



Medical Student Education Committee

RETREAT

Minutes: October 20, 2015

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, October 20, 2015 at 12:00 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall.

Voting Members Present:

Ramsey McGowen, PhD, Chair
Reid Blackwelder, MD
Michelle Duffourc, PhD
Anna Gilbert, MD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Kenneth Olive, MD
Jessica English, M3
Omar McCarty, M2

David Cooper, M1

Ex officio / Non-Voting Members & Others Present:

Joseph Florence, MD, *ex officio*
Rachel Walden, MLIS
Robert Acuff, PhD, co-chair M1/M2 review subcommittee
Robert Schoborg, PhD
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes

The minutes of the September 15, 2015, meeting were presented and approved with no further discussion.

A motion by Dr. Herrell to approve the minutes of the September 15, 2015, meeting was seconded by Dr. Johnson, and unanimously approved.

2. Outcomes Subcommittee Report

Dr. McGowen presented the Outcomes Subcommittee quarterly report. August 18, 2015, MSEC had recommended the Outcomes Subcommittee develop an **additional** benchmark to monitor how well the College of Medicine was meeting its mission. The data would come from the annual *AAMC Mission Management Graduate Workforce* report. The benchmark also has the added advantage of providing follow-up data on our graduates compared to other AAMC member schools.

Recommendation: The Outcomes Subcommittee proposed the following additional benchmark: The percent of graduates practicing in primary care (IM, FM & Peds); in rural areas; and in underserved areas; will each be above the 50th percentile as reported in the *AAMC 2015 Mission Management Graduate Workforce* report.

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Findings: Quillen graduates from 2000-2004 as reported in 2015:

Measure	Percent Practicing	National Percentile
Primary care (FM, IM, Pediatrics, IM/FM, IM/Peds)	44.8%	Above 90th
Rural Areas	15.8%	Above 90th
Underserved areas	21.9%	80th

The **prior benchmark** will continue to be reported by the Outcomes Subcommittee on an annual basis in addition to the new benchmark.

Benchmark:	In order to address primary care needs of the public, QCOM graduates will obtain PGY 1 residency positions in Family Medicine, Internal Medicine, Pediatrics and OB/GYN above the annually reported national match rates for each specialty	Exceeded the benchmark for Family Med, Peds, and OB/GYN. Internal Medicine was the exception. Quillen match 48.75% of students into Primary Care Spec. compared to 45.0% nationally.
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The Outcomes Subcommittee also reported on specified quarterly benchmarks. The following **quarterly benchmark measures were found to be met in course/clerkship** or were not great enough in differences for concern at this time (though they will continue to be monitored):

Patient Care	2. 80% of students will achieve a rating of “good” or above on end of clerkship composites
Practice Based Learning and Improvement	3. 100% students complete mid-clerkship self-assessment
Practice Based Learning and Improvement	4. 80% of students will achieve a rating of good or above on end of clerkship composites
Interpersonal Communication Skills	4. 80% of students will achieve a rating of “good” or above on end of clerkship composites
Professionalism	4. 95% of students will achieve a rating of “good” or above on end of clerkship composites*
Systems-Based Practice	2. 95% of students will achieve a rating of “good” or above on end of clerkship composites*
Patient Care	1. 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
Medical Knowledge	1. 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 Medical Knowledge Domain Objective
Interprofessional Collaboration	3. 75% of graduates will report the nature of the learning experience(s) with other health professions students: as active engagement with patients
Interprofessional Collaboration	4. 90% of students will be rated of “between fair and good” or above on the M3 clerkship assessment question addressing relationships with the health care team.

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Personal and Professional Development	1. 90% of students will report being at least satisfied with the Personal Counseling and Student Mental Health Services. Discussion: mental health counseling = 91.4% versus 84.3%=personal counseling under student support services.
Personal and Professional Development	3. 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

MSEC discussed percentages found under mental health counseling (91.4%) versus personal counseling measures (84.3%). Because of the focus of the benchmark (personal and professional development), Outcomes Subcommittee recommended changing the measure to focus on mental health counseling rather than the counseling associated with student support services.

Recommendation: Outcomes subcommittee recommends that the benchmark measure only *Student Mental Health Services* rather than Personal Counseling and Student Mental Health Services.

