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2013 April 30 - Medical Student Education Committee Retreat Minutes

Medical Student Education Committee, East Tennessee State University

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QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
MSEC Retreat Minutes
April 30, 2013

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, April 30, 2013 at 11:30 a.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:

Ken Olive, MD
 Caroline Abercrombie, MD
 Reid Blackwelder, MD
 Rich Feit, MD
 Howard Herrell, MD
 Dave Johnson, PhD
 Ramsey McGowen, PhD
 Paul Monaco, PhD
 Jessica White, M3
 Rebekah Rollston, M1

Ex officio / Non-Voting Members & Others Present: [*for a presentation]

*Tom Kwasigroch, PhD
 Theresa Lura, MD
 *Jill McCarley, MD
 *Mitch Robinson, PhD
 Cindy Lybrand, MEd
 Cathy Peeples, MPH
 Lisa Myers, BA

1. Approval of Minutes

The minutes from the 3-19-13 & 4-2-13 meetings were approved as distributed.

2. [\[Outcomes Subcommittee\]](#) Draft (abridged): Program Effectiveness Benchmarks

MSEC reviewed the Outcome Committee draft presented for approval and outlined by Dr. McGowen. Previously approved benchmarks were related to accomplishment of Quillen Commencement Objectives. The following proposed benchmarks regard evaluation of program effectiveness beyond the Commencement Objectives.

Indicators used to evaluate educational program effectiveness	Means of data collection	Groups or individuals that review the data	Review Cycle
<p>(1) <u>Student evaluation of courses and clerkships</u></p> <p>Benchmark:</p> <p>Courses with a greater than 25% student dissatisfaction rate overall (ranking of marginal or poor) are targeted for an in-depth review to be completed by the respective subcommittee.</p>	<p>All students are required to complete electronic course and clerkship evaluations for all rotations. 100% - response results are compiled, reviewed and distributed by Medical Education staff.</p>	<p>A summary report of student evaluations of each course and clerkship is prepared and sent by Medical Education staff to the EAD, the course/clerkship director and appropriate M1/2 or M3/4 Review Subcommittee for inclusion in the annual course review process.</p>	<p>Annual</p>

<p><i>Post-Graduation Program Effectiveness Outcome Measures:</i></p> <p>Indicators used to evaluate educational program effectiveness</p>	<p>Means of data collection</p>	<p>Groups or individuals that review the data</p>	<p>Review Cycle</p>
<p>(2) <u>Student responses on AAMC GQ</u></p> <p>Benchmark:</p> <p>Curricular questions with greater than a 25% overall dissatisfaction rate will be targeted for a review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum.</p>	<p>Provided by AAMC</p>	<p>Outcomes Subcommittee, the EAD, Medical Education staff, and MSEC; also, the Dean, Academic Council and Course Directors</p>	<p>Annual</p>
<p>(3) <u>Student advancement and graduation rates</u></p> <p>Benchmark:</p> <p>95% of matriculating students will complete the curriculum within 5 years.</p>	<p>Data from the Registrar's Office in Student Affairs is provided to Medical Education staff.</p>	<p>As students are eligible for advancement, they are presented by the Registrar's Office to the Student Promotions Committee, which must recommend all student advancements. Students recommended by the Student Promotions Committee are then presented to the QCOM faculty for approval.</p>	<p>Annual</p>
<p>(4) <u>NRMP match results</u></p> <p>Benchmark:</p> <p>95% of the graduating class will obtain a PGY-1 position with a residency program.</p>	<p>Based on results received from NRMP, military match, and San Francisco match.</p>	<p>Summary results are prepared by Medical Education staff and distributed to the Dean, EAD, MSEC, Associate Dean for Student Affairs, Assistant Dean for Admissions, Admission Committee and Academic Council.</p>	<p>Annual</p>
<p>(5) <u>Specialty choices of graduates</u></p> <p>Benchmark:</p> <p>In order to address primary care needs of the public, 50% of QCOM graduates will obtain PGY-1 residency positions in Family Medicine, Internal Medicine, OB/GYN or Pediatrics.</p>	<p>Results received from NRMP, military match and San Francisco match.</p>	<p>Summary results are prepared by Medical Education staff and distributed to the Dean, EAD, MSEC, Associate Dean for Student Affairs, Assistant Dean for Admissions, Admission Committee and Academic Council.</p>	<p>Annual</p>

