12-16-2014

2014 December 16 - Medical Student Education Committee Meeting Minutes

Medical Student Education Committee, East Tennessee State University

QUILLEN COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee
Meeting Minutes
December 16, 2014

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, December 16, 2014 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:
Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Reid Blackwelder, MD
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Jerry Mullersman, MD PhD
Paul Monaco, PhD
Ken Olive, MD
Rebekah Rollston, M3
Jessica English, M2

Ex officio / Non-Voting Members & Others Present:
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Robert Acuff, PhD, co-chair M1/M2 review subcommittee
Anna Gilbert, MD
Lorena Burton

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes of the November 18, 2014 meeting were approved as distributed without change.

2. MSEC meeting dates

The following schedule for the remainder of the academic year which is posted on the MSEC website was presented for information:

January 20, 2015, 12:00 noon, half day MSEC retreat
February 17, 2015, 4:15 pm
March 17, 2015, 4:15 pm
April 21, 2105, 4:15 pm
May 19, 2015, 4:15 pm
June 16, 2015, 12:00 noon, half day MSEC annual meeting

3. Family Medicine Subinternship Proposal

At the August 19, 2014 meeting the concept of an inpatient focused Family Medicine subinternship was discussed as an alternative to the Internal Medicine Inpatient Selective. MSEC

approved the concept in principle with formal approval pending submission of the Sr. Selective / Elective proposal form.

Dr. Blackwelder presented the proposed selective course and reviewed the formal course submission. Features of this selective that distinguish it from the Internal Medicine Inpatient Selective are an emphasis on clinical care teams involving pharmacists and social workers and participation in a transition of care ambulatory clinic to followup recently discharged patients. The required procedures will be completed in the simulation lab.

The proposed objectives, educational methods, and assessment methods follow.

Course / Clerkship Objective ***At the conclusion of this rotation the student will be able to:***	**QCOM Institutional Educational Objective**	**Educational Method(s)**	**Assessment Method(s)**
1. Perform an initial admission history, physical exam, and utilize as the basis for the assessment and plan.	EPAs 1 and 3	1.Clinical experience – inpatient; 2. Patient presentation-learner	1.Clinical performance rating/checklist. 2.Clinical documentation review. 3.Oral Patient presentation
2. Enter admission and discharge notes into the patient's medical record and review these with the senior resident and attendings.	EPAs 4 and 5	1.Clinical experience - inpatient	1.Clinical performance rating/checklist 2.Clinical documentation review. 3. Oral Patient presentation
3. Develop differential diagnosis of the common medical, surgical, pediatric and gynecological conditions for hospital admissions.	EPAs 2,3 and10	1.Clinical experience – inpatient. 2.Patient presentation-learner	1.Clinical performance rating/checklist 2.Clinical documentation review. 3.Oral patient presentation
4. Develop skills in communicating with family members and other team members through clear and concise written notes and through regular verbal contact with attendings and the consultants, including presenting in rounds, handing off of care to incoming team, and	EPAs 4,5,6,8 and 9	1.Clinical experience – inpatient. 2. Patient presentation-	1.Clinical performance rating/checklist 2.Clinical documentation

direct consulting with referring physicians		learner	review. 3.Oral Patient presentation
5. Develop patient-centered interviewing skills and communication skills with patients and patient families through individual and family meetings to obtain informed consent, communicate plans and resolve differences concerning treatment plan, advance directives, surgical decisions, etc.,	EPA 11	1.Clinical experience – inpatient. 2. Patient presentation-learner	1.Participation
6. Integrate patient management skills with the appropriate medical, diagnostic, assessment and treatment plan suggestions offered by the medical team	EPAs 3, 4 and 11	1.Clinical experience – inpatient. 2.Patient presentation-learner	1.Clinical performance rating/checklist. 2.Clinical documentation review. 3.Oral Patient presentation
7. Develop medical diagnosis and treatment plans with increasing sophistication utilizing pathophysiology of common diseases, as well as pharmacology of common drugs while working within an interprofessional team	EPAs 4 and 9	1.Clinical experience – inpatient. 2.Patient presentation-learner	1.Clinical performance rating/checklist. 2.Clinical documentation review. 3.Oral Patient presentation
8. Demonstrate formulation of evidence-based inquiries and utilization of point of care resources to locate approperiate information.	EPA 7	1.Clinical experience – inpatient. 2.Patient presentation-learner	1.Clinical documentation review. 2.Oral Patient presentation
9. Demonstrate medical ethics and professionalism, including punctuality, reliability, responsibility, and respect for other team members and patients, as well as the role of the physician within a team.	EPAs 9 and 13	1.Clinical experience – inpatient. 2.Patient presentation-learner	1.Clinical documentation review. 2.Oral Patient presentation
10. Perform routine medical procedures (lumbar puncture, thoracentesis, paracentesis) employing sterile technique and universal precautions	EPA 12	1. Clinical Experience-inpatient.	1.Participation

