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Medical Student Education Committee Minutes

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2016 March 15 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, March 15, 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 Members

Joseph Florence, MD, ex officio
Tom Kwasigroch, PhD, ex officio
Theresa Lura, MD, ex officio
Rachel Walden, MLIS, ex officio

Staff Support & Others Present:

Robert Acuff, PhD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes of the February 16, 2016, MSEC meeting, were approved with no further discussion.

Dr. McGowen announced that there will be a Tuesday, April 5, 2016, MSEC meeting to discuss and act on our program evaluation process. This is in addition to the Tuesday, April 19, 2016, meeting. Please note on your calendars.

A motion by Dr. Monaco to approve the minutes of the February 16, 2015, MSEC meeting was seconded by Dr. Duffourc and unanimously approved.

2. M3 Attendance / Absence Policy

Cathy Peeples presented an M3 Attendance/Absence policy for approval. In their last meeting Clerkship Directors identified a need to revise the present guidelines for student annual leave and medical leave requests and include student requests for *Educational Leave* (time off to attend a conference or take a Step 2 CS exam). The policy will provide guidance to the students for annual, medical, and educational leave requests.

The proposed policy allows for up to three (3) days (inclusive of travel time) for attendance at a conference if the student is presenting research or is an elected representative for a regional or national organization AND a written request form for leave has been submitted, and approved by the affected clerkship director, at least six (6) weeks prior to the conference. The policy also allows for educational leave to take a Step 2 CS exam, provided a written request is submitted at least six (6) weeks prior to the exam date to the clerkship director.

The clerkship director will identify make-up requirements for missed activities and/or experiences. Leave on the first day of the rotation and last day of the rotation will not be approved. Clerkship directors may also identify days specific to the clerkship schedule when leave will not be approved.

MSEC discussed the intention related to specifying leave being restricted to *elected members of the college* and clarified it does not include 3rd year medical students who want to attend a conference for the purpose of net-working. The clerkship directors will be responsible for reviewing and approving all requests from medical students to ensure the students are present for required clinical and educational activities during the clerkships.

A motion by Dr. Abercrombie to approve the M3 Attendance/Absence Policy was seconded by Dr. Duffour. MSEC approved the policy with a vote of six (6) approved, four (4) opposed, and two (2) abstained.

Note: The M3 Attendance / Absence Policy is found in a link at the end of the minutes.

3. M4 Palliative Medicine Elective

Cathy Peebles presented an M4 elective, titled Palliative Medicine, under course director, Dr. Steven Baumrucker, Wellmont Holston Valley. The elective structure will be a bed-side, inpatient teaching rounds rotation. Students will focus on evidence based practice in symptom management and come to understand the role of palliative care. Students will have an option to write and publish a literature review, editorial or pharmacologic review for the *American Journal of Hospice and Palliative Medicine*. The elective will be available as a 2-week Specialty options for M3 students. Dr. Baumrucker has been working with COM medical students and residents for a very long time in palliative care as part of another elective in Family Medicine, titled Palliative Care and Hospice Care (5022), under the direction of Dr. Tom Townsend.

Dr. Olive stated that he had talked with Dr. Townsend and that his elective offering involves primarily ambulatory settings of office, hospice house, and home visits with advanced illness team members. A smaller number of students have selected the elective, but Dr. Townsend felt it is important to leave the elective open and available for student enrollment, but it would be less confusing to the students if there was only one palliative care elective identified – Palliative Medicine, under Dr. Baumrucker.

A motion by Dr. Blackwelder to approve the Palliative Medicine elective, under Dr. Baumrucker, was seconded by Dr. Herrell and unanimously approved.

Note: The M4 Palliative Medicine elective document is found in a link at the end of the minutes.

4. Program Evaluation Discussion

Dr. McGowen opened the discussion by clarifying that the purpose was to identify the priority recommendations from the four (4) program evaluation working groups to take action on. A preliminary list of priorities, *Proposed Priorities for Action Plan*, derived from MSEC's February meeting discussion was distributed prior to the meeting. Working group chairs were asked to submit their perspective of the top three to five (3-5) priorities and feedback was received and included in the list of priority items. On April 5th, MSEC will have a follow up meeting to focus on developing the plan for implementation of the prioritized items. Some of the recommendations may be easily implemented with a MSEC agenda and discussion/action item. Others may require the formation of a task force or working group to identify the steps that will be needed to accomplish implementation of the recommendation(s). Today's focus is "what are the priorities" from the four (4) reports.

