Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, April 5, 2016 at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Meeting Attendance

Voting Members
Ramsey McGowen, PhD, Chair
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
Jessica English, M3
Omar McCarty, M2
David Cooper, M1

Ex officio Non-Voting Member
Kenneth Olive, MD, EAD ex officio

Subcommittee Members, Guests & Staff
Robert Acuff, PhD, M1/M2 Subcommittee
Brian Cross, Pharm D, College of Pharmacy
Tamara McKenzie, MD, Surgery
Troy Nold, M1
Cindy Lybrand, Med
Cathy Peeples, MPH
Mariela McCandless, MPH
Lorena Burton, CAP

Ex officio Voting Members
Joseph Florence, MD
Theresa Lura, MD
Rachel Walden, MLIS

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes
Dr. McGowen asked for approval of the minutes from the March 15, 2016 meeting. Dr. Johnson offered a correction to the minutes regarding the Outcomes Subcommittee Report that identified Cellular & Molecular Medicine step exam scores did not meet the benchmark. Dr. McGowen thanked Dr. Johnson for this information, which is correct, but suggested that the MSEC minutes were accurate in reflecting what the Outcomes Subcommittee reported. At the next meeting, Outcomes will need to formally reflect that a mathematical error resulted in incorrectly reporting the performance of Cellular & Molecular Medicine step exam scores and that they exceeded the benchmark. This will allow both the Outcomes Subcommittee report and MSEC to be updated and accurate information documented.
Dr. McGowen introduced several guests to the meeting: Troy Nold, M1 student; Brian Cross, Associate Professor/Vice Chair Pharmacy Practice and Interim Director for Interprofessional Education; and Mariela McCandless, Medical Education Coordinator, Academic Affairs.

A reminder was made of the two MSEC meetings this month - today and Tuesday, April 19, 2016. Two handouts were provided listing MSEC meeting dates and times for the remaining academic year and next academic year.

Dr. McGowen announced that the MSEC voting membership has been clarified and Ex-officio members are voting members. Dr. Olive, Executive Associate Dean for Academic & Faculty Affairs, EAD, will be an Ex-officio non-voting member. Clarification of the MSEC membership was taken to the Faculty Advisory Council and approved by Dr. Means, College of Medicine Dean.

The AAMC Regional Groups on Education Affairs has compiled a resource called an *Annotated Bibliography of Journals for Educational Scholarship*. It is an extensive repository of journals that publish information on health sciences education. A link to the resource is available on the MSEC webpage under Resources/Recommended Reading.

2. **Program Evaluation Priorities for Action Plan**

At our last meeting MSEC discussed the information that had come from the program evaluation working groups and a draft list of priority items requiring MSEC action that resulted from the discussion. One item was added to the list – Instructional Methods. The list was resent to MSEC with the meeting agenda for their review, prior to today’s meeting. Dr. McGowen asked that MSEC’s first step be to decide if the content of the Program Evaluation Priorities for Action Plan list is what will be adopted and used to work from in defining changes to the curriculum. Both Dr. McGowen and Dr. Olive invited comment from MSEC.

Discussion included: naming conventions for what is now identified as formation of a Doctoring course, whether all eighteen (18) priorities are going to be done or rather that we need to prioritize and group together based on content and workable/sequenced time frames, and the need for identification of modifications that affect formation of academic schedules in the very near future.

**A motion by Dr. Lura to approve the Program Evaluation Priorities for Action Plan list was seconded by Dr. Blackwelder. MSEC approved the list with two (2) members abstaining from vote.**

**Additional discussion about how to implement the Action Plan Priority List**

Dr. McGowen asked that MSEC’s second step be to develop a plan for addressing the priorities that have been approved. MSEC members were reminded that consideration of time frames must be taken into account. MSEC must act on the findings of the evaluation of a curriculum as a whole, consistent with the policy for periodic and comprehensive evaluation of the curriculum. Some actions should be implemented in a relatively short time frame, while others may require a longer time to plan and implement. The developed action plan and its implementation should not preclude planning for long term modifications to the curriculum which should continue and be part of the curriculum review on an on-going basis. However, considering timing of actions is
also important and action should not be delayed where it is needed and feasible. Our curriculum year of record for the LCME self-study will be 2017-2018. This means that the data collected on our curriculum content, assessment methods, and instructional methods for 2017-2018 is what will be the basis for our self-study, reported to LCME and evaluated in our next site visit. In order to be accomplished in the 2017-2018 academic year, calendar changes for the academic year 2017-2018 will need to be identified by October 2016. Changes in the M1/M2 semester weeks will need to be defined at that time. Dr. Blackwelder added that some of the schedules being developed as part of the interprofessional education component will need to be taken into consideration as well.

