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2015 July 21 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee

MSEC Minutes: July 21, 2015

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, July 21, 2015, at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall.

Voting Members Present:

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Beth Fox, MD
Anna Gilbert, MD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD
Kenneth Olive, MD
Omar McCarty, M1
Jessica English M2

Rebekah Rollston, M3

Ex officio / Non-Voting Members & Others Present:

Teresa Lura, MD, *ex officio*
Rachel Walden, MLIS, *ex officio*
Robert Acuff, PhD, co-chair M1/M2 review subcommittee
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

Minutes of the June 16, 2015 Retreat and Annual meeting approved as distributed, with exception to the spelling correction noted for agenda item No. 8, third bullet.

2. Ex-officio Appointment

Dr. McGowen introduced Rachel R. Walden, MLIS, Associate Dean, Learning Resources, introduced as a newly appointed Ex-officio member of MSEC. Ms. Walden has been attending and participating in MSEC discussions and has agreed to continue to do so. We welcome Ms. Walden to MSEC.

3. M1/M2 Review Subcommittee: Cellular & Molecular Medicine; Communications for Health Professionals; Clinical Neuroscience; Lifespan

Dr. Acuff presented the **2014-2015 Cellular & Molecular Medicine (CMM) Annual review** under course director, Dr. Mitch Robinson. CMM has made great strides forward and the student's comments reflect this in their overall evaluation of the course.

Short Term Recommendations to MSEC – none

Long Term Recommendations to MSEC – none

There is a third bullet point under comments for MSEC's attention: "There continues to be conflicting management of the courses and the curriculum from the department and the MSEC/academic affairs. There needs to be a clear mechanism for implementation of MSEC recommendations."

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Per Dr. Acuff, the question relates to who has ownership of the department, where the dollars come from for resources in the department and how are recommendations (short or long term) implemented. Who is responsible for implementing recommendations made to the course curriculum?

Dr. Olive commented that faculty salaries are based in the departments so that resource comes from the department. Subject exams are ordered from the departmental budget. Course support staff is paid (for the most part) from the department. There is some staff support from Academic Affairs in some instances. For this course, the department provides the resources and MSEC provides oversight – course objectives, pedagogy, course assessment of students and content. If there was required curriculum change, MSEC could direct the change, but the course director would implement the change and work with the department chair to secure resources for the change.

Dr. McGowen summarized the roles of MSEC and the course faculty. MSEC is a faculty committee that oversees the curriculum and all the things that curriculum comprises, including content, sequencing, assessment and pedagogy. The actual implementation resides with the faculty, employed in specific departments, with specific chairs or vice-chairs. If there is any conflict between someone's faculty role in their department and MSEC requests/actions, then the faculty member can request time with MSEC to help MSEC understand what conflict they have with implementation of MSEC action(s). The faculty member can also speak with their department chair to understand how they might resolve the conflict. It would be a process of communication, where there are conflicts between department resources and MSEC policy.

A motion by Dr. Mullersman to accept the report as presented passed unanimously.

Dr. Acuff presented the **2014-2015 Comprehensive review of Communication Skills for the Health Professional**, directed by Drs. Reid Blackwelder and Rick Hess. The course continues to receive great reviews by the students, with increases in the overall course evaluation for the past three years.

Short Term Recommendations to MSEC – none
Long Term Recommendations to MSEC – none

There are some comments and/or recommendations sent back to the course director, department chair, and EAD related to standardized format of the course. The M1M2 Subcommittee feels confident that the comments and/or recommendations will be addressed without MSEC action.

A motion by Dr. Herrell to accept the report as presented passed unanimously.

Dr. Johnson presented the **2014-2015 Annual review of Lifespan Development**, directed by Dr. Ramsey McGowen. There are no recommendations for the course. The course director is doing a great job.

Short Term Recommendations to MSEC – none
Long Term Recommendations to MSEC – none

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There was one issue raised as to whether the amount of work that is required by the student is greater than the one-hour course credit given. Dr. Johnson commented that the Sub-committee felt that because COM has 18-hour semesters, the course one-hour credit is appropriate. MSEC offered discussion surrounding other courses and their credit hours as examples, but there was no action identified for MSEC.

A motion by Dr. Abercrombie to accept the report as presented passed unanimously.

