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Medical Student Education Committee Minutes

11-15-2015

2015 November 3 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee

Minutes: November 3, 2015

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, November 3, 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
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Kenneth Olive, MD
Eli Kennedy, M4
Jessica English, M3
Omar McCarty, M2

David Cooper, M1

Ex officio / Non-Voting Members & Others Present:

Theresa Lura, MD, ex officio
Rachel Walden, MLIS, ex officio
Tom Kwasigroch, PhD, ex officio
Robert Acuff, PhD, co-chair M1/M2 review subcommittee
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

Dr. McGowen introduced Eli Kennedy, MS4, as the MSEC 4th year student representative. He was appointed by the Class of 2016, to replace Rebekah Rollston, who is completing an MPH program at an away location for the remainder of the academic year. We welcome Eli Kennedy to MSEC.

1. Approval of Minutes

The minutes of the October 20, 2015, MSEC Retreat, were presented and approved. There was notification of a few corrections to spelling prior to the meeting. All corrections have been made. There was no further discussion.

A motion by Dr. Herrell to approve the minutes of the October 20, 2015, meeting was seconded by Dr. Monaco, and unanimously approved.

2. M3/M4 Review Subcommittee Reviews:

Community Medicine Clerkship-A-14-15 plus 6 month follow up; Pediatrics Clerkship-A-13-14 & 14-15; Surgery Clerkship-C-14-15

Dr. Mullersman presented the **Surgery Clerkship 2014-2015 Comprehensive review**, directed by Dr. Tiffany Lasky.

The clerkship is doing well under the direction of Dr. Lasky. She continues to review and bring about positive changes to the clerkship including piloting new ways to provide additional meaningful feedback to the students and identifying resources -- such as question banks or

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practice examinations that students can use to prepare for the Surgery NBME and USMLE Step II CK. Student performance on the NBME exam continues to be monitored.

Short-term recommendation – increase the length of the clerkship from 6-weeks to 8-weeks of experience.

Long-term recommendation - none

Dr. Herrell motioned to accept the report to include the short-term recommendation as presented with consideration given to upcoming agenda item #3 that may recommend a change in structure to the Surgery clerkship. MSEC unanimously voted to approve.

Dr. Mullersman presented the **Pediatrics Clerkship 2013-2014 & 2014-2015 Annual reviews** (late submission of the 2013-2014 Self-Study by prior course directors did not allow a review by the M3/M4 Subcommittee until now). Prior course directors for both academic years were Dr. Todd Aiken and Dr. Demetrio Macariola. With the start of the current academic year, the course director is Dr. Jennifer Gibson.

The Pediatric clerkship continues to be a strong rotation with students describing it as one of the most positive experiences during their training. Students did voice concern with the time that is involved in reviewing CLIPP cases and their gained knowledge. The clerkship directors expressed a desire to provide more, comprehensive outlines of CLIPP cases to aid students in preparing for quizzes -- strengthening the link between readings and quizzes. Dr. Olive pointed out that the CLIPP cases (as do FM cases and Wise MD) allow students to have exposure to areas that can be at risk of not being covered in didactic sessions.

In the past students have identified overcrowding in the clinics, but this seems to have already been addressed and does not appear to need any action by MSEC. MSEC comments confirmed there is sufficient preceptor and patient volume for all student rotation assignments. The prior course directors sought opportunities for students to work with community pediatricians and develop strategies to move students from shadowing roles to more patient engagement roles. At this time, it is not known if the community opportunities continue to be offered. The Subcommittee suggests MSEC be aware if future student comments regarding overcrowding are made.

Short-term recommendations – none

Long-term recommendations - none

Dr. Olive moved to accept the report as presented. MSEC unanimously approved the motion.

Dr. Mullersman presented the **Community Medicine Clerkship 2014-2015 Annual review to include a 6-month follow up identified by MSEC following the 2013-2014 review.** The course director is Dr. William Fry.

This review is covering the two previous academic years. Changes that have occurred with this academic year may not be reflected in this review. Issues identified include student concerns that the clerkship involves more shadowing or mentoring than clinical experience, ambiguity about the educational merit of some assignments (versus primarily meeting LCME requirements), disorganization of D2L site and student rotation scheduling, preceptor non-awareness of student(s) arriving on site, poor use of student time, biased remarks by

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individuals involved in the clerkship, lack of anonymity for student evaluation of preceptors, and student attendance at events with pharmaceutical company sponsorship.

Short-term recommendations –

- a) Clerkship goals and objectives need to be more clearly defined and further enhanced.
Note: this recommendation does not reflect changes made to the clerkship's goals and objectives identified for the current academic year.
- b) Anonymous evaluations of community preceptors should be in place and performed.