The **Unmet Benchmarks** include the following:

Courses with a ranking of greater than 25% student dissatisfaction rating overall for the course (ranking of 1 or 2) are targeted for an in-depth review to be completed by the respective subcommittee.	<p>The following courses did not meet the benchmark:</p> <p>1.The spring 2015 M1 Biostatistics and Epidemiology course. Discussion: The course will have a new director for the spring 2016 course offering.</p> <p>2.The 2014 offering of the M2 Clinical Neuroscience course. Discussion: The 2015-16 course offering has a new course director.</p> <p>3.The Jr. Community Medicine Clerkship had a rating of 2.81 on a 5 point scale-lowest of all clerkships. Discussion: Changes in the clerkship format are expected to be recommended by Working Group 2 as a part of the Program Evaluation and the Outcomes Subcommittee recommends any proposals for change incorporate the findings of that working group. Dr. Olive reported that for periods 1 & 2 of the current academic year, the overall evaluation rating had improved to 3.86.</p>
Curricular questions with greater than a 25% overall dissatisfaction rating will be targeted for a review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum.	<p>Class of 2015 GQ response rate =96.7%</p> <p>The following areas had a greater than 25% dissatisfaction rating:</p> <p>BioChemistry (46.9%); Biostatistics and Epidemiology (44.0%); Genetics (34.8%); Neuroscience (77.4%) – note GQ reported as 57.4% - to be taken back to Outcomes Subcommittee</p> <p>Discussion: It was noted these responses were from students who took the course 3 or 4 years prior, changes</p>

	have been made to all and more recent information (e.g., curriculum review reports) suggests improvements have occurred. No additional action required on these 3 items
1. 80% of M 1 & 2 students will achieve a rating of good or above on multisource and / or narrative assessments	Bench mark met by: Case Oriented Learning, Anatomy, Clinical Preceptorship and Microbiology Benchmark not met by IPE, Practice of Medicine and Communication Skills. (Commination Skills reported submitting a Narrative assessment but it does not include the rating section) Discussion: After discussing the measure and the consistent difficulty with courses completing, the committee agreed to contact Working Group 3 for input for changes to either the measure or the process by which the assessments are secured. Dr. McGowen has contacted Working Group 3.

Recommendation: Outcomes Subcommittee recommends obtaining information from Working Group 3 about the role of narrative assessments in the curriculum and the best way to incorporate them into the array of assessment approaches used by College of Medicine.

MSEC accepted the Outcomes subcommittee report and three (3) recommendations as stated in their report with the exception of replacing the text “2015” with the term “most recent” in the AAMC 2015 Mission Management Graduate Workforce report. Dr. Florence seconded the motion. The motion unanimously passed.

3. LCME Severe Actions

Dr. McGowen presented a summary of LCME severe actions (unspecified or shortened accreditation term, warning status, probation, and accreditation withdrawn) from a recently published paper authored by the LCME Co-Secretaries. There were four factors associated with severe actions.

1. Total number of noncompliant areas
2. Curriculum management standard and comparability of training sites noncompliance
3. Chronic/recurrent noncompliance (at least one recurrent standard out of compliance)
4. Data Collection Instrument (DCI) incomplete/unclear

There has been an increase in severe actions between 2004-2012, and therefore it is important to understand the LCME terminology used in the Standards and reference the LCME Glossary as needed. Adjectives can influence interpretation of a standard, e.g., the word “effective” is defined as: *supported by evidence that the policy, practice, and/or process has produced the intended or expected result(s).*

Central management problems that can contribute to severe actions include:

- Lack of review of curriculum as a whole
- Absence of curriculum mapping
- Objectives not used to guide curriculum
- Inadequate outcomes assessment (not tracking graduates)
- Inadequate workload policy
- Inadequate evidence of formative feedback in pre-clerkship courses
- Inadequate use of narrative assessments

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Other indicators of problems:

- GQ – percent of students saying coverage inadequate or required content only available as an elective (e.g. global health)
- Past Findings – we should pay close attention to all areas where we had identified problems at our last site visit
- Independent student analysis

Issues not specifically associated with severe adverse action (citations equally represented in severe and non-severe actions:

- Debt management
- Career counseling
- Access to health services standards

In summary, College of Medicine needs to be aware and address where problems are identified; and enforce compliance.

