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3-18-2014

2014 March 18 - 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 18, 2014**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, March 18, 2014 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ramsey McGowen, PhD
Caroline Abercrombie, MD
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Jessica White, M4
Jeremy Brooks, M3
Rebekah Rollston, M2
Jessica Arthur, M1

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

Tiffany Lasky, DO, MS
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes from the 1-28-14*, 2-4-14 & 2-18-14 meetings were approved as distributed. [*De facto approval via email, 2-25-14]

2. Topics

a. Update: Policy for Periodic and Comprehensive Review of the Curriculum

Members' discussion and feedback regarded the latest revisions in the policy, plus the two accompanying tables: 1) a date/action table for tracking the annual and comprehensive reviews of all required courses/clerkships, and 2) the table showing the 3-year cycle for comprehensive reviews. Policy edits included changes in nomenclature, further delineation of roles and responsibilities and insertion of time frames.

b. Update: Crosswalk for QCOM Commencement Objectives and AAMC Physician Competency Reference Set (PCRS)

Dr. McGowen presented the crosswalk document in its current form and discussed the work to be done in anticipation of PCRS adoption effective July 1, 2014. [\[MSEC 2-4-14\]](#)

c. Quarterly Report: Outcomes Subcommittee; 2/26/14 Meeting

Dr. McGowen

- The following benchmarks were reviewed as scheduled for the spring quarter

[50% of students will score at or above the national mean on NBME Subject Exams.]

2 of 4 applicable Fall semester M1/M2 courses met this measure and 2 failed:

- Cellular & Molecular Medicine (Biochemistry exam) = 38%, which is up from 21% last year; course director reported that the exam does not reflect course content; at this point in our curriculum students have not had all material the exam covers
- Neuroscience = 42%; plans for additional changes in the 2014 course are underway as is this year's annual review by the M1/M2 Review Subcommittee

[95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Patient Care domain objective.]

Data has been received from 2 of 6 M1/M2 Fall courses:

- Immunology = 97%
- Neuroscience = 100%

[80% of M1/M2 students will achieve a rating of good or above on multisource and / or narrative assessments.]

Course directors in courses utilizing narrative assessment have not yet submitted annual/comprehensive self-studies to report this information.

[Courses with a greater than 25% dissatisfaction rating on student evaluations are targeted for an in-depth review by the respective subcommittee.]

All Fall courses met the benchmark except Neuroscience = 31.88% dissatisfaction (review and changes in progress).

- Update on fall quarter measures

[95% of students will achieve a passing grade on institutionally developed course/clerkship assessments...]

It was previously reported that the Immunology and Microbiology courses did not meet this benchmark. After discovering that both course directors misinterpreted the self-study question regarding the measure, the question was reworded on the forms and the courses were found to have met the benchmark.

[95% of students will pass performance-based assessments on the first attempt.]

The results of the June OSCE were not yet available to review; all student reviews have now been completed and a report is pending.

- Carry-over review item: “Physician-patient communication skill with proper use of an interpreter as needed” was ranked ~ 27% inadequate on the GQ the last two years

Following subcommittee and MSEC discussions on how instruction could be incorporated into the curriculum, Dr. Abercrombie developed a proposal and an educational session on the use of interpreters, to include a PowerPoint presentation, 3 videos and a quiz, is now planned for the June 2014 Transitions course.

- New proposal for use of the Comprehensive Basic Science Exam (CBSE)
 - Administer CBSE at the end of M1 and again in early January of M2
 - Students who score at or below 2 standard deviations below the class mean will be 1) required to formulate a remediation/study plan and present it to the EAD for consideration and 2) placed on the Student Promotions Committee agenda for monitoring
 - Outcomes Subcommittee will review data after two years to determine if a benchmark should be established and what it should be

- Comprehensive review of benchmarks

It was the consensus of the subcommittee to review all benchmarks after 4 years to coincide with the review of the curriculum as a whole and determine if changes, additions or deletions should be made.

ACTION:

Following discussion, on a motion by Dr. Herrell and seconded by Dr. Abercrombie, MSEC accepted the Outcomes Subcommittee’s spring quarterly report.

Further discussion and a decision regarding use of the Comprehensive Basic Science Exam was tabled still pending submission of proposals in addition to the one from the Outcomes Subcommittee. Topic will be revisited at the 4/22 meeting.

d. Report to MSEC: [M3/M4 Review Subcommittee] Annual Review of 2012-2013 Rural Primary Care Clerkship – Joe Florence, MD, Clerkship Director

Dr. Mullersman, Subcommittee Chair [Primary reviewers: John Schweitzer, MD & Michelle Tanner, M4]

- Clerkship reported to be excellent; evaluated and deemed appropriate:
 - Content and sequencing within curriculum
 - Instructional hours and length of clerkship

- Instructional methods

Active learning methods are a strong aspect of this clerkship, with students self-reporting deep and meaningful engagement in a variety of clinical settings. Didactics are appropriate and based on review of student evaluations, appear to have been strengthened in the recent past.
- Assessment methods
 - Appropriately related to objectives
 - Narrative assessments performed (MSEC modification since last review)
 - Use of a variety of other suitable methods
 - Institutionally developed final exam
- Short-term recommendations
 - An effective quality improvement process appears to be in place, but documentation needs to be formalized to facilitate annual reporting to MSEC
 - [Review process] Need to improve clarity of some of the self-study questions and provide more instruction
 - [Review process] Need to contact course/clerkship directors regarding omissions or inconsistencies in the self-studies
- Long-term recommendation
 - Implementing the proposed plan for student-initiated clinic experiences

Discussion regarded aspects of the clerkship; also, the review process, including members' continued access to course D2L sites and probability of generating online self-study forms.