Long-term recommendations –

- a) Consideration given to augmenting the experience by distributing students over additional training sites (possibly in other communities).
- b) Determine whether the Community Medicine clerkship can provide significant and unique contributions to student education beyond what occurs elsewhere in the third year curriculum and if not, significant amendment of the scope of the clerkship should be considered.

MSEC discussed options such as sending students to other locations which might not resolve the issues and the need for more preceptor development, perhaps with a small, consistent, and involved set of preceptors in the Sevierville community. The original planning for the clerkship and subsequent modifications were reviewed. Originally, student projects involved community needs assessments and a longitudinal project carried out across rotations. Dr. Olive commented that the students requested that the projects be rotation specific and given approval to complete a project in each clerkship, rather than span over a yearlong period. A student-attended clinic at Dollywood was designed as an occupational medicine experience.

MSEC identified good opportunities in the clerkship, but noted the need for improvements and/or clarification of their role in the clerkship. Each opportunity must be systematically, assessed for educational value and merit with a pre-identified set of objectives for each. During the current Program Evaluation process, there is an opportunity to assess the structure of the Community Medicine clerkship and make additional changes where needed. Dr. Olive provided recent student evaluation data that seems to support that the changes made to the clerkship have made a difference in student perception of the rotation.

Dr. Olive holds monthly conference calls with both Dr. Fry, the clerkship director and Susan Austin, the clerkship coordinator. At the next conference call he will address the Subcommittee review findings and subsequent MSEC discussion.

Dr. Herrell moved to accept the report, including both short-term and long-term recommendations with specific consideration given to long-term recommendations that will improve the clerkship. MSEC approved the motion with Dr. Olive abstaining.

3. Working Group 2 Preliminary Report – M3 year Proposal

Cathy Peebles reviewed MSEC's prior discussion of Working Group 2's preliminary report regarding proposals for changes to the third year curriculum.

- ✚ Increase Internal Medicine and Surgery Clerkships to 8 weeks each. These 4 weeks could be obtained by:

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- a) reducing the Specialties Clerkship to one 2-week Elective experience and combining it with Community Medicine at 6 weeks, including the health fair, to constitute an 8-week block **or**
- b) reducing Specialties and Community Medicine clerkships each by two weeks each to form an 8-week block consisting of two 2-week Specialties experiences, 4 weeks Community Medicine, including the 1 week Health Fair **or**
- c) reducing the Specialties and Community Medicine clerkships each by two weeks; each to form an 8-week block, consisting of a 2-week Elective experience, 4 weeks of Community Medicine, 1 week for the health fair and a 1-week "Other" for curricular components that would be of benefit to M3 students, such as topics on professionalism, study skills in preparation for Step 2, and evidenced based medicine.

Additional option not included in working group proposal as they felt a 3-week elective was too long: reducing the Specialties Clerkship to a 3-week elective and Community Medicine to 5-weeks combined in one 8-week block.

RPCT clerkship 12 weeks would be modified to meet any changes in the Community Medicine clerkship and will not be contiguous.

MSEC had requested that any changes proposed include consideration of the Rural Track clerkship needs and ability to align with the generalist track program to include fall, winter, and spring breaks. With that charge, the following changes to the third year curriculum are presented for MSEC discussion and action:

- Increase Internal Medicine and Surgery Clerkships to 8 weeks each.
- Drop Specialties Clerkship and replace with a 2-week Elective (options yet to be determined).
- Keep Community Medicine as a 6-week clerkship, including the health fair.
- Combine 2-week Elective and 6-week Community Medicine into one 8-week block for generalist track students.
- All M3 students will have same schedule breaks.
- Generalist track schedule will consist of three 8-week clerkships (Internal Medicine, Surgery & Combined Community Medicine & Elective) in one semester and four 6-week clerkships (Family Medicine, OB/GYN, Pediatrics and Psychiatry) in the other semester.
- RPCT students will have one contiguous 12-week experience, two 6-week clerkships and three 8-week blocks, to include 2-wk elective.

RPCT students will have to complete Internal Medicine and Surgery 8-week clerkships and three 6-week clerkships: OB/GYN, Pediatrics, and Psychiatry; one of which would be coupled with a 2-week elective to comprise an 8-week block.