Indicators used to evaluate educational program effectiveness	Means of data collection	Groups or individuals that review the data	Review Cycle
<p><u>(6) Assessment of residency performance of graduates</u></p> <p>Benchmark:</p> <p>90% of graduates will be rated as “fulfilling” Program Directors’ expectations of a first year resident.”</p>	<p>A QCOM “Residency Questionnaire” is sent to residency program directors where our graduates have completed PGY-1.</p>	<p>Summative statistics & response rates for all sections of the questionnaire are prepared and reviewed by Medical Education staff, then forwarded for review by the EAD, Outcomes Subcommittee and MSEC.</p>	<p>Annual</p>

General discussion regarded this formalized process of using established thresholds for internal and external measures to potentially initiate specific curricular review and to globally evaluate program effectiveness; discussion followed in regard to each benchmark and recent outcome data.

ACTION:

(1) On a motion by Dr. Blackwelder and seconded by Dr. Abercrombie, members approved the benchmark regarding student evaluation of courses/clerkships.

(2) Referencing the AAMC Graduation Questionnaire data as a component of MSEC’s ongoing curriculum content (gap) reviews, some of which have resulted in curricular changes, on a motion by Dr. Blackwelder and seconded by Dr. Abercrombie, members approved the benchmark regarding graduating seniors’ responses on the GQ.

(3) On a motion by Dr. Abercrombie and seconded by Dr. Herrell, members generally approved the benchmark that 95% of students will complete the curriculum within 5 years, asking that “matriculating” be replaced by a denominator that defines those who are progressing toward graduation.

(4) On a motion by Dr. Herrell and seconded by Dr. Blackwelder, members approved the benchmark regarding National Resident Matching Program (NMRP) results (acknowledging there may be those who choose not to participate in the match).

(5) Following discussion and debate in regard to our mission and whether training in fields other than Family Medicine, i.e., Internal Medicine, Obstetrics & Gynecology and Pediatrics will necessarily produce “primary care” physicians, on a motion by Dr. Herrell and seconded by Dr. Blackwelder, members did approve the benchmark regarding specialty choices of graduates, amending it to read “...QCOM graduates will obtain PGY-1 residency positions in Family Medicine, Internal Medicine, OB/GYN or Pediatrics exceeding the annually reported national match rates for the four specialties combined.”

(6) On a motion by Dr. Herrell and seconded by Dr. Abercrombie, members approved the benchmark regarding program directors’ assessment of Quillen graduates as first year residents.

3. M1 Longitudinal Review – Proposal (excerpted): Improved Integration of First Year Basic Science Courses – Dr. Mitch Robinson & Dr. Rich Feit

To do

1. Identify similar topics taught in the first year and arrange in broad categories.
2. Arrange meetings of faculty who teach similar topics.
3. Generate coordinated and integrated learning objectives for basic science topics covered in the first year.
4. Generate a first year curriculum map with an organized arrangement of topics covered.

Have meetings to improve coordination of first year topics

For each topic, course directors and faculty will meet in order to

1. review the material covered by each faculty.
2. identify gaps and redundancies.
3. make necessary changes to improve coordinated teaching of the topic.
4. develop coordinated learning objectives across the courses.

In follow-up to MSEC's [3-5-13](#) charge to the working group of course directors, Drs. Ecay, Monaco & Robinson, plus Dr. Feit, to continue their effort (and eventually include Dr. Kwasigroch) to coordinate content in the M1 curriculum, the committee reviewed Dr. Robinson's presentation on how to proceed toward identification of redundancies and logical, organized basic science integration.

Presentation and discussion topics also included:

- LCME Standard ED-33: "There must be integrated institutional responsibility in a medical education program for the overall design, management and evaluation of a coherent and coordinated curriculum."
- Emphasis on having an overall vision for the curriculum – into M2 and across all four years
- Application of horizontal and vertical integration
- Cross-reference of current topics and learning objectives in Cellular & Molecular Medicine (CMM), Cell & Tissue Biology (CTB) and Physiology; overlap among these courses and also with Medical Human Gross Anatomy & Embryology and Human Genetics
- Possible course / topic delivery schematics to allow for improved integration
- Benefits of correlation and integration for students' learning and retention
- Methods of pedagogy and assessment appropriate for the achievement of the program's educational objectives
- Plan to research and compare models and learning objectives from other schools
- Need for involvement of content experts
- Consideration of resources – Quillen faculty & staff / other
- Integration being facilitated by the consolidation of the former basic science departments into Department of Biomedical Sciences
- Goals and timelines; working group's ideas and plans are to be brought back to MSEC

ACTION:

MSEC determined that curricular changes to eliminate unplanned redundancies will be developed and implemented for academic year 2013-2014, with complete integration (specific format to be determined) of CMM, CTB, Physiology & Human Genetics implemented by Fall 2014.