		2. Demonstration	

Actions: Motion by Duffourc, Second by Herrell, unanimously approved

The Family Medicine Subinternship is approved as an alternative selective to meet the Subinternship selective requirement effective July 2015.

4. Proposal for change in the M4 Selectives Policy

Cathy Peeples, Clinical Medical Education Coordinator, presented a proposal to allow students to complete subinternships for selective credit at other institutions. Current policy requires that all selectives be completed at Quillen. However, most years a few students request and are granted special permission to complete these selectives at other medical schools. This change would allow the option of students not having to effectively repeat a subinternship experience when they have participated in an equivalent experience as an elective at another medical school. Allowing students to complete internal medicine and family medicine subinternship requirements at other institutions would help address scheduling issues that arise when senior student schedules change, especially given the limited capacity locally.

Proposal: Beginning in the 2015-16 academic year, those students who schedule an away elective which meets the Quillen Inpatient Subinternship selective criteria in either Internal or Family Medicine may request the away rotation be credited as satisfying the Inpatient Subinternship requirement.
In order to be considered for substitution,

- the student must submit the request,
- the away rotation must meet the established Quillen criteria,
- the course description must be submitted for review, and
- the request approved by the corresponding Subinternship Director and the Executive Associate Dean for Academic Affairs.

If the substitution is approved the student will be notified and the schedule changed accordingly.

Action: Motion by Herrell, Second by Blackwelder, unanimously approved.

Proposal accepted as submitted above.

5. Integrative Medicine Elective

Dr. Anton Borja, Department of Family Medicine submitted a proposal for an Integrative Medicine elective. While the proposal form was received no one present at the meeting had specifically discussed the proposed elective with Dr. Borja. Dr. Blackwelder briefly summarized some of the positive attributes including acupuncture exposure, an integrative approach including prevention, behavioral, lifestyle modification and osteopathic manipulative therapy. Discussion included questions related to the scientific basis for and the qualifications of some possible participants such as herbalists, meditation instruction, and health nutrition coaches. The focus of the concern was that if these are included in a course offered by the College of Medicine, the inclusion might be viewed as an endorsement by the College of Medicine which might be inappropriate. It was felt that to appropriately evaluate this proposal Dr. Borja needed to be present to respond to questions and concerns.

Action: Motion by Monaco, Second by Mullersman, unanimously approved.

Table the proposal until the January meeting and invite Dr. Borja to be present to address questions and concerns.

6. M1/M2 Review Subcommittee Report

Dr. Johnson, subcommittee chair, presented four annual reports:

Introduction to Clinical Psychiatry

Short-term recommendations to MSEC:

- The committee agrees with Dr. Bird's planned changes for next year.
- Academic Affairs needs to ensure that all course directors, including Dr. Bird, are provided with sufficient protected time for the execution of their duties. Support for faculty teaching is needed to at the highest levels of the administration.
- Dr. Bird needs to be provided with the resources required for her to be able to implement ExamSoft testing in her course.

Long-term recommendations to MSEC:

- Faculty directing lecture intensive courses should have adequate release time from their other duties. A formalized calculation for determining academic/teaching time for course directors should be developed. At other medical schools, the administrative responsibilities of a course director of a major course merit a 50% FTE.
- A formalized mechanism for training course directors in their responsibilities and available resources would be immensely beneficial and help to insure smooth transitions between course directors.
- A committee should be formed to examine social/behavioral science curricular restructuring as part of the move towards curricular integration. Some options under potential consideration may include identification of the ideal location for Lifespan Development in the curriculum (would it be more appropriate to offer it Fall Semester of Year 2?) or possible merger of Lifespan Development with ICP.

