



**Medical Student Education Committee
Minutes
September 16, 2014**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, September 16, 2014 at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members
Present:**

Ken Olive, MD
Caroline Abercrombie, MD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Jeremy Brooks, M4
Jessica English, M2
Omar McCarty, M1

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

Tiffany Lasky, DO
Theresa Lura, MD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

Shading denotes or references MSEC ACTION ITEMS

Dr. Olive chaired this meeting in Dr. McGowen's absence. He welcomed Omar McCarty, the newly elected Class of 2018 MSEC representative.

1. Approval of Minutes

The minutes from the 8-19-14 meeting were approved following a modification in regard to the potential benefits of administering the Comprehensive Basic Science Exam.

2. Topics

a. Overview of QCOM Policies and Practices

Previously distributed to MSEC members, Dr. Olive requested their input regarding the list of policies and practices relevant to the educational program that Academic Affairs is reviewing and plans to consolidate for easier online access.

Suggestions regarded additions to the list and development of an appendix for syllabi.

b. Quarterly Report: Outcomes Subcommittee

Dr. Monaco

- Benchmarks scheduled for review this quarter that were met*:

Domain Objective	Indicators used by school to evaluate educational program effectiveness
Patient Care	80% of students will achieve a rating of “good” or above on end of clerkship composites
Practice Based Learning and Improvement	80% of students will achieve a rating of good or above on end of clerkship composites
Interpersonal Communication Skills	80% of students will achieve a rating of “good” or above on end of clerkship composites
Professionalism	95% of students will achieve a rating of “good” or above on end of clerkship composites
Systems-Based Practice	95% of students will achieve a rating of “good” or above on end of clerkship composites
Practice Based Learning and Improvement*	100% students complete mid-clerkship self- assessment (1 student did not submit)

- Benchmarks scheduled for review this quarter that were *not* met:

Patient Care & Medical Knowledge	<p>95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Patient Care Domain Objective</p> <ul style="list-style-type: none"> ➤ All M1/2 courses met the measure, except Biostatistics: 80% passed institutionally developed assessments; however, the final class average was 90.88 <p>(M3 Clerkships: FM, IM, OB/GYN and Surgery have submitted reports; remaining clerkship reports will be reviewed at the next Outcomes meeting)</p>
Medical Knowledge	<p>50% of students will score at or above the national mean on NBME subject exams</p> <ul style="list-style-type: none"> ➤ All M3 Clerkships using NBME exams met the measure for the academic year ➤ All M1/M2 courses except Cellular & Molecular Medicine, Physiology, Clinical Neuroscience & Pathology met the measure ➤ Outcomes subcommittee will continue monitoring
Practice Based Learning and Improvement	<p>80% of M1/M 2 students will achieve a rating of good or above on multisource and / or narrative assessments</p> <ul style="list-style-type: none"> ➤ Anatomy & Lifespan Development completed narrative assessments and met the measure ➤ Other courses identified to complete narrative assessments did not do so; Outcomes subcommittee will remind those course directors and send them the revised form

Benchmark	<p>Courses with a ranking of greater than 25% student dissatisfaction rating overall for the course are targeted for an in-depth review to be completed by the respective subcommittee</p> <ul style="list-style-type: none"> ➤ Clinical Neuroscience course had a 31.88% dissatisfaction rating overall; it has already received a comprehensive review, and the course has been restructured for Fall 2014
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- 2014 Graduation Questionnaire (GQ) report: Areas with [benchmark] student ratings of 25% or greater dissatisfaction were Neuroscience, Neurology and Telemedicine.

No specific subcommittee recommendations were made, but they noted:

- Class of 2014 had the Neuroscience course in 2011-2012, and the course has been undergoing redevelopment since then
 - Seven students commented on the Neurology elective; conducted by a community preceptor, reported that students are basically only allowed to shadow the physician; student evaluations of the course were also unfavorable
 - MSEC should address the need for more exposure to Telemedicine; Quillen faculty and VA providers use telemedicine in their practice; VA has an outstanding telemedicine program which may allow for future exposure during rotations at the VA
- The following areas, which had ratings of 25% or greater dissatisfaction in 2013 and triggered subcommittee review and MSEC discussion, were deleted from the 2014 GQ:

Biological, chemical and natural disaster management
 Complementary and alternative medicine
 Global Health
 Law and medicine
 Medical Economics
 Medical Licensure
 Occupational Medicine
 Palliative care/pain management
 Physician-patient communication skill with proper use of interpreter as needed
 Practice Management
 Rehabilitative Care

- Follow-up from Outcomes' report last quarter at the [6-3-14](#) MSEC meeting and members' discussion regarded:

Narrative assessments – In order to improve compliance, clarifying process and expectations to directors of courses designated to provide them

- Subcommittee recommendation: Revise current benchmark “80% of M1/M2 students will achieve a rating of good or above on multisource and / or narrative assessments” to “100% of students will read their narrative assessment and respond to the assessment.” Change would be effective for 2015-2016. Various methods of securing the student responses, e.g., D2L survey, D2L Dropbox or New Innovations, will be further explored by the subcommittee.
- Subcommittee action: Numeric quantifiers have been removed from the current narrative assessment form leaving only a comment field for describing student achievement. Revised forms will be sent to designated course directors for use this year and will continue to be archived in Student Records. The narrative assessment question on the Course Director Self-study form will be changed to match the revised form.