Dr. Johnson presented the **2014-2015 Annual review of Clinical Neuroscience**, directed by Dr. Eric Beaumont. This course has had a change in course directors during the academic year. The self-study was completed by Dr. Smith, but Dr. Beaumont is now the course director. Attached to the M1M2 subcommittee report is a report by Dr. Beaumont of his plan for changes to the course in the upcoming year.

The major issue raised about the course was that students were not studying for the course because they viewed the exams as too easy. The exam structure will change under the direction of Dr. Beaumont, with Dr. Harrison's assistance, to include pop quizzes and improved exam question structure.

A second issue raised was that the course is taught from the head to the peripheral and the students felt it should be taught from the peripheral to the head. Many Neuroscience textbooks are written in this manner. Dr. Beaumont plans to adopt this organization in the 2016-17, academic year, as he is able to acquire additional faculty in the department with Neuroscience experience. The simulation lab time will increase this year for Neuro-Anatomy coverage. The Subcommittee recommends that given a new course director is taking the helm, and the shelf exam scores are low, another Annual review of Clinical Neuroscience be completed following the Fall 2015 course.

Short-Term Recommendations to MSEC – none

Long-Term Recommendations to MSEC –

Consider separating Medical Neuroscience from Physical Therapy Neuroscience. If this were to occur, Dr. Beaumont should be responsible only for Medical Neuroscience.

MSEC discussion regarding the Physical Therapy students' participation in the simulation lab sessions included discussion about how separation would affect facility availability as well as adequate faculty coverage to teach two courses. Better integration of the courses should be the goal, rather than trying to disband the integration, especially when our COM Institutional Educational Objective 7.0 speaks to Interprofessional Collaboration. Dr. Herrell noted that the Rehabilitation Thread report identifies that our interdisciplinary action with the Physical Therapy students is a strong point in our curriculum.

A motion by Dr. Herrell to not accept the long-term recommendation due to inconsistency with the COM Institutional Educational Objectives; yet recognize the concern for the medical students with the way the course is integrated with the Physical Therapy Students and to look for better ways to integrate the students as part of the Year 4 Program Evaluation. The motion seconded by Dr. Monaco, was unanimously accepted.

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4. M3/M4 Review Subcommittee: 13-14-C-OB-Gyn Clerkship – Dr. Mullersman

Dr. Mullersman presented the **2013-2014 Comprehensive review of the OB-Gyn Clerkship** with Dr. Jernigan as Clerkship Director. Dr. Mullersman identified many positive things about this clerkship and a couple of concerns. One concern is the clerkship average NBME score is lower compared to the national NBME score average. While it is not of the magnitude we have seen with Internal Medicine or Surgery Clerkship, it is a worrisome trend.

Short-Term Recommendations to MSEC –

Six-month follow-up of work in progress with the Clerkship Director, that can be rolled into the 2014-2015 Annual review of the clerkship presented to MSEC.

Review the use of the NBME exam score within the clerkship's grade structure.

Provide the students with timely feedback.

Institute night float for the students.

Encourage and remind faculty and residents of need for professionalism in all actions.

Obtain OB-Gyn NBME scores from four years preceding switch from 8-week to 6-week clerkship to better evaluate current exam trends.

Per Dr. Herrell, the 8-week to 6-week change did not significantly affect the clerkship scores at the time. The course has gone through so many changes, to include faculty composition, since the 8-week format that it would be difficult to determine if the current NBME trend is tied to the length of the clerkship.

Revisit current NBME Shelf Exam policy in regards to providing the clerkship director with guidance on how to implement them.

Dr. Mullersman noted that this recommendation is already underway within MSEC.

Dr. Abercrombie made a motion to include a follow-up (after Period 3) with the OB-Gyn clerkship director as part of the 2014-2015 Annual Ob-Gyn report, to include NBME scores, feedback to students, evaluation of night-float experience, and professionalism. The motion was seconded by Dr. Monaco and passed with Dr. Herrell abstaining from vote.

Long-Term Recommendations to MSEC –

Availability of certain kinds of patients to the students on the OB-Gyn rotation, specifically obstetric patients.

MSEC discussion acknowledges that if the students cannot meet their educational objectives then MSEC does have a need for concern. Dr. Olive confirmed that the Dean is aware of the importance of recruiting additional faculty for the departments and the search for faculty is active and on-going. It is recommended that an update status be given in the 2014-2015 Annual review.