4. LCME Limited Site Visit: ED Standards (Noncompliance & In compliance with monitoring)

Breakout Session 1 [~45 min.]

Working Group A	Working Group B
Caroline Abercrombie Howard Herrell Ramsey McGowen Jessica White Cindy Lybrand	Dave Johnson Theresa Lura Paul Monaco Ken Olive Rebekah Rollston Lisa Myers Cathy Peeples

TASK: Review and give input on segment of Briefing Book draft that addresses ED standards.

Committee discussion that followed focused primarily on ED-33, M1 integration and MSEC action to be taken; also, suggestions were made for minor edits in the Briefing Book document.

5. Report to MSEC – [M3/M4 Review Subcommittee]

Dr. Jill McCarley, Subcommittee Chair

Comprehensive Review of Psychiatry Clerkship – Rakesh Patel, MD, Clerkship Director

- Student feedback regarding this clerkship, including the lack of opportunity for hands-on experiences at the VA, was reported
- Subcommittee had no formal action items for MSEC, but informed the committee of their agreement with Dr. Patel’s plan to shorten the VA rotation and add a structured outpatient component beginning in Fall 2013

ACTION:

MSEC accepted the M3/M4 subcommittee’s Comprehensive Review of Psychiatry Clerkship report and will monitor the progress and implementation of the department’s changes.

Annual Review of OB/GYN Clerkship – Howard Herrell, MD, Clerkship Director

- High level of student involvement considered a strength of the rotation, but students’ experiences vary depending on subrotation assignments and patient volume

- Expanding the number of department faculty teaching medical students is seen as a necessity
- Clerkship Director requested faculty development sessions covering technology tools for teaching and design and organization of the course website

ACTION:

The committee accepted the M3/M4 subcommittee's Annual Review of OB/GYN Clerkship report.

On a motion by Dr. Abercrombie and seconded by Dr. McGowen, members voted (with Dr. Herrell abstaining) to require that every OB/GYN clerkship rotation is to include one week of general OB/GYN ambulatory clinic, effective July 1, 2013; the week of reproductive endocrinology / urogynecology will remain the same.

Annual Review of Surgery Clerkship – Tiffany Lasky, DO, Clerkship Director

- It is apparent that Dr. Lasky diligently seeks ways to improve the experience and finds solutions for students' issues and concerns; changes have been implemented recently and more are planned for next year
- Students are provided with the encouragement and tools to take ownership of their learning experience; rotating at two of the three hospitals (HVMC, JCMC, VAMC) per period adds variety
- Subcommittee had no formal action items for MSEC

ACTION:

The committee accepted the M3/M4 subcommittee's Annual Review of Surgery Clerkship report.

6. Information Item: Curriculum Management System – New Innovations Curriculum Module

Ms. Cindy Lybrand informed the committee of New Innovations' and our progress, plus what's next in developing and migrating to this online CMS.

Topics / examples / demonstration included:

- Course / Clerkship Schematic
- Report / Query
 - QCOM Data from Keyword search / query
 - QCOM Data with depth of coverage by year (course level)
- Keywords 2010 at session level (instances)
- Reporting topics 2013 (course level only - MeSH mapping)
- BETA Schools with ETSU in New Innovations
 - Eastern Virginia Medical School
 - Louisiana State University School of Medicine
 - University of Texas Medical Branch School of Medicine
- Timeline: 2013 Keywords at session level to be entered by mid-late May

7. Curriculum Content (Gaps) Report: Human Sexuality

The committee reviewed the report prepared by Ms. Cindy Lybrand summarized as follows.