Professionalism reporting – Possible change in the benchmark

- Subcommittee: No further discussion of changing the benchmark; 2013-2014 report provided by the EAD stated that six Professionalism Reports were submitted to the Assistant Dean for Student Affairs, but none reached the level of seriousness to be forwarded to the Student Promotions Committee.

[Completion rate – MSEC 6/3 action: Completion rate will continue to be monitored as it has previously, following national methodology of including those who withdrew or were dismissed.]

Committee membership – Dr. James Denham joining the subcommittee

Institutional Educational Objectives – Subcommittee to discuss adding or modifying outcome measures based on the new objectives and LCME Data Collection Instrument

ACTION:

On a motion by Dr. Johnson and seconded by Dr. Herrell, the committee accepted the Outcomes Subcommittee’s report.

c. Presentation: 2014 GQ Additional Points

Dr. Olive highlighted the following:

- 96% response rate (incentive in Keystone course = 3 extra credits for completion)
- “Interpreting with caution” – responses do not always match curricular facts
- Improvements with curricular change in regard to health determinants, critical review of published research and career preference assessment activities
- Response of 100% (compared to 78.5% nationally) to “Have you participated in required curricular activities with other health professions students?”
- Top three factors influencing specialty choice were content of specialty, fit with personality, interests & skills and work / life balance; level of educational debt ranked 11th

- Student mistreatment shown to not be entirely absent; lower than national numbers and the source, primarily residents

d. Update: Administration of Comprehensive Basic Science Exam (CBSE)

[Ref [8-19-14](#)]

Dr. Olive reported having met with the M2 and M3 class presidents to seek their input about the best time to schedule the M2 exam. It has been decided that the M2 exam will be given on the last day of the 2015 Spring semester, Friday, May 22. The Pharmacology (NBME) final will be moved from Thursday of that week to Wednesday.

e. Update to MSEC: [M3/M4 Review Subcommittee] Comprehensive Review of 2012-2013 Pediatrics Clerkship – Drs. Todd Aiken and Demetrio Macariola, Clerkship Directors

Dr. Mullersman, Chair

- Reported to MSEC on [8-20-13](#) that Dr. Todd Aiken perceived overcrowding of students in the clinic as the main weakness of this clerkship (student evaluations have not reflected this)
- Since that time, Dr. Aiken and his colleagues have addressed the overcrowding making changes to the allocation of faculty and adding two community training sites
- Dr. Aiken indicated that overcrowding has largely been resolved although there are instances when there are more than the usual number of trainees (M3s, M4s and/or residents)
- M3/M4 Review Subcommittee recommended that Drs. Aiken and Macariola continue to provide updates in their self-studies

f. Report to MSEC: [M1/M2 Review Subcommittee] Comprehensive Review of Career Exploration I, II & III – Drs. Ken Olive and Tom Kwasigroch, Course Directors; Primary reviewers: Dr. Bob Acuff and Anand Saha, M2

Dr. Johnson, Chair

- Comments/Recommendations to the Course Director regarded:
 - Career Exploration I, II and III meeting their goals and objectives
 - Course directors reviewing this online tool: Association of American Medical Colleges (AAMC) and the National Board of Medical Examiners (NBME) having launched the [Pivio](#)[™] system, an online, lifelong learning and career documentation tool designed to help individuals document and track their medical education and experiential information throughout the continuum of their career—from pre-medical studies through clinical practice

- Short-term recommendations – None
- Long-term recommendations – None

ACTION:

On a motion by Dr. Monaco and seconded by Dr. Herrell, the committee accepted the M1/M2 Review Subcommittee's report of their comprehensive review of Career Exploration I, II & III.

g. Revisit: MSEC Action re Two New Student Surveys (Policy for Periodic and Comprehensive Review of the Curriculum / Subcommittee Review Process)

[Ref [12-17-13](#) & [1-28-14](#)]

MSEC previously determined that additional tools were needed to answer questions about curriculum effectiveness, including in regard to how well courses are integrated and sequenced and how well students are prepared for clinical clerkships and USMLE exams. It was decided that two new student surveys would be developed, one to be administered after Step 1, the other near the end of M3.