4. USMLE Scores

Cathy Peeples presented an update to the USMLE Step score results for College of Medicine students.

Step 1:

- Data reported on a calendar year basis
- The Step 1 passing score is 192 (July 2014=188)
- COM pass rate is 94.2%
- COM mean is 221.48
- There have been four student failures to date (one has retaken and passed on 2nd attempt)
- 3 students remaining to take Step 1 – each is on leave of absence

Step 2 CK:

- Data reported on an academic year basis (July-June)
- The Step 2 passing score is 209 (July 2014=203)
- COM pass rate is 93.65%
- COM mean is 237.37
- There have been four student failures to date
- 63 of 65 COM students have taken the Step 2 CK to date

Step 2 CS:

- Data reported on an academic year basis (July-June)
- The Step 2 CS pass rate is 98.28% (2014-2015=92%)
- There has been one student failure to date

MSEC discussed what the College of Medicine should be doing when “*students at risk*” are identified throughout any of the four years of medical school. Dr. Olive confirmed it is an area that needs to be closely reviewed and developed.

5. Clerkship Period 1&2 Grades

Dr. Olive gave an update on recent clerkship period 1 & 2 grades following the new policy adopted June 16, 2016, *Change in Grading Policy for Clinical Clerkships*.

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With implementation of the change, there have been four (4) total failures in periods 1 & 2. None of the failures was a surprise and the students with the failures had received prior low scores on exams.

MSEC discussed implications for the students who had failed the clerkship and noted that Promotions Committee is where these decisions will be made.

Dr. Herrell commented that this was a strong reason for needing to have a procedure in place when students are identified to be “*at risk*” early in their medical school years rather than later.

Dr. McGowen stated that Promotions Committee will continue to monitor student scores and students “*at risk*” in their follow up meetings.

6. Program Evaluation Working Group 1 – Curriculum Content

Dr. Reid Blackwelder presented the working group’s interim report to include findings and recommendations. The group’s task was to answer the following question(s):

1. Required curriculum content

Does the curriculum include all required content?

What evidence supports this conclusion?

The working group found that foundational knowledge is covered satisfactorily in the curriculum as judged by USMLE content tagging. Each of the LCME Standards was identified for coverage across the curriculum. The working group’s recommendations are separately identified under each LCME Standard(s). Dr. Duffourc added that while the course/clerkship descriptive material may not fully depict the material covered/discussed with the students, the curriculum does adequately cover the basic sciences. Faculty does need to be educated on mapping of curriculum.

There was MSEC discussion about whether clinical skills are covered adequately in the M1/M2 years. Dr. Olive summarized that we do cover clinical skills within our courses to include Communication Skills for Health Professionals, Introduction to Physical Exam Skills, M1/M2 Preceptorship programs, and Practice of Medicine I & II.

Dr. McGowen asked the working group if they could identify in a final report whether there is an adequate amount of content covered in the courses/clerkships. Dr. Olive asked that the working group’s final report provide more direct responses to the questions asked about curriculum content.

A final report from Working Group 1 to MSEC will be presented in February 2016.

7. Thread Content Areas Summary

Dr. Olive provided a summary of the four (4) Curriculum Integration Subcommittee Thread reports (Evidence Based Medicine, Human Sexuality, Nutrition, and Rehabilitation). Each complete report had been presented in earlier MSEC meetings and identified for administrative delivery to the course and clerkship directors. Due to the large amount of information for distribution, the recommendations were summarized into one document organized by course and clerkship, and delivered to the respective directors.

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Dr. Olive has received feedback from one course director, Mitch Robinson, Cellular and Molecular Medicine (CMM), who stated the recommendations were good and he intended to incorporate them into the CMM course this next year. Course and clerkship directors have been asked to identify in their annual course self-studies when they have incorporated any of the recommendations and the results, if available.

8. Program Evaluation Working Group 3 – Pedagogy and Evaluations

Dr. Russ Hayman presented the working group's interim report to include findings and recommendations. The group's task was to answer the following questions regarding curriculum content:

5. Methods of Pedagogy

In each segment of the curriculum, are the methods of pedagogy appropriate?

Clinically relevant?

Student-centered?

Effective?

What are the practices in place that accomplish this?

How does the pedagogy in each curriculum segment relate to the adequacy of our curriculum as a whole?

