



**Medical Student Education Committee  
Retreat Minutes  
January 20, 2015 - **Approved March 3, 2015****

The Medical Student Education Committee of the Quillen College of Medicine met for a retreat on Tuesday, January 20 16, 2015 at noon. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members Present:**

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Reid Blackwelder, MD  
Anna Gilbert, MD  
Jennifer Hall, PhD  
Howard Herrell, MD  
Dave Johnson, PhD  
Jerry Mullersman, MD PhD  
Paul Monaco, PhD  
Ken Olive, MD  
Jeremy Brooks, M4  
Rebekah Rollston, M3

Jessica English, M2  
Omar McCarty, M1

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

Theresa Lura, MD  
Cindy Lybrand, MEd  
Cathy Peeples, MPH  
Robert Acuff, PhD, co-chair M1/M2 review subcommittee  
Lorena Burton  
Sharon Smith  
Joe Florence, MD, Director of Rural Programs

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Shading denotes or references MSEC ACTION ITEMS

**1. Approval of Minutes**

The minutes of the December 16, 2014 meeting were approved as distributed without change.

**2. Introductions**

Dr. McGowen introduced Dr. Anna Gilbert, Assistant Professor, Department of Internal Medicine and co-director of senior internal medicine rotations as a newly appointed member of MSEC. Lorena Burton CAP was introduced as the new Medical Education Coordinator who will be providing staff support for MSEC. Her new position begins February 2, 2015. Rebekah Rollston will move from the M1/M2 Review subcommittee to the M3/M4 Review Subcommittee.

**3. Review: MSEC Activities/Actions Reports, 2013-2014 and 2014-2015**

Dr. Olive reported that he, Dr. McGowen, Ms. Lybrand, and Ms. Peeples have reviewed in detail the MSEC Activities/Actions Reports from July 2013 to date prepared by Ms. Sharon Smith based upon review of the minutes. Most issues have been completed. Some are still in progress and actively monitored.

One is outstanding without specific follow up. At the Sept. 3, 2013 MSEC meeting the M2 course directors and faculty were asked to begin a process of identifying gaps, eliminating unplanned redundancies and integration as has occurred in the first year. Dr. Duffourc agreed to take the lead on this. Preparing materials for this activity was delayed due to leadership transitions in the Office of Academic Affairs and were not received by Dr. Duffourc until September 2014. Dr. Duffourc was not in attendance at this meeting and will be requested to provide an update at the February meeting.

#### **4. Review: Draft of Curriculum Integration Subcommittee Charge and Structure**

In response to the December 21, 2014 decision to change the Curriculum Integration Framework working group into a standing subcommittee of MSEC, Ms. Lybrand, Dr. Olive, and Dr. Herrell developed a charge and procedure. The Curriculum Integration Subcommittee accepted this charge and procedure.

Charge to the Subcommittee:

- Oversee design, content, integration, and implementation for MSEC approved threads /cross-cutting themes;
- Facilitate integration of the threads / cross-cutting themes with the core content;
- Propose objectives, (knowledge, skills and attitudes) with appropriate instructional methods and assessment methods for MSEC approved threads /cross-cutting themes which align with institutional educational objectives;
- Regularly review the MSEC approved threads /cross-cutting themes, including summary reports of the student evaluations of threads /cross-cutting themes;
- Propose policies and/or procedures related to ongoing activities of the threads / cross-cutting themes;
- Propose new curriculum content that is longitudinal in nature;
- Report regularly to MSEC and at the MSEC annual meeting and during the fourth-year comprehensive review of the curriculum (December 2015);
- Propose topics for curricular content reports
- Review curricular content reports and advise MSEC of curricular changes indicated by such reports.

MSEC discussed the review process. The subcommittee plans to review approved curricular threads regularly. The difference between curricular threads and content areas were discussed. Approved threads will include educational objectives, defined content, and assessments. In contrast, content area reports will focus primarily on curricular content.

MSEC accepted the subcommittee charge by consensus.

#### **5. Update: Process for Drafting Curricular Content Reports: Review of Draft for Human Sexuality**

The current format for curriculum content reports was discussed using the Human Sexuality draft report as an example. These reports include the terms used to search the curriculum database, the content identified, and relevant outcomes data where available. MSEC deemed the current format to be appropriate and also asked that relevant portions of the USMLE content outlines (indicating related material covered on the USMLE exams) be included.

Dr. Herrell reported that the Curriculum Integration Subcommittee has conducted a preliminary review of this report and recommends that Human Sexuality be formally adopted as a

curricular thread with this content report coming back to the subcommittee for further development (objectives and assessments)

Action: Upon recommendation of the subcommittee, unanimously approved

## 6. Proposal: Family Medicine Sr. Elective Integrative Medicine

This proposal was reconsidered after being tabled at the December 21, 2014 meeting pending the availability of Dr. Anton Borja, Department of Family Medicine to address questions. Dr. Borja presented information from the National Center for Complementary and Integrative Health, a list of members of the Consortium of Academic Health Centers for integrative Medicine, and a handout clarifying Integrative Medicine. He agreed that constructing the learning objectives to be inclusive of students with varying belief systems was appropriate. He also explained that student exposure to various local Integrative/Complementary medicine practitioners would be limited to those approved by him and would include the expectation of evaluating the validity of the practices from an evidence-based perspective. After discussion, Dr. Borja agreed to modify two course objectives to clarify these aspects of the elective.