Discussion involved whether 50% FTE release time was appropriate for all courses as courses vary in intensity and credit hours.

Action: At the recommendation of the subcommittee, MSEC unanimously approved the report. The EAD will communicate with the dean and department chair regarding assessment of release time and support personnel needed for this course.

Practice of Medcine

Short-term recommendation to MSEC:

- Assist course director in improving the timely return of feedback on history and physical written assignments by recruiting faculty graders, adjusting the assignment structure or altering expectations (suggestions below in comments to the course director).

Long-term recommendations to MSEC:

- Electronic pre-population of course forms to reduce workload on course directors.
- Facilitate and explore incorporation of electronic health records into the course.

Action: At the recommendation of the subcommittee, MSEC unanimously approved the report.

Pharmacology

Short-term recommendations to MSEC:

- Action Item: Pharmacology requires extensive administrative, organizational, and technical support, as do other preclinical courses. Although some secretarial support has recently been directed toward Pharmacology, more is needed and none is currently available for Immunology or Microbiology.
- M1M2 Curriculum Review Sub-Committee agrees with Dr. Duffourc's recommendation that MSEC devise a stricter policy on exam rescheduling. Specifically, the policy should focus on which activities are acceptable grounds for rescheduling an exam, and it should also establish a grade threshold, below which students may not miss exams for extracurricular purposes.

Long-term recommendations to MSEC:

- MSEC needs to be cognizant of the amount of administrative and technical activities is required of course directors (course director meetings, educational committee work, paperwork, learning how to use new technologies such as ExamSoft, etc). These responsibilities have greatly increased since our LCME accreditation review, and in some courses, course support has decreased. This is an important consideration, especially in light of the diminishing number of faculty, and the fact that faculty are generally not relieved of their other professional responsibilities to make more time for instruction-related activities.

Discussion included the current process originating from M1 and M2 course directors to standardize an institutional examination policy. A draft of the policy is circulating among course directors and is to be reviewed by the Organization of Student Representatives and the Honor Council before coming to MSEC.

Action: At the recommendation of the subcommittee, MSEC unanimously approved the report with the exception of Dr. Duffourc's abstention as course director.
The EAD will communicate with the dean and chair regarding staff support for this course.

Pathology I and II

Short-term recommendations to MSEC:

- Pathology teaching faculty (as well as some other COM faculty) could benefit from a tutorial on writing exam questions to more closely resemble encounter on the Shelf and Step exams. We recommend that MSEC sponsor a session focused on writing exam questions. Additionally, it would be a positive step forward to provide access to USMLE World where the content is updated throughout the year and faculty can benefit from the question bank (Qbank) providing examples of questions students will encounter for Step exams.
- From information on the Pathology D2L site it appears that the shelf exam scores are not being used for grading as intended by MSEC. In discussion with Dr. Brown in preparation for this review, he indicated that going forward the Shelf Exam will make-up 15% of the final grade.
- Technology/computer issues have been a problem on occasion in the Path course and have resulted in the need for paper exams for some students. Access to a technology specialist that to assist with this issue as well as other technology based problems would be beneficial to course directors.

Long-term recommendations to MSEC:

- Several students indicate that they utilize outside resources (as noted below) to either augment or substitute for an adequate grasp of pathophysiological mechanisms in preparation for

the Shelf exam and Step 1. Further exploring the percentage of students opting to utilize this mechanism instead of the current Pathology course presentation is warranted.

Discussion included the positive student evaluations of their pathophysiology education on the AAMC 2014 Graduation Questionnaire. The rating of 3.5/4.0 was the same as the national average. Similarly student performance on "Systemic pathology and pathophysiology" portion of the NBME subject exam in spring 2014 was at the national average. The subcommittee noted that on the last exam in the course the questions were becoming more similar to USMLE type question. Finally the propriety of students using outside sources for study was discussed. The consensus was that self-directed learners are likely to use multiple sources beyond those recommended by the course and that this is a desired behavior.

Action: At the recommendation of the subcommittee, MSEC unanimously approved the report.