6. Evaluations *(NOTE: The following questions will be addressed in the final report)*

To what extent are assessments linked to objectives and competency based?

Providing adequate formative and summative feedback?

Measuring cognitive and non-cognitive achievement?

What needs to occur to improve assessments throughout the curriculum?

The working group considered a variety of data sources, including Instructional Methods reported on course director self-studies; STEP 2 CK Performance, Graduation Questionnaire (GQ); Instructional Methods related to independent and self-directed learning; MedBiquitous standards for "Student Centered Learning", student evaluations of courses; student reflections on curriculum; resident survey; and NBME subject exam results. The group found that it had difficulty when reviewing self-study reports for data, in response to the Pedagogy questions. Some questions were not fully answered, or use of standardized terminology was not found.

Recommendation – Pedagogy: It would be appropriate to increase the clinical content within the M1/M2 years, specifically in those instructional method content areas related to active learning and clinical decision-making aspects. Clinically related content in the M3/M4 years is appropriate.

Recommendation – Pedagogy: approximately 50% of our current M1/M2 instructional methods and 85% of our current M3/M4 instructional methods have the potential to be student centered. It is the working group's recommendation to encourage courses in both the M1/M2 and M3/M4 to focus on quality content that is clinically correlated and engages students beyond fact learning and regurgitation.

Recommendation – Pedagogy: Student comments on M1/M2 courses that have requirements for self-directed study are favorable. The positive evaluations could be due to the overall dedication to organization and modalities of content delivery. Course and clerkship directors should be encouraged to provide well-organized content. In addition, any future change in content delivery in course and clerkships should be time-neutral as specified by LCME 6.2.

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MSEC discussion after receipt of the report included:

- The final report for this working group should include a recommendation for faculty development.
- COM will need to manage the teaching methods (pedagogy) employed by course and clerkships to ensure time outside of the classroom, in preparation for class time, over multiple courses/clerkships is reasonable.
- Is there a need to measure the number of students or times where they need to go elsewhere (on-line articles, references, study guides, tutorials, videos, etc.) to seek information not received in the classroom?
- Is it possible to measure shelf performance between class delivery methods?
- COM library may be able to assist in having course materials or references readily available for the student, based on their current course/clerkship study. The course/clerkship directors would need to be in communication with the library.

A final report from Working Group 3 to MSEC will be presented in February 2016.

9. MSEC Charge

Dr. Robert Means presented the updated MSEC Charge, which is effective immediately. Dr. Means thanked MSEC for the work they are doing to help produce graduates of our College of Medicine program. The updated MSEC Charge reflects both the mission of the Quillen College of Medicine and LCME.

MSEC Charge

The Medical Student Education Committee (MSEC) is the curriculum committee of the Quillen College of Medicine, with full responsibility to oversee the undergraduate medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

MSEC shall:

- 1) define and formulate the competencies and objectives of the curriculum and ensure that they guide all aspects of the curriculum.*
- 2) consider, take positions and determine policy on any matter concerning the undergraduate medical education curriculum.*
- 3) establish policies governing the undergraduate medical education program curriculum and monitor their implementation and outcomes.*
- 4) advise the Dean on matters of accreditation related to the undergraduate medical education program.*

Received by MSEC: October 20, 2015

15-minute break

10. New Innovations Curriculum Management System – Event Level Content Mapping

Dr. Olive provided a brief history of an initiative by the AAMC's Medical Academic Performance Services (MedAPS) to design and create a Curriculum Management system that would serve as a centralized database of AAMC-member medical school curricula, including content, structure, delivery, and assessment in the U.S. and Canada. Curriculum reports from the system can assist in:

- Curriculum benchmarking and continuous quality improvement

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- Provide resources to curriculum committees and faculty
- Enhance medical education research
- Inform legislators and the general public

To gain access to the national data, schools must upload local data to the Curriculum Inventory via their vendor supported Curriculum Management System. College of Medicine has been working with New Innovations to develop the structure and populate our curriculum module.

Sample data/reports from, both the AAMC Curriculum Inventory system (2010-2011) and New Innovations Curriculum systems (2014-2015) were viewed as were a list of current Keywords and a sample of USMLE Content Outline that is to be added soon.