Dr. Abercrombie made a motion to encourage the OB-Gyn clerkship director to explore opportunities for increasing the inpatient Gyn obstetric and OB surgical experiences while acknowledging that the OB-Gyn department is actively recruiting new faculty. The M3M4 Subcommittee will continue to follow this long-term recommendation in future OB-Gyn reports to include the 2014-2015 Annual report, follow-up, and subsequent reports. The motion was seconded by Dr. Monaco and passed with Dr. Herrell abstaining from vote.

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5. Curriculum Integration Subcommittee: Rehabilitation

The 2011 LCME site visit identified rehabilitation as content area of concern. A lot of work has been completed and there have been quite a few changes to the curriculum. Rehabilitation has improved in the curriculum and we have done a good job of documentation to include goals and objectives.

Short Term Recommendation to MSEC –

Clarify Goals and Objectives of the curricular thread to those delivering content included in this report.

Create introductory session in a current course that provides an overview of the content of the curricular thread to better advantage existing content throughout the curriculum and clarify goals and objectives to students as well as provide an overview of the content. This could be accomplished by using already existing online modules.

Dr. Herrell cited opportunities where courses can integrate the rehabilitation thread into their courses. The examples are detailed in the full report.

Long Term Recommendation to MSEC -

Develop new inter-professional opportunities in the pre-clerkship and clinical years with ETSU College of Clinical & Rehabilitative Health Sciences and other professionals in the community.

Expand opportunities for student exposure to rehabilitative clinics/programs for students.

The challenge now is finding a way to get the report information out to the courses and clerkships and make them aware of how they can incorporate Rehabilitation into their courses, clerkships, and objectives. MSEC discussion of options for communicating thread content to course and clerkship directors was tabled with acknowledgement that the March 3, 2015 MSEC minutes identified communication with course and clerkship directors will be administratively coordinated following determinations made by MSEC.

Dr. Mullersman made a motion to accept the Curriculum Integration Subcommittee Rehabilitation report as presented with no specific action identified for MSEC. The motion unanimously passed.

6. Pre-Clerkship Courses NBME Policy

Dr. McGowen opened the discussion regarding an NBME policy for pre-clerkship courses tabled at the June 21, 2015 meeting. If implemented this academic year, adoption of a uniform policy needs to occur before administering of the pre-clerkship NBME exams. The grade policy will need to be distributed to the current academic year pre-clerkship students as soon as possible. Three models for use of the NBME exams in pre-clerkship courses, with pros and cons to each, were identified for consideration:

1. Scaled score normed to mean using Z score based on local performance – what had historically been used at Quillen.

This same approach can be used norming to national performance instead of local

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performance. This would lead to score distribution less minimized by local test score means.

NBME regards this as a valid psychometric approach. Whether it is valid depends on what you are trying to accomplish with the conversion.

2. Adjustment based on percentiles or standard deviation to establish an NBME grading score. An example would be to set 90th percentile = 100, 10th percentile = 70, then perform linear regression to determine percentages for other scores.

Additional issue: Need to have all courses use NBME grading score as an equivalent portion of course grade in order for it to be meaningful.

3. Grade category cutoffs set on percentiles (not converted in anyway) – e.g. 75th percentile for an A; 20th percentile for a B; and 4th percentile for passing course.

MSEC discussed each option. Dr. McGowen confirmed that we have an existing grade policy in place for M1M2 courses:

If a NBME subject exam is available for a course, it will be used and the subject exam will be weighted approximately 15% or equal to a sectional exam for the course. Scaled scores reported by NBME will be converted to z scores to adjust for local exam performance.

Issues identified included the merits of normalizing scores based on local exam performance; that the NBME score is meant to give us an external measure to determine if we are teaching students what they need that allows them to be measured nationally; and content delivered on the NBME exam differ from that which is taught in the course.

Cindy Lybrand reiterated that an important component of our program evaluation and further implementation of Exam Soft is looking at internal course exam questions and improving the degree of difficulty for higher-order level which can measure students' critical thinking skills requiring they analyze and evaluate concepts rather than factual recall of knowledge.

A motion by Dr. Monaco that the pre-clerkship courses will determine a NBME course grade by using a regression analysis of the NBME subject exam score where the 90th percentile equals to 100% and the 10th percentile equals to 70%. A score under the 10th percentile will be determined by a logarithmic calculation. Course directors can petition Academic Affairs for a modification of this policy if specific circumstances lead a course director to conclude it is educationally inappropriate (e.g., if the NBME exam content and course content differ significantly). The NBME exam should comprise the same percentage of the total grade as a major sectional exam in the course. The motion passed with Dr. Mullersman abstaining and Dr. Gibson opposed.