ACTION:
On a motion by Dr. Herrell and seconded by Dr. Monaco, MSEC accepted the M3/M4 Review Subcommittee's report of their annual review of the Rural Primary Care clerkship.

e. Proposal: Family Medicine – Addiction Medicine Elective

Abridged excerpt:

Location(s):	High Point Clinic, Johnson City
Instructor(s):	Dr. Tracy Goen, (979) 224-0717 tracy.goen@gmail.com Dr. Vance Shaw, (423) 631-0731 vanceshaw@gmail.com And other healthcare providers working in this clinic
Responsible Faculty:	Dr. Tracy Goen
M3 Specialties Clerkship:	Yes
Max. students per period:	1
Goal:	To develop a comprehensive understanding of opioid addiction and Medication Assisted Treatment (MAT)
Course Outline: (Topics/ types of activities)	1. View the HBO series <i>Addiction</i> 2. Participate / understand importance of working with a multidisciplinary team in evaluation and treatment of individuals who suffer from addiction

	<p>3. Become proficient in performing an addiction focused H&P, including administration of the Addiction Severity Index (ASI)</p> <p>4. Learn about MAT of opioid addiction, as well as other types of chemical dependence, including alcoholism</p> <p>5. Management of pregnant patients currently receiving MAT</p> <p>6. Participate in the evaluation and treatment of co-occurring medical and psychiatric disorders</p> <p>7. Attendance: Minimum of 4 clinics/week, weekly staffing meetings and meet one-on-one with attendings</p>
Objectives:	<p>At the conclusion of this rotation, the student will be able to:</p> <p>>Take histories, examine patients, order and interpret tests necessary to diagnose and manage patients with addiction issues under the supervision of members of the clinic's multidisciplinary team.</p> <p>>Function in an interprofessional team while assisting with care of patients.</p> <p>>Through evidence-based inquiry, patient encounters and interprofessional team participation, demonstrate knowledge, clinical skills and behaviors required to appropriately address:</p> <ul style="list-style-type: none"> • concept of addiction • addiction as a biopsychosocial and spiritual disease • lifestyle and behavior associated with addictive disease • neurobiology of reward and addiction • 12 step programs and the principles behind each step • opioid maintenance treatments (OMT), both maintenance and tapering protocols and the advantages/disadvantages of buprenorphine vs. methadone • urine drug screens <p>>Demonstrate knowledge and experience with Risk Evaluation & Mitigation Strategies (REMS) utilized in Office-based Buprenorphine Opiate Treatment (OBOT) through evidence-based inquiry, discussion with the interprofessional team and application to clinical encounters</p>
Educational Methods:	Clinical Experience, Discussion, Self-Directed Learning
Assessment Methods:	Clinical Performance Rating, Participation

Members reviewed and discussed the course goals, objectives and methods. Discussion also regarded Family Medicine chair, Dr. John Franko's support for Dr. Goen, who is a board-certified addictionologist, and his confidence in this clinic.

ACTION:
On a motion by Dr. Monaco and seconded by Dr. Mullersman, MSEC approved the Addiction Medicine elective.

f. Standing Agenda Items: Updates on Subcommittees, Working Groups & Technology

- Curriculum Integration Framework (CIF) group met on 3/14; they plan to meet with Dr. Russ Hayman on 3/19 to work on clinical correlations for the Microbiology course
- Nutrition group met on 3/13
- M1/M2 Review Subcommittee's next meeting is scheduled for 3/25

3. Recent documents / topics

Draft revision: Policy for Periodic and Comprehensive Review of Curriculum

Revised Tables:

*2012-2013 & 2013-2014 Annual and Comprehensive Review of Courses/Clerkships
2012-2013 to 2014-2015 Cycle for Comprehensive Review*

Crosswalk between QCOM Commencement Objectives and Physician Competency Reference Set (PCRS)

Quarterly Report – Spring 2014: Outcomes Subcommittee

Report: [M3/M4 Review Subcommittee] Annual Review of Rural Primary Care Clerkship

M4 Elective Proposal: Family Medicine – Addiction Medicine

4. Announcement

M1/M2 Course Development Luncheon – 3/26/14
“New Approaches to Evaluation of Courses”
Presentation by Dr. Ramsey McGowen

The next MSEC meeting will be on (4th Tuesday) April 22, 2014.

5. Adjournment

The meeting adjourned at 6:02 p.m.