Dr. Olive announced that one of our recent graduates has been employed to review course event-level data and map the information to the identified course objectives, which is mapped to our Institutional Objectives. Course directors will be asked to review the event-level data and approve it before it is entered into the New Innovations curriculum module. Each year the data will upload to the AAMC Curriculum Management system and become available for reporting needs.

College of Medicine's next steps are to:

- Upload USMLE and Plus List Keywords (additional topics for mapping) to New Innovations
- Complete a review of all *Event-Level* forms
- Update New Innovations with all event-level gathered data
- Further development of reporting options within New Innovations
- Continue to update/validate the New Innovations Curriculum data each academic year
- Continue to participate in the AAMC Curriculum Inventory process

11. Rural Track Comprehensive Review Proposal

In the September 2015, MSEC meeting, a recommendation from the M1/M2 Review Subcommittee to review the Rural Track program in its entirety resulted in a passed motion that would allow the formation of an ad hoc committee to review the Rural Track program. However, MSEC did not want to look at Rural Track in a vacuum, but rather how it interwove with the Generalist Track, and if changes were going to be recommended for Rural Track, did they also affect the Generalist Track or vice-versa. Dr. Olive asked that an administrative plan for the review come back for discussion with MSEC in October 2015. Dr. Olive presented a plan that includes suggested issues as well as a list of proposed members. Upon MSEC review of the plan, discussion included:

- Number of other schools who support a Rural Track program
- Total current contact hours for College of Medicine Rural Track program
- LCME requirements for comparable teaching in outlying areas
- Student admission options for the Rural Track Program

MSEC consensus was that the administrative plan was sound and endorsed the formation of an ad hoc committee with a final report due back to MSEC in February 2016.

MSEC approved November 3, 2015

12. Basic Science Course Directors' Recommendations to MSEC

Dr. Schoborg presented a report containing recommendations of the M1/M2 Biomedical Sciences course directors. The directors felt it was important to go on record with MSEC, during the current Program Evaluation process, regarding their concerns and recommendations related to review of the M1/M2 basic science curriculum and teaching faculty. The report includes strengths, threats to the long-term health of the basic sciences teaching mission, and opportunities for improvement. Many of the threats and opportunities are interrelated and pursuing of the opportunities will help improve several "threat" areas at one time.

- Faculty population declining in Biomedical Sciences
- Teaching skills and utilization of new techniques/technology
- Declining Step 1 scores
- Student opinion of basic sciences material - clinically relevant

It is hoped that MSEC will find the report a useful source of ideas during the Program Evaluation.

13. M1/M2 Review Subcommittee Reviews

Dr. Acuff presented **the Profession of Medicine: Patients, Physicians & Society, 2014-2015 Comprehensive review under Course Director: Dr. Theresa Lura.**

Dr. Lura is to be commended for handling the administrative tasks of this course very well, considering the number of guest lecturers and small group sessions that must be coordinated, as well as a variety of content objectives that are addressed in this course.

Short Term Recommendations – Consult with the course director regarding the number of contact hours needed to add Scientific Method/Clinical/Translational Research content to the course. It has been determined that there is a need in the College of Medicine curriculum to increase student exposure to Scientific Method/Clinical/Translational Research.

Long Term Recommendations –

- a. Support the need for a co-course director to enable dividing the course administrative tasks or consider designing an M4 Education and Mentoring elective that would enable additional resources for giving feedback to students on writing assignments.

Dr. Olive stated that he is working on a co-course director to help divide the course administrative tasks.

- b. Create a separate steering committee tasked with evaluating the clinical curriculum to identify if a continuous "Doctoring" course could be developed to include the Profession of Medicine: Patients, Physicians and Society, Communication Skills for Health Professionals, Clinical Preceptorships, and Introduction to Physical Exam courses.

The subcommittee agrees that the concepts of Professionalism should be introduced immediately in the curriculum during the first year, and that introduction should gradually be built upon with clinical correlates as the students grow into their professional identities. Designing a continuous doctoring or "Becoming a Physician" thread would potentially reduce the required resources, as well as provide a more consistent, cohesive structure and curriculum for this identity developmental process.

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Dr. Herrell moved to accept part of the short-term recommendation; specifically that research ethics should be included in the Profession of Medicine: Patients, Physicians, and Society course. Dr. Johnson seconded the motion. The motion unanimously passed.

