

East Tennessee State University

Digital Commons @ East Tennessee State University

Medical Student Education Committee Minutes

2-16-2016

2016 February 16 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

Follow this and additional works at: <https://dc.etsu.edu/msec-minutes>



Part of the [Higher Education Commons](#), and the [Medical Education Commons](#)

Recommended Citation

Medical Student Education Committee, East Tennessee State University, "2016 February 16 - Medical Student Education Committee Minutes" (2016). *Medical Student Education Committee Minutes*. 91.
<https://dc.etsu.edu/msec-minutes/91>

This Minutes is brought to you for free and open access by Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Medical Student Education Committee Minutes by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact digitlib@etsu.edu.



Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, February 16, 2016 at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178.

Voting Members Present:

Ramsey McGowen, PhD, Chair
Kenneth Olive, MD
Caroline Abercrombie, MD
Reid Blackwelder, MD
Michelle Duffourc, PhD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Eli Kennedy, M4
Jessica English, M3
Omar McCarty, M2
David Cooper, M1

Ex officio / Non-voting Members & Others Present:

Joseph Florence, MD, ex officio
Tom Kwasigroch, PhD, ex officio
Tiffany Lasky, DO
Russell Hayman, PhD
Cindy Lybrand, Med
Cathy Peebles, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes of the January 19, 2016, MSEC meeting, were presented and approved with no further discussion.

Dr. McGowen asked MSEC to be aware that there may be a need to add additional MSEC meetings (two meetings versus one meeting) in the months of April and/or May due to the follow up needed with the program evaluation recommendations received and actions to be taken by MSEC.

A motion by Dr. Monaco to approve the minutes of the January 19, 2015, MSEC meeting was seconded by Dr. Herrell and unanimously approved.

As each report had implications for the curriculum as a whole and some individual group reports might offer information and recommendations pertinent to other reports, Dr. McGowen introduced a process for the remainder of the agenda. Each program evaluation working group and the Rural Primary Care Track ad hoc review group presented their findings and recommendations prior to MSEC engaging in detailed discussion.

2. Rural Primary Care Track Comprehensive Review Report

In September 2015, MSEC adopted a recommendation from the M1/M2 Review Subcommittee to conduct a comprehensive review of the Rural Primary Care Track (RPCT) program in its entirety (M1-M4 curriculum), citing changes that had occurred in the administrative organization of the program and the overall direction of the Division of Health Affairs related to inter-professional participation. The formation of an ad hoc committee initiated a one-day retreat on December 1, 2015.

Dr. Joe Florence, RPCT Director, presented the report. The report included recommendations from the retreat along with RPCT's history, mission, vision, values, objectives, outcomes and contributions to QCOM. In addition, the report included a Strengths, Weaknesses, Opportunities and Threats analysis of RPCT. Recommendations to MSEC specifically addressed program content, sequencing, assessment, process and administrative support.

Note: The RPCT comprehensive review report with recommendations to MSEC is found in a link at the end of the minutes.

3. Program Evaluation Working Group 1 Report

Working Group 1 was tasked with developing a response to question number 1 in our *Policy for Periodic and Comprehensive Review of the Curriculum*:

1) Does the curriculum include all required content? What evidence supports this conclusion?

The report was presented by the chair of the working group, Dr. Caroline Abercrombie. The report addressed the methods employed to accomplish the group's task, specific conclusions related to curricular content, and recommendations for short term and long term curricular modifications.

Note: Working Group 1 report with recommendations to MSEC is found in a link at the end of the minutes.

4. Program Evaluation Working Group 2 Report

Working Group 2 was tasked with developing a response to questions 2, 3, and 4 in our *Policy for Periodic and Comprehensive Review of the Curriculum*:

2) To what extent is the curriculum logical in its sequencing? What factors need to be considered regarding sequencing and what modifications should be considered?

3) To what extent is the curriculum content integrated, coherent and coordinated?

4) In what way is curricular content integrated within and across academic periods of student (horizontally and vertically integrated)? Is this adequate? Where could additional integration occur?

The report was presented by Dr. Howard Herrell. The report included 8 findings related to curricular integration, sequencing and organization and eight (8) recommendations for modification of the pre-clerkship curriculum and seven (7) recommendations for the clerkship curriculum related to integration and sequencing.

Note: Working Group 2 report with recommendations to MSEC is found in a link at the end of the minutes.

5. Program Evaluation Working Group 3 Report

Working Group 3 was tasked with developing a response to questions 5 and 6 in our *Policy for Periodic and Comprehensive Review of the Curriculum*:

- 5) In each segment of the curriculum, are the methods of pedagogy appropriate? Clinically relevant? Student-centered? Effective? What are the practices in place that accomplish this? How does the pedagogy in each curriculum segment relate to the adequacy of our curriculum as a whole?
- 6) To what extent are assessments linked to objectives and competency based? Providing adequate formative and summative feedback? Measuring cognitive and non-cognitive achievement? What needs to occur to improve assessments throughout the curriculum?

Dr. Russ Hayman presented the report from Working Group 3. The report included information on the measures used to respond to the group's task, specific findings related to each measure, four (4) recommendations related to pedagogy and three (3) recommendations focused on assessments.

Note: Working Group 3 report with recommendations to MSEC is found in a link at the end of the minutes.

Dr. Monaco made a motion to receive all working group reports as presented. Dr. Blackwelder seconded the motion and the motion was unanimously approved.

6. Received Reports Discussion

Dr. McGowen opened discussion of all reports received and suggested that the purpose was to identify issues, with no action to be taken at this immediate time. The reports need to be fully reviewed and digested by MSEC to allow identification of agreed, disagreed, and priority recommendations before implementing specific actions. It was suggested that each working group chair submit back to Academic Affairs Administration, a list of their working group's three to five (3-5) priority recommendations. Academic Affairs will merge the reports together and provide a list of priority recommendations and suggested timelines that will allow further MSEC discussion and action at their next meeting. MSEC discussion included:

- Present and future curriculum structure and the pros and cons of remaining as a discipline based or moving to a systems based curriculum or merging the two with a hybrid curriculum.
- Student performance on NBME subject exams in comparison to national standards of performance.
- Number of weeks in the M1 and M2 curriculum and how it relates to student study time for NBME and Step exams.

MSEC Minutes Approval March 15, 2016

- Design of a Doctoring course that would combine several currently independent courses under one umbrella and be delivered over a span covering M1 and M2 years with one designated course director for oversight and multiple faculty for topic delivery.
- Possible changes to the M1 and M2 Preceptorship program.
- Strengthen clinical threads in the M1 and M2 years – enhance threads to allow multiple/additional coverage of topic across all years of the curriculum.
- Improve on our assessment of students to include enhanced feedback. Although not specifically addressed in working Group 3's report, the concept of integrated assessments was also identified as offering potential benefits.
- Integration of curricular material and of faculty providing instruction.
- Faculty development needs identified in each report

7. Standing Agenda Item: Subcommittee, Working Groups & Technology Updates

No comments received.

The meeting adjourned at 6:10 p.m.

MSEC Meeting Documents

1. Approval of [January 19, 2016](#) Meeting Minutes
2. Comprehensive Review of [Rural Programs Report & PowerPoint Presentation](#)
3. Program Evaluation Working [Group 1 Report](#)
4. Program Evaluation Working [Group 2 Report](#)
5. Program Evaluation Working [Group 3 Report](#)

Upcoming MSEC Meetings

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

Tuesday, April 5, 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

TIME LINE: 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