Discussion of priority items included:

Identification of Pedagogy methods (instructional methods). Dr. Johnson proposed that the topic of pedagogical/instructional methods be added to the list of priority items. The methods are changing throughout the country and Quillen College of Medicine (QCOM) needs to utilize new methods. Faculty development is needed to familiarize our faculty with instructional methods. Discussion also noted that each course needs to employ instructional methods that best fit the material and the objectives. Course directors have to be willing to adopt new or other instructional methods and have an incentive to change or add methods.

Clinical Integration. The need to strengthen clinical integration across the curriculum and build on the curriculum thread approach established by the Curriculum Integration Subcommittee (CIS) was also identified as a high priority. Discussion concluded that the priority list number 5 a, b, c, and d., would cover clinical thread approaches.

Curriculum Organization and Structure. Discussion of the priority list led to general discussion of QCOM's curriculum organization and structure. The need to be thinking long term about how to organize our curriculum prompted extensive discussion. Priority number 5 d, identifies the need to develop an approach to long term planning and delivery of the curriculum. Discussion included the potential benefits of a system curriculum, but the limitation of resources is/was identified as a constraining factor. Other models exist, that we might want to look into, i.e., spiral curriculum. Looking at and talking with other schools and attending conferences would be options for looking at other types of curriculum structure/method.

Faculty Development. Discussion identified faculty development was related to many of the priorities. Medical education journals such as *Academic Medicine* and *Medical Teacher* also are options for faculty. Rachel Walden will investigate a quote for providing access to the medical education journals not currently available through the medical library. Consideration is being given to adding a section on the MSEC webpage that contains articles or links to articles on medical education which would make it easier for faculty to access the information.

Academic Support. Dr. Abercrombie voiced concern that the issue of needed academic support for students has not been identified as a priority.

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Dr. Olive informed MSEC that a specific recommendation for an academic support counselor for students has already been presented to the Dean. The Dean is considering the job description and the request for this new position.

Each individual priority was then reviewed to determine if there were additions or deletions to the final list for MSEC to develop an action plan on. The following priority items brought further comment from MSEC:

1. Strengthen evidence-based medicine in the curriculum:
 - c. Role of journal club. Next month MSEC will receive a presentation by Rachel Waldon on potential journal club models for QCOM's curriculum.
2. Ethics and Cultural Competencies:

There were prior reviews of Ethics – would these be included in the discussion.
4. Doctoring Course:

Needs to cover all four (4) years. Implementation would depend on the timeline developed.
5. Scheduling and Sequencing of years one and two:

MSEC consensus was that this item will require a working group to discuss and identify an implementation plan. Discussion also included whether item 5d, on the priority list should be a separate priority item. The possibility was offered of combining priority item 5d, with items 5, 6, 7, and 8, in order to address this issue in a comprehensive way (across all four [4] years). The discussion on April 5th will consider this.
6. Define content/objectives on clinical and translational research for inclusion and proposed placement: See comment for 5.
7. Increase clinical content in years one and two: See comment for 5.
8. Increase basic science content in years three (3) and four (4): See comment for 5.
10. Ensure all students have Gynecological Teaching Associate (GTA) experience:

Spell out GTA so everyone understands what this includes. MSEC was informed that training in male testicular and prostate exams were identified in the human sexuality thread report and had been added to the Introduction to Physical Exams (IPES) course this academic year.
18. Comment: faculty development in numerous areas: See discussion under other priority numbers.

Dr. Olive commented that the implementation plan for the identified priorities needs focus on several factors; the best approach as well as what is realistic. He reminded MSEC that the academic year 2017-2018 is our “year of record” for reporting to Liaison Committee on Medical Education (LCME). Whatever is put into the implementation plan needs to be able to be accomplished in the 2017-2018 time line in order to be reported to LCME. This does not mean

that we can't have vision and plans for times beyond 2017-2018, but we need to be sure that what we identify for implementation in 2017-2018 are things that can be accomplished and delivered in this time frame.

Note: The Proposed Priorities for Action Plan list is found in a link at the end of the minutes.

1. Outcomes Subcommittee Quarterly report

Dr. McGowen presented the Outcomes Subcommittee Quarterly report in two parts. The first part focused on the regular quarterly benchmarks report. Three (3) benchmark outcomes were met and two (2) were not met. Two (2) courses, Neuroscience and Cellular & Molecular Medicine, where benchmarks were not met, are recommended for continued tracking with no action by MSEC at this time. Both courses have shown improved levels of performance over recent semesters. The second part of the Outcomes Subcommittee report was designed to correspond to the program evaluation process. It included a review of all thirty-six (36) curriculum benchmarks that have been used to monitor curriculum performance. Each existing benchmark was individually presented with recommendations for change, deletion, or no change, resulting in a total of thirty-three (33) curriculum benchmarks being recommended for continued tracking by the subcommittee.