The policy statement will need to be included in all pre-clerkship course syllabi. Given that M1s started July 20th, and M2s start July 27th, posted/printed copies of the syllabus/student packet, should be updated via D2L, email, or a posted announcement for dissemination to students. Dr. Olive will communicate the adoption of this policy to course directors through an e-mail.

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7. CBSE

Dr. Olive provided a follow-up to the CBSE discussion held during the June 21, 2015 meeting. We now have the benefit of seeing how students have done on Step I in relation to CBSE. Another 11 students have yet to take Step 1 (these were the student identified as “at risk”). A regression analysis was presented to illustrate the relationship between the student’s CBSE score and compares to their actual Step 1 score. It shows a strong positive relationship between the two scores ($r=0.85$). The information received from the CBSE has helped to inform the students and influenced their studying for Step 1.

MSEC discussed questions about the benefit the CBSE offers to M1 students and concluded that the CBSE is beneficial to the M1 student by giving them practice with NBME style questions. The consensus was no change in the policy is made until the current M2 students’ performance is determined. We can better mirror our internal exam questions to the style used in the NBME exams and provide question-writing training to the course directors to complete this endeavor. The Comprehensive Clinical Science Exam could be administered to the rising M4s if MSEC determines and identifies to the clinical chairs that there is a need in the curriculum.

There was no MSEC action requested to the current policy of administering the CBSE to M1 and M2 students.

8. LCME Elements 6/4 and 6.5 – deferred to August 18, 2015

9. Outcomes Subcommittee: Quarterly Report – deferred to August 18, 2015

10. Grade Policy Standardization (attached) and NBME Webinar - deferred to August 18, 2015

11. Program Evaluation Working Groups

Dr. McGowen identified each of the Program Evaluation Working Group chairpersons invited by Dr. Means and accepted the role to lead a working group. We have approximately 80% acceptance by those asked to participate as working group members. By the next MSEC meeting, all working group members should be identified with additional information about the groups charge available.

Curriculum Content – Group 1 – Dr. Caroline Abercrombie - Chair

Curriculum Sequencing, Organization, and Integration – Group 2 – Dr. Anna Gilbert - Chair

Pedagogy and Evaluations – Group 3 – Dr. Russ Hayman - Chair

12. Learning Objective Summary Grid – deferred to August 18, 2015

13. Proposed End of Year Evaluation by Students

Dr. Olive presented a draft evaluation for the M2, M2, and M3 students that would evaluate an entire year of curriculum discussion as requested at the June 21, 2015 MSEC meeting. This year-end evaluation will give an opportunity to the students to have a broader perspective on the strengths and weaknesses of the curriculum. A sample evaluation form presented to MSEC

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for comment clarified what will be on each survey for the M1, M2, and M3 curriculum review year-end evaluations. The evaluation forms will go to the students over the next two weeks.

A motion by Dr. Herrell to approve the presented End of Year Curriculum Evaluation forms, with corrections identified, was seconded by Dr. Johnson, and unanimously passed.

14. Standing Agenda Item: Subcommittee, Working Groups & Technology Updates – deferred to August 18, 2015

Adjournment

The meeting adjourned at 6:01 p.m.

Upcoming MSEC Meetings

Tuesday, August 18, 2015 – 3:30-6:00 PM

Tuesday, September 15, 2015 – 3:30-6:00 PM

Tuesday, October 20, 2015 – MSEC Retreat – 11:30 AM to 5:00 PM

Tuesday, November 3, 2015 – 3:30-6:00 PM

Tuesday, December 15, 2015 – 3:30-6:00 PM

Tuesday, January 19, 2016 – MSEC Retreat – 11:30 AM to 5:00 PM

Tuesday, February 16, 2016 – 3:30-6:00 PM

Tuesday, March 15, 2016 – 3:30-6:00 PM

Tuesday, April 19, 2016 – 3:30-6:00 PM

Tuesday, May 17, 2016 – 3:30-6:00 PM

Tuesday, June 14, 2016 – MSEC Retreat & Annual Meeting – 11:30 AM – 6:00 PM