Discussion included: the length of the M1 and M2 years to provide for Step 1 study time at the end of the M2 year, other curriculum structures, i.e, spiral curriculum, and changes in the Preceptorship program.

Dr. McGowen introduced a color-coded Priorities for Action Plan list as a starting point for MSEC to begin looking at ways to approach and address the priorities list. It included the formation of multiple working groups and a grouped list of items that may be able to be handled administratively. It was noted that a few of the items may belong in more than one group or may need to be handled on their own, i.e., 5d “Develop a process for longer term improvements to curriculum (content, sequencing, integration) and faculty development across all four (4) years” may need to stand on its own.

Discussion of the color-coded (grouped) priorities included: re-sequencing of the listed priorities, development of additional or subset working groups to look at specific priorities, identifying the “Doctoring” course as one priority, especially if spanning over all four (4) years versus first two (2) years, the need for working groups to communicate to each other, breaking out the changes into more broader groups, i.e, structural changes and content changes and create a structure work group and a content work group, Rural Primary Care Track (RPCT) and Generalist Track course alignment, the need for RPCT and student representation on any working groups, and adoption of items identified as administrative items.

Discussion about faculty resources needed when adding both clinical and basic science content to courses and clerkships was identified as a potential obstacle to implementation of changes. Dr. McGowen stated that external resources such as those being developed by MEDU Science might be a way to overcome resource limitations. Dr. Herrell pointed out that the Curriculum Integration Thread reports have identified some of the methods of delivering both clinical and basic science content across the curriculum.

Dr. Monaco asked if Dr. Means, QCOM Dean, had voiced his view of MSEC’s proposed changes in curriculum. Dr. Olive offered to invite the Dean to an MSEC meeting and have him provide input to MSEC. Dr. McGowen pointed out that MSEC is responsible for the curriculum and reviewing it while identifying changes needed, but involving the Dean in discussions is important, especially where resources may be needed.

Dr. Herrell commented that whatever plan is adopted will require a lot of work and we should expect mixed opinions for the final plan, but a consensus of what is most agreed on is what needs to be adopted and then acted on. Dr. Cross shared Pharmacy’s approach to curriculum change. They developed a small Curricular Revision Task Force of four (4) members who held a series of retreats to develop and deliver a structured curriculum revision to their faculty.
Pharmacy has now begun quality improvement reviews, making “tweaks” as needed. Dr. Cross agreed that whatever plan or structure is decided upon, it is going to be difficult because it involves change. There must be significant ownership of content that must be dealt with when change is introduced.

Dr. Monaco suggested that a first step to developing an action plan could be for Academic Affairs to look at the QCOM catalogue of courses and clerkships, determine the hours and weeks identified in our current curriculum and gather national data to compare with QCOM data. This would allow a revised structural model to meet academic year planning factors before working groups develop recommendations related to content coverage and organization.

Dr. Blackwelder moved that prior to developing an action plan, administratively collect current QCOM curriculum organization data as well as national data on curriculum content and structures to enable MSEC to consider how the curriculum might be re-structured. The information will be brought back to MSEC by the May 2016 meeting. The motion was seconded by Dr. Herrell and unanimously approved.

Dr. Olive stated that administratively we should be able to gather average lengths of M1/M2 years, identify what are our hours, what is the average number of hours in allopathic schools, and how in the academic calendar contact time is delivered. It would be May before this information could be assembled for MSEC’s consideration and allow MSEC to decide how many work groups are needed.

1. **Standing Agenda Item: Subcommittee, Working Groups & Technology Updates**
   No comments received for discussion/action by MSEC.

The meeting adjourned at 4:54 p.m.

**MSEC Meeting Documents**

Approval of Meeting Minutes – March 15, 2016 – [Item - 1 MSECminutes March 15 2016 MSEC Approval April 5 2016 Final Draft.pdf](#)


**Upcoming MSEC Meetings – 3rd Tuesday except where noted**

- 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