Discussion among MSEC included:

- Reasons for changing the threshold on some benchmarks.
- Making terminology in the benchmarks congruent with the data source terminology.
- Benchmarks were set up three to four (3-4) years ago and need to be reviewed to ensure meeting of minimal standards.
- Need to look at the curriculum in a broader view.
- Need to set a benchmark for students struggling and evidenced by low exam scores.
- Do we need to benchmark CBSE scores?

Recommendations from the Outcomes Subcommittee:

1. Accept changes to cutoff scores and terminology as described in the report for those benchmarks that are not changed in substance, only in threshold or in wording to improve consistency with data sources.
2. Delete four (4) benchmarks:
 - a. PBLI benchmark: "80% of M 1 & 2 students will achieve a rating of *good or above* on multisource and/or narrative assessment." MSEC will need another mechanism to monitor the use of narrative assessments.
 - b. Interprofessional Collaboration benchmark: "90% of graduates will be rated at least *meets expectations* for effectively communicating as a member of a health care team" because it does not match data source information.
 - c. Personal and Professional development duplicate benchmark: "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".
 - d. Patient Care—remove duplicate.

3. Add one new program benchmark:
 - a. 90% of graduating students will pass Step 3 on their first attempt. Data Source: USMLE Step 3 annual report.

MSEC voted unanimously to approve the Outcomes Subcommittee recommendation 1. and recommendation 2a, b, c, and d.

Dr. Mullersman made a motion to adopt recommendation 3: “Add one new program benchmark”, but change the 3a. text from: “90% of graduating students will pass Step 3 on their first attempt” to: “95% of graduating students will pass Step 3 on their first attempt”. The motion was unanimously approved.

A motion was made by Dr. Mullersman to have the Outcomes Subcommittee add a new benchmark oriented to tracking student performances on the lower end of NBME scores. Outcomes Subcommittee would identify the threshold for low performance and monitor student NBME exam performance relative to this threshold. Outcomes Subcommittee will draft a proposed benchmark and bring it back to MSEC for approval. Dr. Blackwelder seconded the motion and it was unanimously approved.

Note: The Outcomes Subcommittee Quarterly report and summary document are found in links at the end of the minutes.

2. Independent (INDP) Elective Course Offerings

Lorena Burton presented a summary report of the four (4) INDP Elective course offerings available to QCOM medical students in the fall and/or spring semesters. Each course has provided a course description which includes the course contact information, goal(s) and objectives mapped to the QCOM Institutional Objectives.

1. The Healer’s Art: Awakening the Heart of Medicine (M1-M4) – INDP 8910
Course Director: Jack Woodside, MD
2. Spanish for Medical Students (M1-M2) – INDP 8920
Course Director: Holly Melendez, BA
3. Interprofessional End of Life Clinical Care (M1-M3) - INDP 8940
Course Director: Carolyn Merriman, APRN, MS
4. Interprofessional Global Healthcare: Perspectives & Practice (M1-M2) - INDP 8960
Course Director: Emily K. Flores, PharmD, BCPS

The INDP course offerings are a Pass/Fail and do not award credit hours. They are considered student enrichment courses and are identified as completed in a medical student’s MSPE letter. MSEC discussion included:

- INDP courses may be opportunities for our medical students to interact with other professions.
- INDP may provide future opportunities for 4th year medical students to obtain credit for completion of an INDP course.

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

No comments received for discussion/action by MSEC.

The meeting adjourned at 5:45 p.m.

MSEC Meeting Documents

1. Approval of Meeting Minutes – [March 19, 2016](#)
 2. M3 Attendance / Absence [Policy](#)
 3. M4 Palliative Medicine [Elective](#)
 4. Proposed Priorities for [Action List](#)
 5. Outcomes Subcommittee [Quarterly report](#) & [summary document](#)
 6. Independent Elective [Course Descriptions summary document](#)
 - a. The [Healer's Art](#): Awakening the Heart of Medicine
 - b. [Spanish](#) for Medical Students
 - c. Interprofessional [End of Life](#) Clinical Care
 - d. Interprofessional [Global Healthcare](#): Perspectives & Practice
-

Upcoming MSEC Meetings

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 11:30 AM – 3:30 PM & Annual Meeting – 3:30 PM – 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