

**EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE
Medical Student Education Committee
Minutes
May 3, 2011**

The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, May 3, 2011 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
Ramsey McGowen, PhD
Paul Monaco, PhD
Dustin Price, M-3
Jamie Reagan, M-2
Jessica White, M-1

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

Ron Baisden, PhD
Tom Kwasigroch, PhD
David Linville, MD
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 4-5-11 meeting were approved as distributed. Dr. Olive thanked Dr. Monaco for chairing the April meeting in his absence. The 3-1-11 minutes tabled at the April meeting were approved as written after members questioned then discussed the approval of the Fall 2011 M-1 schedule changes in regard to the following:

- Dr. Kwasigroch not being in attendance
- Dr. Olive having met with each course director without a consensus being reached
- Some voting members feeling ill-prepared to cast a vote to finalize these curricular changes, including desire to have been more aware of the course directors' previous discussion on the topic
- Time constraint on making a decision due to deadline to publish a final schedule
- Pertinent information being disseminated in advance of meetings (as it usually is)

2. Topics

a. MSEC Course Reports: M-2 Clinical Neuroscience

Dr. Baisden

Departments involved in the course:

| Departments | Teaching Staff |
|--------------------------|----------------|
| Anatomy and Cell Biology | 8 |
| Internal Medicine | 2 |
| Pharmacology | 1 |
| Pathology | 1 |
| Family Medicine | 1 |

- **OBJECTIVES:** The objective of the Clinical Neuroscience course is to transmit the fundamental facts and concepts underlying current knowledge of the nervous system as it applies to general clinical training in medicine and physical therapy. The course is designed according to the principle that the best understanding of the nervous system is obtained when the morphological, physiological and behavioral aspects of the neurosciences are presented conjointly.

At the conclusion of this course the student will be able to:

1. Describe the role of the nervous system in normal function and disease.
2. Identify anatomical structures on gross specimens, brain cross sections, histologic brain stem slides and CT/MRI images.
3. Explain the neurologic consequences of damage to the various brain structures.
4. Explain the functions of the sensory, motor and integrative systems which extend throughout the nervous system.
5. Predict the consequences of disease involving the sensory, motor and integrative systems of the nervous system.
6. Describe the constellation of clinical signs produced by damage to a particular area of the nervous system.
7. Analyze clinical signs in order to identify the location of damage within the nervous system.

ALSO: 1) Learn the *language* of neuroanatomy, 2) Recognize neurology when see it in the clinics & 3) Do well on “shelf” and USMLE

- **TEACHING METHODS:** The course is presented as a series of topical lectures and presentations designed to provide an introductory background knowledge and framework for the future study of clinical neurology. A laboratory portion of the course is included to allow study of normal anatomical specimens and to provide time for personalized interaction and discussion of course material with members of the teaching staff. Clinical examples and correlations are used to provide a context for perceiving and recognizing normal neural structure/function and to illustrate how knowledge of the basic neurobiological principles underlies an understanding of neural and behavioral dysfunction.

Required and recommended textbooks, lab and web resources.

- **EVALUATION METHODS:** Midterm and comprehensive final – include laboratory practical, plus NBME Subject Examination; three quizzes at weeks four, seven and fifteen are intended to provide feedback on mastery of the content.

Attendance is required and recorded.

- **GRADING STRUCTURE:** Letter grade is based on Midterm – 40%, Final – 50% & NBME – 10% (calculated into the final grade only if it will improve it)

- **SUMMARY OF STUDENT PERFORMANCE:**

NBME Subject Exams:

| Year | 2007 | 2008 | 2009 | 2010 |
|-------|------|------|------|-------|
| Score | 448 | 495 | 511 | 440.5 |
| S.D. | 107 | 100 | 105 | 105.9 |

- **SUMMARY OF STUDENT FEEDBACK:** Student evaluation of the course has meaningfully improved over the past two years. For the question “my overall evaluation of this course,” average rating was 3.81 on a 5.0 scale. This was up from 3.46 and 3.02 in the prior two years. With less than desired course evaluations, the Course Director added 3 quizzes to provide students with more formative assessment. Additionally attempts have been made to make the daily learning objectives more apparent. (In the 2010 Graduation Questionnaire, only 32% of the students identified neuroscience preparation for the clinical clerkships as good or excellent.)
- **PLANS FOR CHANGE:** Course director’s continued efforts to help students focus on specific learning objectives.

Discussion regarded:

- Comprehensive lecture notes not being provided; students’ option to take notes on distributed outlines and necessity of reading the textbook
- Sense of loss that labs & exams have changed from hands-on with a brain to use of images (same type as on USMLE); fewer faculty available for lab sessions
- Benefit of Dr. Kimbrough’s clinical contribution
- Dr. Baisden’s time commitment outside of class, including with enrolled Physical Therapy students
- Neuroscience foundation due to this course; in Quillen curriculum, no Neuro clerkship, only electives
- Future recruitment &/or grooming of faculty to teach this / other courses; *members suggestions requested, topic will be on the agenda for the July meeting*

b. MSEC Course Reports: M-2 Practice of Medicine I & II

Dr. Linville

Martin Eason, MD, JD
Course Co-Director

Heather Love
Course Assistant

Faculty involvement from Anatomy, Medical Education, Family Medicine & Internal Medicine