Dr. Johnson presented the **Pharmacology, 2014-2015 Comprehensive review under Course Director: Dr. Michelle Duffourc.**

Dr. Duffourc and faculty of Pharmacology need to be congratulated on completing a successful year of instruction. Based on student feedback, this course fully accomplished its mission of preparing medical students for their final exams, future studies, and NBME Step 1 exams.

Short Term Recommendations – none

Long Term Recommendations – Additional faculty who can teach some pharmacology should be actively recruited for the Pharmacology course. To the knowledge of the review subcommittee, none of the Biomedical faculty hired to begin this fall have a discipline background in Pharmacology and there is a concern about what would happen to the course if any of the current Pharmacology professors fall ill/retire/leave.

Dr. Schoborg commented that Biomedical Sciences has spoken with the Research and Mentoring Committee regarding this concern and that Pharmacology is one of the courses at the top of the list for recruiting faculty with expertise. MSEC discussed issues related to new faculty lines, including dual appointments that may be an option as well as conversation with Public Health. MSEC concluded there are possible actions, some more short-term, that could be taken to ensure backup faculty are available for teaching the Pharmacology course.

MSEC accepted the report as delivered with Dr. Duffourc abstaining from vote.

Dr. Johnson presented the **Career Exploration I-II-III, 2014-2015 Comprehensive review under Course Directors: Dr. Kenneth Olive and Dr. Tom Kwasigroch.**

The Review Subcommittee combined all three courses into one comprehensive review as the experiences for each class of students is similar. Due to a problem with the evaluation software there were no course overall scores available for academic year 2014-2015.

Short Term Recommendations - none

Long Term Recommendations – none

MSEC accepted unanimously accepted the report as delivered with Dr. Olive abstaining form vote.

14. Program Evaluation Working Group 2 – Curriculum Sequencing, Organization , and Integration

Dr. Anna Gilbert presented the working group's interim report to include findings and recommendations. The group's task was to answer the following questions regarding curriculum content:

Curriculum Sequencing, Organization, and Integration

2. Sequenced

To what extent is the curriculum logical in its sequencing and what modifications should be considered?

3. Organized

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To what extent is, curriculum content organized, coherent and coordinated?

4. Integrated

In what ways is curricular content integrated within and across academic periods of study (horizontally & vertically integrated)? Is this adequate? Where could additional integration occur?

The working group found the Quillen College of Medicine to be a traditional, four-year curriculum, generally divided into basic sciences years and clinical sciences years. This approach builds knowledge in the basic sciences for application in the clinical sciences clerkships and electives.

Recommendation: There is a significant opportunity to improve the sequencing and integration of courses within the first two years and throughout the curriculum. The curriculum is comprised of individual, stand-alone courses, several taught in isolation without planned integration across courses. A few courses are coordinated. This is an impressive beginning that needs to be further expanded. In-house exam questions need to integrate information from prior or concurrent courses to prepare students for appropriate thinking.

Recommendation: Further discussion is recommended regarding moving to systems based curriculum. Many medical schools have achieved a systems based curriculum, although there is not definitive data to absolutely support this as the better format.

Recommendation: Continued efforts at integration should be vigorously pursued. Considerations such as longitudinal theme of a chronic disease state and how this is addressed in various clerkship disciplines should be included in the curriculum. Course directors can work to attempt integration within the basic science courses. Threads have been developed with certain limited topics to attempt horizontal integration of such topics.

The working group developed an overall list of its findings and individual lists of recommendations for each year. Included in the report are *Other Areas of Concern* with a recommendation to pursue a Department of Medical Education and Curriculum with professional Directors over Pre-Clinical Curriculum and Clinical Curriculum with reporting to the Associate Dean of the Curriculum, all being members of MSEC.

Dr. Gilbert introduced three options for restructure of the M3 year to include changes to the length of the Internal Medicine, Surgery, Community Medicine, and the Specialty clerkships. Dr. Olive provided a summary of the pros and cons of each option as they related to the Community Medicine and the Specialty clerkships. There was discussion about how the Rural Track clerkship would be handled and Dr. Herrell offered to develop proposals for inclusion of the Rural Track clerkship into the options identified.

Dr. McGowen reminded MSEC that because the options for restructure involve changes in the Academic Calendar a decision will need to be made soon so the changes can be put into effective in the next academic year.

