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Medical Student Education Committee Minutes

3-19-2013

# 2013 March 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**
**March 19, 2013**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, March 19, 2013 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
Jeremy Brooks, M2
Rebekah Rollston, M1

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

Joe Florence, MD
Theresa Lura, MD
David Slawson, MD (Guest)
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

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1. **Approval of Minutes**

The minutes from the 2-19-13 meeting were approved as distributed.

2. **Topics**

    a. **Presentation: Medical Informatics –** David Slawson, MD, Professor and
    Director of Center for Information Mastery, Department of Family Medicine,
    University of Virginia (Guest of Dr. John Franko)

Dr. Slawson developed and spoke regarding a paradigm called Information Mastery – "a
methodology for providing clinicians with the best possible information available at the
"point-of-care" to assist in caring for their patients. Information Mastery allows
physicians to maximize the value of their services by paying close attention to costs and
balances with information evaluating the quality of their interventions as they relate to
the patient, patient's family and the entire community."

- Faced with incredible amounts of clinical information, physicians need to develop
  efficient and effective ways to access and evaluate useful content in order to make
  decisions based on the highest level of evidence at the time
- Medical students should be trained to be consumers of information, learning how to
  select and use the best tools to get valid, evidence-based information; concepts of
  medical information management in the medical education program were introduced

<u>Committee discussion regarded</u>:

- Pharmaceutical companies' influence on decisions of physicians and patients
- POEMs – **P**atient-**O**riented **E**vidence that **M**atters: evidence that evaluates the effectiveness of interventions
- Consensus that someone with Dr. Slawson's expertise would be a useful addition to the Quillen faculty; many places in the curriculum where he could teach
- Potentially including the proposed concepts at various places in the curriculum, e.g., M1 Profession of Medicine, Biostatistics & Epidemiology and Case Oriented Learning; also, M4 Keystone course

## b. Curriculum Content (Gaps) Report: Healthcare Systems

The committee reviewed the report summarized as follows.

- From our database, content in required curriculum:

M1
Profession of Medicine – basic introduction

M3
Community Medicine – rural health systems
Rural Primary Care – rural health systems
Surgery – trauma services

M4
Keystone course – healthcare systems, healthcare reform, medical jurisprudence

- Outcome data

2012 Graduation Questionnaire (GQ) item:

(Rate) your instruction in the following area – Healthcare systems
[43.6% Inadequate    56.4% Appropriate]

2012 Quillen Residency Questionnaire item:

Rate the resident's systems-based practice abilities:

| Outstanding | Excellent | Satisfactory |
| --- | --- | --- |
| 6% | 33% | 60% |

<u>Discussion regarded</u>:
- Reiteration of increased awareness of how topics should be labeled and mapped
- Review of NEJM article: "Advancing Medical Education by Teaching Health Policy"
  - Standards for a health policy curriculum
  - Proposed components under domains of systems & principles, quality & safety, value & equity and politics & law

- Potential for improvement in our curriculum, adapting and assessing similar health policy standards as a cross-cutting themes; overlap with other topics such as health disparities and medical economics
- Use of *Healthy People 2020* and our Curriculum Integration Framework (CIF) cases

ACTION:
*On a motion by Dr. Feit and seconded by Jeremy Brooks, the committee agreed that our curriculum is adequately addressing the topic of healthcare systems.*

### c. Quarterly Report to MSEC: Professionalism Report

[Online form and process outside of the academic grading system developed by MSEC in October 2012 to report issues related to professionalism.]

Reports are to be signed and submitted to the Associate Dean for Student Affairs; Dr. Kwasigroch informed the committee: No reports have been submitted

In response to reported misconceptions about the process by M2 students, Drs. Olive and Kwasigroch plan to more fully explain to them its formative purpose, with the goal of improving professional behavior.

### d. Policy Revision: Medical Student Duty Hours

Additions to the policy were proposed at the 3-5-13 Clerkship Director and Coordinators meeting:

1) Medical student duty hours should not exceed **on average** 80 hours / week
2) Students are to log their duty hours in New Innovations at least weekly; duty hour compliance will be monitored periodically by Academic Affairs
3) Students who feel they are consistently expected to work more than 80 hours per week should notify the Clerkship Director. If the issue is not resolved, the student should contact the Executive Associate Dean for Academic Affairs

Members discussed the weekly student documentation of duty hours (in addition to self-reporting on end of clerkship evaluations) greatly improving the ability of directors and administrators to monitor this policy and resolve any issues that arise.

ACTION:
*On a motion by Dr. Abercrombie and seconded by Dr. McGowen, the changes in the Medical Student Duty Hours policy were approved.*

**e. Draft [Policy](#): Documentation of Clerkship Specific Required Procedures and/or Patient Types**

MSEC considered the policy's guidelines to be implemented across all clerkships as proposed at the 3-5-13 Clerkship Director and Coordinators meeting:

- Clerkship specific procedures/patient types identified as required and/or suggested for all students to experience during the clerkship are to be documented in the Case Logger module of New Innovations, including whether an associated skill is observed, assisted or performed – only those required procedures or patient types logged as "performed" will count toward meeting the requirement
- Students are expected to enter their documentation at least weekly and document at least 1/3 of the required clerkship procedures/patient types by the clerkship midpoint
- All clerkship identified experiences are to be in the case logger by the end of the clerkship – only the electronic log will be accepted as evidence of meeting the requirements
- Students' progress will be monitored by the Clerkship Director and Coordinator and Academic Affairs
- Those students who do not document accomplishing all clerkship specific required procedures/patient types by the end of the clerkship will have their final numeric grade lowered by 5%
- If a student has difficulty accomplishing all required procedures or seeing required patient types, they are expected to be proactive and request assistance in identifying opportunities from the clerkship director, preceptors, residents or fellow students

Members discussed the plan to expand orientation to the New Innovations Case Logger in the Transitions to Clinical Clerkships course; also, in regard to the benefits to students, faculty and staff of having a more timely, regulated and supervised process.

ACTION:
*On a motion by Dr. Herrell and seconded by Dr. Monaco, the policy for Documentation of Clerkship Specific Required Procedures and/or Patient Types to be implemented in all clerkships was approved as proposed.*


**f. Update: Technology Needs – M2 Classroom Projection System**

- Project to improve the quality of the Large Auditorium projection system is in progress
- Quicker OIT response to address classroom tech issues was reported

## 3. Recent documents / topics

*Curriculum Content (Gap) Report: Healthcare Systems*

*[NEJM](#) – Advancing Medical Education by Teaching Health Policy [n engl j med 364;8 February 24, 2011]*

*Draft Policy Revision: Medical Student Duty Hours*

*Draft Policy Revision: Documentation of Clerkship Specific Required Procedures &/or Patient Types*

## 4. Announcements

*The next MSEC meeting will be on April 2, 2013.*

## 5. Adjournment

The meeting adjourned at 5:50 p.m.