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Weeks:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Generalist track: Fall or Spring	8 week-1								8 week -2 (4 of 8)				FB or SB	8 week 2 (4 of 8 weeks)				8 week -3								
RPCT options:	6 wk-1						6 wk- 2						6 wk 3						6 wk -4							
Semester Fall	RPCT-12												FB	6wks						6wks						WB
Semester Spring	8 wks								4 of 8 wks				SP	4 of 8 wks				2 wk elect		6wks						
option 1	6wks						2 wk elect		4 of 8 wks				SP	4 of 8 wks				8 wks								
option 2	6wks						6wks						FB	RPCT-12												WB
Semester Spring	8 wks								4 of 8 wks				SP	4 of 8 wks				2 wk elect		6wks						
option 1	6wks						2 wk elect		4 of 8 wks				SP	4 of 8 wks				8 wks								
option 2	6wks						6wks						FB	4 of 8 wks				8 wks						WB		
Fall option 1	6wks						2 wk elect		4 of 8 wks				FB	4 of 8 wks				8 wks						WB		
Fall option 2	8 wks								4 of 8 wks				FB	4 of 8 wks				2 wk elect		6wks						WB
Spring	RPCT-12												SP	6wks						6wks						
Fall option 1	6wks						2 wk elect		4 of 8 wks				FB	4 of 8 wks				8 wks						WB		
Fall option 2	8 wks								4 of 8 wks				FB	4 of 8 wks				2 wk elect		6wks						WB
Spring	6wks						6wks						SP	RPCT-12												

MSEC discussion included that students identified at risk of deficient performance on STEP 1 will be scheduled for a 6-week rotation at the beginning of the fall semester. The proposed changes will allow for better organizing of blocks, which can in turn allow for future curriculum scheduling needs. The 2-week elective blocks will operate independently, not tied to a clerkship for the generalist track. All electives will be identified from a pre-determined list of offerings. MSEC questioned whether Internal Medicine and Surgery clerkships plan to offer two-week electives within their 8-week rotations or restructure their present rotation assignments.

Dr. Olive thanked Dr. Herrell for providing his time to help us work through the development of this schedule that would allow alignment of the generalist and rural primary care tracks.

Note: with these changes there will be less flexibility for the students to change the sequencing of their clerkship rotations that have been scheduled.

A motion was made by Dr. Herrell to implement a change to the third year curriculum beginning with the 2016-2017 academic year to include the following:

- Increase Internal Medicine and Surgery Clerkships to 8 weeks each;
- Drop Specialties Clerkship and replace with a 2-week Elective (options yet to be determined);
- Keep Community Medicine as a 6-week clerkship, including the health fair;
- Combine 2-week Elective and 6-week Community Medicine into one 8-week block for generalist track students;
- All M3 students will have same schedule breaks;
- Generalist track schedule will consist of three 8-week clerkships (Internal Medicine, Surgery & Combined Community Medicine & Elective) in one semester, and four 6-week clerkships (Family Medicine, OB/GYN, Pediatrics and Psychiatry) in the other semester.
- RPCT students will have one contiguous 12-week experience, two 6-week clerkships and three 8-week blocks, to include 2-week elective.

Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

Dr. Olive asked that both Internal Medicine and Surgery clerkships provide a report to MSEC at the January 2016 Retreat on how they plan to utilize the additional 2-weeks being added to their clerkship rotations in the 2016-2017 academic year.

4. LCME Standard 7.0 Curricular Content

Element 7.4 Clinical Judgement/Problem Solving Skills

Element 7.5 Societal Problems

Dr. Olive presented a summary of each element component that collectively represents the standard. The summary included the Database Collection Instrument (DCI) information table and narrative response for each that will need to be completed. LCME definitions for *clinical reasoning, critical judgment/critical thinking, and medical problem solving* were identified from the LCME glossary.

7.4 Critical Judgment/Problem Solving Skills: *The faculty of a medical school ensures that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgement based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.*

The DCI narrative response requires the College of Medicine to provide detailed examples (including where and how assessment occurs with the relevant learning objectives) of the way students are expected to demonstrate critical judgement and problem solving skills. Examples given where learning objectives include critical judgment/problem solving skills are: Case Oriented Learning, Cellular & Molecular Medicine, Physiology, Genetics, Clinical Neurosciences, Immunology, Microbiology, Pharmacology, and Practice of Medicine.

7.5 Societal Problems: *The faculty of a medical school ensures that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.*

The DCI narrative response requires the College of Medicine to identify the process for selection of societal problems included in the curriculum as well as the five societal problems selected, with the relevant course and clerkship objectives that address the societal problem(s).

Possible topics to consider for College of Medicine societal problems include: intimate partner violence; child abuse; substance abuse; alcohol; tobacco; prescription drugs; obesity; language barriers; diabetes; physical inactivity; and unhealthy diet.