A motion by Dr. Blackwelder to defer decision on approval of an option that would change the structure of the M3 clerkships until all options are reviewed and brought back to the November 3, 2015, meeting for decision. The motion was seconded by Dr. Monaco. The motion unanimously passed.

MSEC approved November 3, 2015

A final report from Working Group 2 to MSEC will be presented in February 2016.

15. NBME Invitation to Family Medicine and Rural Track Program

MSEC invited the Family Medicine and Rural Track clerkships to review the available options for administering of a web-based NBME subject exam and discuss with MSEC the advantages and disadvantages of utilizing the NBME subject exam. A primary issue for MSEC in considering this is for the curriculum to have external measures of outcomes. NBME subject exam performance is one of the outcome measures used for most other required courses and clerkships. NBME now has two options available to Family Medicine clerkships, the traditional exam and a revised, modular exam that allows for a core 80-item exam plus an optional 10-item exam module in either Musculoskeletal/Sports-related injury or Chronic Care.

Dr. Moore spoke to Family Medicine's use of FM cases, which is a virtual online curriculum of forty-(40) cases with a question database that has been validated. Approximately 28% of Family Medicine clerkships nation-wide use the FM cases as a final comprehensive exam. The Family Medicine clerkship utilizes sixty-(60) of the available 100 questions. The ability to select the questions allows the clerkship to test based on what the students have learned and been taught. The clerkship director is able to review the questions used, which does create more work for the clerkship director, but it also allows the course objectives and test questions to be in alignment. Discussion included that there are other courses and clerkships that do not feel like their course material and NBME questions align.

MSEC discussed whether it would be reasonable to ask for pilot studies, i.e.: having students complete both the Family Medicine FM case test and one of the NBME Family Medicine subject exams; a subset of students using the FM case while the other completed the NBME subject exam; Rural Track clerkship using one or the other subject exams; Family Medicine giving the full exam (100 questions) from all FM cases versus a portion (60 questions); and/or a trial period of Family Medicine only utilizing the NBME subject exam.

Dr. Blackwelder entrusts the Family Medicine course director with the decision to continue using the FM case exam or the NBME subject exam. Now that there are changes with the Family Medicine NBME subject exam, they can be reviewed. It would be good to give the Family Medicine faculty more time in their schedules by not having to review the exam questions, but first Family Medicine needs to be able to review the options.

Dr. Florence stated that the Rural Track clerkship has always used the same exam that the Family Medicine clerkship utilizes and is willing to be part of a pilot program.

A motion was made by Dr. Monaco to have the Outcomes Subcommittee discuss the information brought to MSEC by Family Medicine and to get external data that would fold into measuring the options for either method and return to MSEC with a recommendation. Dr. Herrell seconded the motion. The motion unanimously passed.

MSEC approved November 3, 2015

16.Subcommittee, Working Groups & Technology Updates

No items identified for discussion.

Adjournment

The meeting adjourned at 5:20 p.m.

MSEC Meeting Documents

[Item 1: September 15, 2015 Minutes](#)

[Item 2: Outcomes Subcommittee Report](#)

[Item 3: LCME Severe Actions](#)

[Item 6: Program Evaluation Working Group 1 Interim Report – Curriculum Content](#)

[Item 7: Thread Content Areas Summary](#)

[Item 8: Program Evaluation Working Group 3 Interim Report – Pedagogy and Evaluations](#)

[Item 10: New Innovations Curriculum Management System – Event Level Content Mapping](#)

[Item 12: Basic Science Course Directors' Recommendations to MSEC](#)

[Item 13: M1/M2 Review Subcommittee Reports – The Profession of Medicine: Patients, Physicians & Society – Pharmacology – Career Exploration I-II-III](#)

[Item 14: Program Evaluation Working Group 2 Interim Report – Curriculum Sequencing, Organization, and Integration](#)

Upcoming MSEC Meetings

Tuesday, November 3, 2015 – 3:30-6:00 PM

Tuesday, December 15, 2015 – 3:30-6:00 PM

Tuesday, January 19, 2015 – MSEC Retreat – 11:30 AM to 5:00 PM

Tuesday, February 16, 2016 – 3:30-6:00 PM

Tuesday, March 15, 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 & Annual Meeting – 11:30 AM – 6:00 PM