7. M3/M4 Review Subcommittee Reports Timeline

Due to the change in the timeframe for collecting annual reports from clerkship directors in addition to the push to get all reviews done in advance of the year 4 review of the curriculum as a whole, the M3/M4 Subcommittee is faced with a larger than planned number of reviews to be conducted. In light of this Drs. McGowen and Olive have discussed with Dr. Mullersman waiving the usual turnaround time for this review cycle with the understanding that all work reviews will be completed by the end of the 2015 calendar year.

Action: Motion by Johnson, second by Herrell, to waive the turnaround time for this review cycle. Unanimously approved.

8. Outcomes subcommittee

Dr. McGowen presented the quarterly outcomes subcommittee report.

Seven benchmarks were met.

Patient Care	90% of graduates will rate as "satisfactory" or above on Program Directors' Evaluation of PGY-1 residents	Responses to all 3 questions relating to Patient Care exceeded the benchmark.
Practice Based Learning and Improvement	90% of graduates will rate as "satisfactory" or above on Program Directors' Evaluation of PGY-1 residents	Responses to both questions relating to Practice-based Learning and Improvement exceeded the benchmark.
Interpersonal Communication Skills	90% of graduates will rate as "satisfactory" or above on Program Directors' Evaluation of PGY-1 residents	Responses to all 3 questions relating to Interpersonal Communication Skills exceeded the benchmark.
Professionalism	90% of graduates will rate as "satisfactory" or above on Program Directors' Evaluation of PGY-1 residents	Responses to all 3 questions relating to exceeded the Professionalism benchmark.
Systems-Based Practice	90% of graduates will rate as "satisfactory" or above on Program Directors' Evaluation of PGY-1 residents	Responses to all 4 questions relating to exceeded the Systems-Based Practice benchmark.

Benchmark:	"90% of graduates will be rated as "fulfilling" Program Directors' expectations of a first year resident	Responses exceeded the benchmark.
Benchmark	Courses with a ranking of greater than 25% student dissatisfaction rate overall for the course (ranking of 1 or 2) are targeted for an in-depth review to be completed by the respective subcommittee.	A review of all Senior Electives and Selectives found no rotation met the threshold.

Three benchmarks were not met

Medical Knowledge	50% of students will score at or above the national mean on NBME subject exams* (has been recalculated)	• Fall: M1 & 2 NBME exams to date: Anatomy: 25% of students scored at or above the national mean-did not meet benchmark. • Jr. Clerkships for 2013-14: 2 of 5 clerkships (Peds & Psy) met the target*
Medical Knowledge	90% of graduates will rate as "satisfactory" or above on Program Directors' Evaluation of PGY-1 residents	1 of the 2 questions relating to Medical Knowledge met the benchmark. *"Using basic science knowledge to solve clinical problems*" had a combined "Exceeds" and "Meets" expectations of 84.21% while "Assimilates, analyzes and correlates information to clinical situates" had a 90% agreement rate
Interpersonal Communication Skills	95% of students will pass performance based assessments on the first attempt	94% passed: 4 students failed and 2 had deficiencies. Dr. Abercrombie has met with each student and each will be required to complete a remediation OSCE before the end of the 3rd year.

*Data related to the Medical Knowledge NBME benchmark from last quarter also was reviewed since the data were not available at the last meeting of the Outcomes Subcommiittee meeting. Other courses that did not meet this benchmark were CMM, Physiology, Pathology and Neurosciences.

A general discussion occurred about the use and interpretation of NBME shelf exam scores. Until this academic year, the benchmark computations have been based on the projected means established when the NBME Subject exams were designed instead of the actual means from test delivery. The Outcomes Subcommittee has switched to using the actual mean for comparing our performance to the national mean. These means have tended to be higher than the projected mean, so the number of Medical Knowledge benchmarks not met has increased, but this gives a more accurate representation of actual student performance.

The Outcomes Subcommittee also recommended new benchmarks for the two new Institutional Educational Objectives in the domains of Interprofessional Collaboration and Personal and Professional Development.

