the level of medical economics content in the curriculum to be appropriate and no changes are planned.

e. Information Item: Ebooks

Ms. Lybrand informed the committee about her, Dr. Abercrombie and Ms. Peeples' correspondence and meeting with Quillen Medical Library staff in regard to the library's purchase of several hundred ebooks.

Librarians will present more detail regarding available resources at upcoming [meetings](#):

March 5th – Clerkship Directors

March 27th – M1&2 Course Directors

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

Report: *[M3/M4 Review Subcommittee] Annual Review of Transitions to Clinical Clerkships*

Presentation: Quillen Office of Continuing Medical Education – Possible Opportunities for Medical Students

Proposal: Pulmonary Critical Care (A) Selective

Curriculum Content Report: Medical Economics

Information Items: Medical Library Resources – EBooks & Librarians:

Dr. Rick Wallace Assistant Director / Professor

Nakia Woodward Senior Clinical Reference Librarian

Katie Wolf Clinical Reference Librarian

New *QCOM Library Portal (development still in progress)*

4. Announcements

The next MSEC meeting will be on March 5, 2013.

5. Adjournment

The meeting adjourned at 5:39 p.m.