Drs. Herrell and McGowen collaborated on writing potential survey questions, but the topic was deferred, and the drafts were not submitted to MSEC.

Today's discussion regarded the advent of the Comprehensive Basic Science Exam (CBSE) and AAMC's Year Two Questionnaire (Y2Q), which beginning this year will be administered annually to all second-year medical students; also, possibility of convening student focus groups after Step 1 scores are released &/or at the end of M3.

ACTION:

On a motion by Dr. Herrell and seconded by Dr. Abercrombie, members voted to table the idea of two new student surveys until it is seen what data the CBSE and Y2Q will provide.

h. Standing Agenda Item: Subcommittee, Working Group & Technology Updates [[MEMBERS](#) – Subcommittees & Working Groups]

- **Nutrition Working Group**

Community Medicine Clerkship Nutrition Assessment Summary Report 2013-2014

Nutritional Assessment H&P is part of the Nutrition in Medicine curriculum component of the Clerkship. During 2013-2014, nutritional assessment was researched, piloted and adopted.

- Lisa Fuller, RD, LeConte Medical Center and Susan Austin, MA, Clerkship Coordinator created a PowerPoint introduction for students
- Periods 1-4, pilot groups of students were surveyed on knowledge of basic nutrition and then challenged to use different nutrition assessment methods; students developed a form for collecting nutrition information and recommended several standardized formats for evaluating patients
- Periods 5-8, students submitted nutrition assessment forms or as an H&P (reviewed by Susan Austin and/or Lisa Fuller)
- Assessment of experience: Exam had eleven questions pertaining to nutrition / community nutrition

This year, students in the Community Medicine Clerkship are required to submit a full H&P that contains a nutritional assessment of a patient (example of which was included in the report)

- Learning Objectives for Nutritional Assessment
 - 1) Assess the nutritional status of a patient
 - 2) Create an evidence-based nutrition assessment and care plan assessing organ dysfunction and metabolic status
 - 3) Identify current and potential nutritional problems of a patient
- Assessment of experience: Present H&P with patient nutritional assessment to registered dietician, preceptor or course director with a critical evaluation of current research topics and papers related to nutrition support for the patient

Additional updates from working group members regarded:

- Plan to further discussion how the Community Medicine nutrition assessment plan could be used as a model or best practice guide for other clerkships
- First COL nutrition case and plan to expand it next year; outline of the second COL nutrition case which begins next week
- Students providing health screenings at the Johnson City Farmers Market
- Nutrition related activities and themes of the Primary Care Week in October
- Efforts to draft a set of objectives for the nutrition thread that will eventually be circulated among course and clerkship directors for their feedback

- **Curriculum Integration Framework (CIF) Working Group**

Dr. Herrell's update and members' discussion regarded:

- Group having met with almost all course directors; Dr. Earl Brown, Pathology is next on the list
- CIF and ExamSoft recent adoption of the [USMLE Content Outline](#) categories to tag cases and content
- Benefits of standardized terminology across CIF cases, ExamSoft and the curriculum database for curriculum mapping and reporting

- Potential for expansion of terminology and variety of tags, including in relation to curriculum threads (cross-cutting themes) and Bloom's Taxonomy

MSEC action is pending Dr. Olive / Academic Affairs bringing back a formal proposal regarding use of standardized terminology.

- **New Innovations Curriculum Module Development**

Ms. Lybrand informed the committee regarding:

- Revised structure of New Innovations' UME (vs. GME) division, including new developers
- Release of a new, more user-friendly interface (still in beta)
- Next Quillen (2013-2014) curriculum data submission / upload to the AAMC Curriculum Inventory Portal on 9/30
- Course directors updating session level keywords and determining depth of coverage

3. Recent documents / topics

List: QCOM Policies and Practices

Quarterly Report: Outcomes Subcommittee

[2014 Graduation Questionnaire](#)

Report: [M1/M2 Review Subcommittee] Comprehensive Review of Career Exploration

Update: [M3/M4 Review Subcommittee] Comprehensive Review of Pediatrics Clerkship

Report: Community Medicine Clerkship Nutrition Assessment Summary 2013-2014

[USMLE Content Outline](#)

Survey on Building Schedules for New Innovations

4. Announcements

[Poster](#): *Team-taught Grand Rounds Promote Horizontal and Vertical Integration in a Discipline-Based Medical Curriculum [Michelle M. Duffourc, Robert V. Schoborg, K. Ramsey McGowen, Cynthia Lybrand & Reid Blackwelder] was selected for the Poster Session at this year's:*

*AAMC Medical Education Meeting
Accelerating Learning. Fostering Connections.
November 6–7, 2014*

The next meeting will be a half-day “Retreat” on October 21, 2014.

5. Adjournment

The meeting adjourned at 5:40 p.m.