

**EAST TENNESSEE STATE UNIVERSITY
JAMES H. QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
December 7, 2010**

The Medical Student Education Committee of the James H. Quillen College of Medicine met on Tuesday, December 7, 2010 at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members

Present:

Ken Olive, MD
Rich Feit, MD
Dave Johnson, PhD
Forrest Lang, MD
Steve Loyd, MD
Ramsey McGowen, PhD
Dawn Tuell, MD
Jeanne Young, M-4
Jamie Reagan, M-2
Jessica White, M-1

***Ex officio* / Non-Voting & Others**

Present:

Joe Florence, MD
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 11-2-10 meeting were approved as distributed.

2. Topics

a. M-2 Integrated Grand Rounds

Dr. Blackwelder: "...process to involve clinical faculty at an earlier stage for our sophomores to create connections to actually taking care of patients – to help bridge between the intense basic science instruction of this academic year and the clinical years ahead."

Participants: A patient, student panel, basic and clinical science faculty; mandatory attendance for M-2, encouraged for M-1

Presentation: Clinical case that reviewed basic science course material and demonstrated clinical skills being developed in Practice of Medicine

Interactive participation: Students in attendance were asked questions and had to "think on their feet"

- Felt to be a successful first effort, accomplishing what the M-2 curriculum committee envisioned; generally well-received by students
- Further debriefing and fine-tuning are planned; also, dates are to be selected for one or two sessions in the Spring semester
- MSEC did not approve the grand rounds as a separate course; opinion is leaning toward incorporating the process into the Practice of Medicine schedule – *M-2 group and MSEC will work to finalize its status and placement*

b. Proposal: Ophthalmology Senior Elective

Location:	ETSU Physician's Ophthalmology Clinic & VAMC Ophthalmology Clinic
Instructors:	Judaun Alison, M.D. Anne Eberhart, M.D. Barbara Kimbrough, M.D.
Responsible Faculty:	Anne Eberhart, M.D.
Duration:	2 or 4 weeks
Goal:	To perform a thorough and accurate ophthalmic evaluation under the direction of a general or subspecialty ophthalmologist.
Objectives – At the conclusion of this rotation, the student should be able to:	<ol style="list-style-type: none">1. perform and record accurate ophthalmic history and examination.2. evaluate and manage simple and common ocular problems.3. recognize common fundus pathology as it relates to systemic and ocular disease.4. identify when and how to use the ophthalmologist as a consult.

The proposal to expand students' choices for gaining experience in this field also outlined methods of instruction and evaluation, plus administrative details.

Historically, opportunities have been available in the 2-week elective component of the Surgery junior clerkship and in a 2-week half of Surgery's ENT/Ophthalmology senior selective.

On a motion by Dr. Loyd and seconded by Jamie Reagan, the elective was approved.

Cathy Peeples spoke of consulting with the responsible faculty to update descriptions of electives and the catalog, including the course outline format. Future catalogs will be online only. Dr. Olive commended Cathy's proactive work.

Members discussed and will further address the lapsed student evaluation of electives process. [All other course evaluations are regularly scheduled and required.]

c. Clinical Shelf Exam Policy

Dr. Olive distributed a draft policy based on input from clerkship directors and MSEC members and review of some departmental policies covering:

- The examination comprising between 20-30% of the final clerkship grade
- Minimum score to receive an A
- Minimum score to receive a passing grade
- Remediation

Discussion regarded:

- Medical knowledge being one of six QCOM commencement objectives / core competencies along with patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice
- Preference for setting minimums with a percentile rather than a two-digit score
- Agreement against assigning a permanent grade of F and suggestions for processes of remediation
- If remediation is successfully completed, changing grade of D to C* on transcript
- Awareness of the combination of demands on students – time and competency with patients, demonstration of knowledge on Step 2, scores and increasing competition for residency programs

Policy recommendations will go back to clerkship directors for a proposal to return to MSEC for final approval; discussion will continue re M-1&2 NBME Subject Exams.

d. Proposal for Required Clinical Skills for QCOM Students

Submitted for MSEC approval:

List of clinical skills currently required in clerkships and proposed additions that all QCOM students should be required to satisfactorily demonstrate as a graduation requirement. The list was based on a synthesis of MSEC & clerkship faculty opinion and published lists from the 1998 Medical School Objectives Project and the 2008 AAMC Recommendations for Clinical Skills for Undergraduate Medical Education.

The committee determined the listed skills to be appropriate **and added three skills:**

Demonstrate on actual patient:

Family Medicine / RPCT

1. **Perform finger-stick glucose test**
2. Obtain clean catch urine / **Perform urine dipstick test**

Demonstrate in simulation lab:

Senior Internal Medicine

3. **Spirometry**

On a motion by Dr. Tuell and seconded by Dr. Lang, a QCOM required skills list was approved and is to be implemented for students beginning the third year in 2011-2012.

[Required Clinical Skills for QCOM Students](#)

Graduation requirement – Clinical skills all QCOM students are required to satisfactorily demonstrate. Individual courses, clerkships and departments may adopt additional requirements for their specific clerkships as they see fit.

e. QCOM Fourth Year Attendance Policy

Dr. Olive submitted the following that reflects the November discussion with MSEC and recent discussion among department chairs and Dr. Bagnell (abridged):

- Background – Two policies exist related to attendance during fourth year rotations. The first prohibits scheduling selective rotations in December and January, prime residency interview months. The second, that only ½ day per week of excused absence is permitted in elective/selective rotations. The first policy has been adhered to; the second policy has been practically disregarded due to the unpredictable nature of residency interview scheduling and the reality that students must interview at an average 10-12 programs to have a high chance of matching.

Informal surveys of clinical departments suggest that in general faculty will permit students to miss up to about 25% of a rotation without requiring the time be made up.

- Proposal – Students should attend as much of a scheduled rotation as is practical. Students may vary in the amount of time needed to develop competency in an area, but the more time spent in the clinical setting, the greater their exposure to a range of clinical conditions. Additionally, attendance is one measure of professionalism.

For Electives, with an advance written request, students may be permitted to miss up to 25% of a rotation for residency interview purposes without being required to make up missed time.

For Selectives, students may miss up to two days with an excused absence without being required to make up missed time.

Discussion and suggestions regarded:

- Need for a more realistic and fair policy in today's competitive GME climate
- Agreement with the Dean not to become too lenient, but at the same time acknowledge seniors are responsible adult learners
- Attendings' responsibility and flexibility; also, their disparate attitudes toward students' focus on a residency match
- Possibilities of students taking part in alternative activities or withdrawing from a rotation; setting time limits for making up work
- Students attaining elective credit by enrolling in electives before senior year – Medical Spanish, The Healer's Art, Inter-Professional End-of-Life
- Medical Student Performance Evaluations (MSPE) – "Dean's Letters" due date being moved up to October 1
- Inquiry to determine what other schools are doing

Members will continue to consider this policy in regard to education and the interview process and plan to finalize it at the January meeting.

3. Recent documents / topics {Linked or on file in Academic Affairs – contact myers@etsu.edu}

Dr. Blackwelder's post-rounds email

Proposal: Ophthalmology Elective

Senior Electives: Revised offerings / discontinued offerings; revised course & proposal formats

Draft: Clinical Shelf Exam Policy

11/2010 Proposal for Required Clinical Skills for QCOM students

Draft: QCOM Fourth Year Attendance Policy

4. Announcements

The next meeting is tentatively scheduled for January 11, 2011.

5. Adjournment

The meeting adjourned at 5:38 p.m.