Curricular changes related to topic: M1/M2 Workshops (+ M1 OSCE) implemented in 2007

Related topics / Keywords: Sexual Development, Sexuality, Cultural, Diversity; included results of a query in New Innovations CMS based on keywords that showed depth of topic coverage

- Content in required curriculum:

Course / Clerkship	Depth of Coverage	Course / Clerkship	Depth of Coverage
M1: COL: Human Sexuality Workshop I Lifespan Development	Basic Basic	M2: Intro to Clinical Psychiatry Pharmacology PoM: Human Sexuality Workshop II	Basic Basic Intermediate
M3: Pediatrics Psychiatry Community Medicine Surgery	Basic Basic Intermediate Intermediate		

- Outcome data

2012 Graduation Questionnaire (GQ) item:

(Rate) your instruction in the following area – Human Sexuality
[5.1% Inadequate 79.5% Appropriate 15.4% Excessive]

2012 Quillen Residency Questionnaire (RQ) items:

Sensitivity with regard to patients' culture, age, gender, race, ethnicity, sexual orientation and disabilities (4.08/5.0)

Outstanding [Top 5%] 14 (28.57%)	Excellent [Top 25%] 25 (51.02%)	Satisfactory [Meets expectations] 10 (20.41%)
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ACTION:

On a motion by Dr. Abercrombie and seconded by Dr. Herrell, MSEC agreed that curriculum coverage of the topic of human sexuality is appropriate.

8. Information Item: Quillen Curricular Innovations

Dr. Abercrombie spoke in regard to attending / presenting at the American Association of Anatomists annual meeting in Boston, April 20-24, and about the three recent poster presentations that regarded Quillen's Cadaver Presentations, Integrated Grand Rounds and iPad use in gross anatomy lab.

Dr. Olive expressed his appreciation for all faculty, staff and students involved. [See links to the posters to follow in the Documents / Topics section of the minutes.]

9. Technology Update

Ms. Cindy Lybrand

- Stanton-Gerber Large Auditorium - Projection equipment has been replaced by OIT
 - Opinions expressed that it is considerably better, but could be improved even more
 - Lecture / Screen Capture approved by ETSU AIT / ITGC
- [ExamSoft](#) Information
 - Very positive response to this software's potential (analytics, use for integrated exams); ETSU College of Nursing is using and Gatton College of Pharmacy may purchase as well
 - D2L V.10 (December 2013 -?) and subsequent migration to use of D2L Analytics
- Work started 4/25/13 on upgrades for online testing in A001-A004 Lab
- Anatomy equipment changes are underway

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Abercrombie, MSEC will request that the Dean's office purchase a license for ExamSoft. If / when available, MSEC would expect that all M1/M2 courses begin using it in 2013-2014.

10. Information Item: Case Database Summary

See list of Curriculum Integration Framework (CIF) cases linked to M1/ M2 courses where they are currently used:

[On T: Drive] T:\Curriculum Management System\Curriculum Integration Framework Diseases or Conditions\Summary of Cases.xlsx

Documents / Topics

Draft: [Outcomes Subcommittee] – Post-Graduation Program Effectiveness Outcome Measures

Proposal: Improved Integration of First Year Basic Science Courses

Excerpt: QCOM – Briefing Book: ED Standards – LCME Limited Site Visit – June 24-26, 2013

Reports: [M3/M4 Review Subcommittee]

Comprehensive Review Psychiatry Clerkship

Annual Review of OB/GYN Clerkship

Annual Review of Surgery Clerkship

Examples: New Innovations

QCOM Data from Keyword Search / Query

QCOM Data with ‘depth’ of coverage by year (course level)

Curriculum Content (Gap) Report: Human Sexuality

National Standards and/or Models for Curricular Content:

[Sexual Health Curricula in U.S. Medical Schools: Current Educational Objectives](#)

[The Center of Excellence for Sexual Health / National Advisory Council](#)

[Joint AAMC-GSA and AAMC-OSR LGBT Guides](#)

3 Quillen Poster Presentations:

[Cadaver Presentations](#) – “An integrative, clinical approach to anatomy”

[Integrated Grand Rounds \(IGR\)](#) – “Team-taught Grand Rounds Promote Horizontal and Vertical Integration in a Discipline-Based Medical Curriculum”

[iPad Use in Gross Anatomy Lab](#) – “Innovative Technology Expands Student Laboratory Experience During Medical Gross Anatomy Course: Addition of iPads® in lab revolutionizes how anatomy is taught”

[Example: D2L Analytics – Quiz Item Analysis Report](#)

Case Database Summary

Announcements

The next MSEC meeting will be on May 7, 2013.

Adjournment

The Retreat adjourned at 4:15 p.m.