- **GOAL:** Integration, review and application of basic science pathophysiology through an introduction to clinical medicine using an experiential learning approach.
- **OBJECTIVES:**
This course follows the outline of College of Medicine commencement objectives.
 1. Integrate, review and apply basic science pathophysiology to clinical cases
 2. Demonstrate through professional behavior an awareness of the culture of medicine
 3. Utilize physical exam skills from M1 experience
 4. Apply communication skills from M1 experience
 5. Interpret basic EKGs, lab data & diagnostic imaging studies
 6. Synthesize historical, physical exam & other clinical data into effective oral and written communications
 7. Formulate a differential diagnosis
- **CORE CONTENT:** Practice of Medicine schedule of cases and activities coincides with Microbiology, Clinical Neuroscience, Pharmacology & Pathology topics; course is “home” for M-2 Integrated Grand Rounds
- **TEACHING METHODS:** “Building blocks” include didactic presentations and large group participation sessions; reading assignments; pathophysiology cases designed to reinforce the basic science course work in a clinical context; human patient simulator exercises providing the opportunity for hands-on skills training and for reinforcing pathophysiology; physical skills practice sessions providing each student three separate, 50-minute one-on-one sessions with a standardized patient (SP)
- **EVALUATION METHODS:** Related to cases, including quizzes and oral presentations; midterm exam based on the material covered during the Fall semester (students are asked to respond to clinical scenarios addressing topics such as pathophysiology, differential diagnoses, likely diagnoses, clinical presentation of disease and interpretation of diagnostic data); final exam is an oral examination based on a written case presented to the student

- GRADING STRUCTURE: Points earned for cases, oral presentations, midterm and final – *In order to pass the course, each student must:*
 - a. receive at least 80% of all possible points
 - b. receive at least 70% on the oral examination
 - c. have no more than two excused absences and no more than one unexcused absence for the year
 - d. have no more than two missed or late written assignments
- SUMMARY OF STUDENT PERFORMANCE: No F or D grades have been assigned. Students having trouble with the course receive direct assistance from course directors to formulate plans for improving performance
- SUMMARY OF STUDENT FEEDBACK: Overall, students are very satisfied with the course

Fall 2010 – *MY OVERALL EVALUATION OF THIS COURSE IS:*
 Excellent – 53.6%, Good – 37.5%, Satisfactory – 8.9 %

- PLANS FOR CHANGE:

“Opportunities to Improve the Course”

A few shortcomings have been recognized by the course faculty and reported in student feedback. The major one involves timely grading of the H&P homework. Efforts to improve grading turnaround will be made. Other challenges are due to limitations of the large class size, for example trying to efficiently move the entire class through interviews and physical exams with SPs in groups of 3 or 4 to provide students with ample opportunity to practice these skills and learn how to use them in a small team setting. To help students with their individual physical exam skills, specific one-on-one standardized patient times have been added in the Spring semester.

Overall, the course is working well. Minor improvements are made each year to increase efficiency and to provide a better setting for experiential learning.

Discussion regarded:

- Use of 8 - 10 cases and a pathophysiology textbook
- Improving ways to reinforce the basic science knowledge base and to teach the processes of critical thinking and interaction with patients and colleagues
- Course faculty continually giving informal feedback and attention to students’ progress

c. Medical Student Work Hours Policy

Dr. Olive

- Last Fall, MSEC approved a medical student work hours policy for implementation in 2011-12 that tied the hours to ACGME work hours for first year residents:

Medical Student Work Hours Policy MSEC approved 9-7-10:

Medical student assignments, including the nature and content of activities and the number of duty hours required, must be determined by the educational value of the assignment. All assignments must provide meaningful educational value. In no circumstance should medical student work hours exceed those of a first year resident in either organization (e.g., call frequency, time off between duty hours, etc.) or in total hours worked.

- Clinical chairs asked MSEC to revisit this policy because it had the practical limitation of students' inability to take overnight call, limiting educational opportunities associated with seeing acutely ill patients who came in overnight.
- Abbreviated version of the clinical chairs policy proposal is as follows:
 1. Duty hours consist of hours required
 - a. in hospital or clinic/office
 - b. in didactic education (lectures, conferences, etc)
 - c. in any mandatory educational activity
 2. AT-HOME-CALL – only hours in hospital counted
 3. Student study at home and/or during non-required time are not counted as duty hours
 4. Medical student duty hours should not exceed 80 hrs / week
 5. IN-HOUSE NIGHT CALL is permitted under specifically stated conditions

MSEC briefly discussed the policy and considered it a reasonable alternative but withheld any decisions until after it has been submitted to Clerkship directors for their review and feedback; proposal will be revisited at the June meeting.

d. New 6-Week Specialty Clerkship

Dr. Olive / Cathy Peeples

- Director: Dr. Wooten; Coordinator: interview process is underway
- 3 / 2-week blocks; list of offerings was presented – many are existing Senior Electives, most new ones were developed through Family Medicine; rotations will be available in all clinical departments except Pediatrics
- Learning objectives for each have been published; grading system is being finalized

On a motion by Dr. McGowen and seconded by Dr. Monaco, the Specialty Clerkship was approved.

3. Recent documents / topics {On the [MSEC](#) web site or on file in Academic Affairs – contact myers@etsu.edu}

MSEC Course Reports:

- 1) *Clinical Neuroscience – Dr. Baisden*
- 2) *Practice of Medicine I & II – Dr. Linville*

Clinical Neurosciences Outcomes (including performance on USMLE Step 1) 2007 – 2009

Clinical Chairs proposal to revise Sept. 2010 Medical Student Work Hour Policy

Table of Specialty Clerkship Offerings

4. Announcements

The next meeting will be on June 7, 2011.

5. Adjournment

The meeting adjourned at 5:29 p.m.