Interprofessional Collaboration	*90% of graduates will be rated at least "meets expectations" for working effectively within a team to provide patient-centered care.* **Data Source**: Annual Program Directors' Evaluation of PGY-1 survey questionnaire in the Patient Care section

90% of graduates will be rated at least "meets expectations" for effectively communicating as a member of a health care team

Data Source: Question to be added to the next Program Directors' Evaluation of PGY-1 survey questionnaire in Interprofessional Communication Skills section

75% of graduates will report the nature of the learning experience(s) with other health professions students: as active engagement with patients

Data Source: GQ responses: (2014 GQ question 17C)

90% of students will be rated of "between fair and good" or above on the M3 clerkship assessment question addressing relationships with the health care team.

Data Source: M3 student assessment form, question 10

10. **Relationship with Health Care Team**

1 - Inadequate - Insensitive to needs, feelings and wishes of health care team members, poorly integrated into the team	**2 - Between Inadequate & Fair**	**3 – Fair** - Sometimes has difficulty relating to health care team members	**4 - Between Fair & Good**	**5 - Good** - Relates well to most of the health care team, functions well within the team structure	**6 - Between Good & Outstanding**	**7 - Outstanding** - Respects the feelings, needs and wishes of all health care team members, highly integrated into the team structure	Not Observed/Not Applicable

Personal and Professional Development

90% of students will report being at least satisfied with the Personal Counseling and Student Mental Health Services.

Data Source: GQ responses: (2014 GQ questions 20). Responses of greater than a 25% overall dissatisfaction rating will be targeted for a review.

90 % of students will report being at least adequately prepared to recognize and address personal stressors and/or academic challenges during medical school.

Data Source: New question add to Keystone end of course survey:

How well prepared do you feel you were to recognize and address personal stressors and/or academic challenges during medical school? (Well prepared; adequately prepared; not well prepared)

a. What QCOM resources did you utilized to aid with any personal stressors or academic challenges?
b. Do you feel there were adequate resources to help you with any personal stressors and/or academic challenges during medical school?
c. Suggestions for improvement/changes in resources available to students to aid with personal stressors and/or academic challenges?

90 % of students will receive a rating of "between fair and good" or above on the M3 clerkship assessment question addressing skills and attitudes toward at self-improvement

Data Source: M3 student assessment form question 11:

11. **Self-Improvement**

1 Inadequate - Completely unaware of own	**2 - Between Inadequate & Fair**	**3 - Fair** - Resistant or defensive in accepting constructive feedback,	**4 - Between Fair & Good**	**5 - Good** - Accepts constructive feedback	**6 - Between Good & Outstanding**	**7 - Outstanding** - Solicits and receives	Not Observed/Not Applicable

	inadequacies, refuses to consider or make changes		makes those offering suggestions uncomfortable because of lack of receptiveness		when offered, makes an effort to improve, does some supplemental as well as required reading		constructive feedback with interest and grace, able to effect change, motivated to expand knowledge, does extensive supplemental reading	

Action: Motion by Abercrombie, Second by Duffourc, to accept proposed new benchmarks, unanimously approved.

Motion by Mullersman, Second by Monaco to accept the Outcomes subcommittee report on quarterly monitoring.

At the January 2015 retreat MSEC will devote a significant amount of time to review of trends in USMLE step exam scores as well as NBME subject exam scores.

9. Curriculum Integration Framework (CIF) working group report.

At the November 18, 2014 MSEC meeting the Curriculum Integration Framework working group was tasked with drafting a proposal to evaluate the content of curricular threads, develop systematic review of objectives, and propose a mechanism of oversight for curricular threads. Dr. Herrell reported that the working group was enthusiastic about this activity and proposed a process that includes:

MSEC identifying threads for CIF to work with
CIF evaluating the content of the thread
CIF developing proposed goals and objectives for the thread to MSEC
CIF suggesting appropriate oversight of approved threads to MSEC

Action: Motion by Monaco, second by Mullersman to change this from a working group to a standing subcommittee of MSEC – the Curriculum Integration Subcommittee and to charge the subcommittee to begin working on the evidence-based medicine thread.

Dr. Olive and Dr. Herrell will work on a proposed charge and procedure to bring back to MSEC.

10. Announcement: The next Connecting with the Secretariat session will be held January 15, 2015 1:30-3:30 PM (ET). The topic will be Element 3.5 (learning environment/professionalism) | MS-31-A (learning environment and professionalism). These open sessions are held in the Academic Affairs conference room.

Adjournment

The meeting adjourned at 6:15 p.m.

Recorded by Kenneth E. Olive, MD.