MSEC discussion centered on what the College of Medicine would use to identify the societal problems -- state identified health problems related to societal issues, regional problems, professional consensus about societal problems important in medical education, etc. Dr. McGowen pointed out that this will be the process we identify before we can begin to identify five specific societal problems.

In the near future MSEC will need to: 1) identify the process used for selection of societal problems and 2) a list of five common societal problems to be included in our curriculum with instruction on diagnosis, prevention, reporting, and treatment.

5. 2014-2015 Senior Selective Groups A-B-D

Dr. McGowen presented a review (completed administratively by Dr. Olive and Dr. McGowen) of the 2014-2015 non-required senior selective groups A-B & D. Our policy states that we will review the non-required selective(s) experiences based on student evaluations. There were no major issues found from the student evaluations. Each of the selective(s) received an overall

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score of at least 4.0 out of 5.0. Students identified mostly positive experiences, including excellent teaching. Occasional concerns primarily revolved around organization of the experience.

6. Policy on Pre-clerkship Medical Student Scheduled Time

Dr. McGowen stated that with the recent definition changes to LCME Element 6.3 *Self-Directed and Life-Long Learning*, a review of Element 8.8 *Monitoring Student Time*, and a recent LCME policy related to *Spatial and Temporal Distance Learning*, there is a need to review our *Pre-clerkship Medical Student Scheduled Time* policy.

We must ensure that we have identified time for formal/structured student learning (to include assessment time), and student unstructured, independent and self-directed learning time. There must also be a method identified for monitoring of the student's time. Required curricular activities are not to conflict with, nor overlap with, structured curricular time nor compromise self-directed and independent learning time.

A draft revision of the current policy was provided for MSEC discussion. MSEC asked for further time to review the proposed language changes to understand the definitions given to each type of student learning and review the recent LCME policy on temporal distance learning. **NOTE:** the revised policy is being delivered to the M1/M2 course directors during their next quarterly course director meeting for discussion and feedback. This feedback, coupled with that from MSEC will be presented in a subsequent MSEC meeting for action.

7. Basic Science Course Director Report Update

Dr. Olive reported that he had delivered the Basic Science Course Director's Report received at the October 20, 2015 meeting to the College of Medicine Dean and he has read the report.

8. Program Evaluation to LCME Visit: Timeline

Dr. McGowen reviewed the timeline we have to evaluate the College of Medicine program, implement changes identified, report on the curriculum put into place, and be ready to host the next accreditation visit. The timeline will be made available on all meeting agendas, minutes, and the MSEC webpage.

2015-16 - Review of the entire medical education program
2016-17 - Implementation of identified curricular changes
2017-18 - Academic Year reported on in Self-study Summary Report and DCI
2018-19 - Complete Self-study Summary Report and DCI based on academic year 2017-18 data; begin process in March 2018
2019-20 - Self-study Summary Report and DCI due to LCME spring 2019 with site visit fall 2019

9. Subcommittee, Working Groups & Technology Updates

Dr. McGowen reminded MSEC of the future MSEC meeting dates and LCME webinars, which are identified at the end of each agenda, and meeting minutes. Dr. Monaco announced possible technology issues related to updates to software on Macintosh computers in relationship to EXAM Soft.

Adjournment

The meeting adjourned at 5:35 p.m.

MSEC Meeting Documents

- Item 1: [Minutes from October 20, 2015](#)
- Item 2: M3/M4 Review Subcommittee Reviews:
- [Community Medicine Clerkship-A-14-15 plus 6-month follow up](#)
 - [Pediatrics Clerkship-A-13-14](#)
 - [Surgery Clerkship-C-14-15](#)
- Item 3: [Working Group 2 Preliminary Report – M3 Year Proposal](#)
- Item 4: [LCME Elements 7.4 and 7.5](#)
- Item 5: [2014-2015 Senior Selective Groups A-B-D](#)
- Item 6: [Policy on Pre-clerkship Medical Student Scheduled Time](#)
- [Accreditation issues related to Spatial and Temporal Distance Learning](#)
- Item 8: [Program Evaluation to LCME Visit: Timeline](#)
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Upcoming MSEC Meetings

- Tuesday, December 15, 2015 – 3:30-6:00 PM
- Tuesday, January 19, 2015 – 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
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Program Evaluation to LCME Visit

- 2015-16 Review of the entire medical education program
- 2016-17 Implementations of identified curricular changes
- 2017-18 Academic Year reported on in Self-study Summary Report and DCI
- 2018-19 Complete Self-study Summary Report and DCI based on academic year 2017-18 data; begin process in March 2018
- 2019-20 Self-study Summary Report and DCI due to LCME spring 2019 with site visit fall 2019