### Course Outline:

1. An elective in the ETSU Integrative medicine clinic will involve a mixture of designated didactic and clinical learning activities.
2. Didactic education will provide the learner with basic knowledge of Integrative medicine, and some of the unique medical systems used at the Integrative medicine clinic.
3. Didactic course work will be a mixture of required & recommended reading assignments, presentations and on-line material. Reading assignments will take place after clinic. Either Mon or Wed morning will also be protected didactic time.
4. Clinical education will provide the opportunity to see, practice and experience different Integrative modalities including acupuncture, osteopathic manipulation, trigger point injections, botanical counseling, nutrition, and qigong.
5. Learners will be required to assist Dr. Borja in the Acupuncture clinics on Monday and Wednesday afternoons and the Osteopathic manipulation clinic on Friday afternoons.
6. Friday mornings will be spent focusing on self-care for the learners own well-being.
7. Tuesday or Thursday will be spent shadowing Dr. Tom Bishop, a clinical psychologist, to observe mind-body techniques incorporated into clinical care. Techniques can include mindfulness, meditation, and cognitive behavioral therapy.
8. Available time not spent in clinic can be scheduled specific to the learners interests and may include shadowing opportunities with local Integrative/Complementary medicine practitioners approved by the course director including Acupuncturists, Chiropractors, Herbalists, Qigong/Tai qi or Yoga teachers, meditation instructors and/or Functional medicine/Nutrition Health coaches. Students will review these experiences with the course director.

### Learning Objectives:

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

- Discuss basic concepts in Integrative medicine and how these concepts can be implemented into primary care emphasizing wellness and prevention of illness.
- Develop an individual plan of care for patients seen which includes appropriate application of integrative medicine modalities.
- Foster self-care as a physician and write a self-care plan which will include the learned techniques.
- Demonstrate basic acupuncture and Osteopathic manipulation therapy skills.

Action: Motion by Abercrombie, Second by Blackwelder , unanimously approved as modified.

## **7. Review: Procedural Requirements for Subinternships (changes proposed by Internal Medicine)**

MSEC reviewed a proposal from Lamis Ibrahim, MD, Director of Senior IM Medical Student Education, to remove the procedural requirements assigned to the IM Subspecialty Selective of perform lumbar puncture, thoracentesis, and paracentesis in the simulation lab. The rationale for this proposal is that the standard of practice in many places has evolved and these procedures are being done by interventional radiology with imaging. This has resulted in many internists no longer having hospital privileges to perform these procedures.

Discussion addressed that some locations do not have access to interventional radiologists to perform these procedures and primary care physicians must perform them. Even if they do not regularly perform these procedures, physicians should be familiar with what they entail for the patient. MSEC did not believe that eliminating these procedures from the curriculum was appropriate at this time. Furthermore, until an alternative mechanism is identified for accomplishing these procedures they should remain a requirement of the internal medicine subinternship. Required procedures will be discussed in clerkship directors meeting next week. Dr. Olive will follow up with the senior internal medicine director and the Chair of Internal Medicine. Alternatives for delivering this experience will be examined and reported back to MSEC.

## **8. Update: Biostatistics and EBM Coverage in the Curriculum**

Minutes from the June 3, 2014 MSEC meeting indicate that Dr. Howard Herrell was appointed as thread director for evidence based medicine and several members of MSEC recall Biostatistics and Evidence-Based Medicine being a formally approved curricular thread. However, review of MSEC minutes fails to document that Biostatistics and Evidence Based Medicine was formally adopted as a curriculum thread. The Curriculum Integration Subcommittee indicates that a report on this thread is in progress.

Action: Motion by Blackwelder, Second by Monaco. Biostatistics and Evidence-Based Medicine formally approved as a curricular thread. Unanimously approved.

## **9. LCME Element 7.2 – – Organ Systems / Life Cycle / Primary Care / Prevention / Wellness / Symptoms / Signs / Differential Diagnosis, Treatment Planning, Impact of Behavioral / Social Factors**

Dr. Olive provided a brief overview of this element including a review of the content currently required for the LCME Data Collection Instrument.

### **Break**

## **10. Review: NBME & USMLE Performance Trends; Consideration of New Benchmark**

Dr. McGowen presented data on performance trends prepared by her and Ms. Cathy Peeples. An extended discussion was held related to multiple issues:

-NBME subject exams were originally nationally standardized to means and standard deviations that no longer reflect examinees' actual performance. Over time the performance of examinees has gradually risen above the standardization sample results. Originally, the Outcomes Subcommittee used the standardization sample norms as the comparison standard for our students' performance which had the effect of artificially magnifying the performance of QCOM students. The Outcomes Subcommittee now uses the actual national performance results as the comparison standard. This has resulted in many of the benchmarks no longer being met. Discussion ensued related to whether it is appropriate for our benchmark to evaluate QCOM curriculum and student performance (selected for interest in rural and primary care) in comparison to national mean performance. It was suggested that perhaps a more appropriate benchmark would be a minimum percentage passing on nationally standardized examinations. The Outcomes Subcommittee continues to consider this for possible future recommendation about modified benchmarks.

-Trends in scores over the year were reviewed. It was noted that after a year of poorer performance, students in the following year tend to rebound and have strong scores. The lower MCAT scores of students matriculating in 2009 (the same year the first year curriculum was changed) were noted as a possible explanation for lower performance in this cohort. In general the trends seem to indicate that QCOM students have paralleled national averages over the years but are a few points lower.

-Extended discussion related to how NBME subject exams are used in courses. Different methodologies for determining numerical grades to include in course calculations were discussed including z scores to normalize results and use of percentile scores to tie grades to national standards. The concept of minimum passing grades to receive course passing grades was also discussed.

-Discussion of how students are advised and counseled about their readiness for Step 1 and 2 examinations and their likelihood of successfully passing these exam based on past performance on shelf examinations

Ultimately MSEC felt that more data was needed before any decisions were made. Specifically the administrative staff was requested to collect data on NBME subject exam performance of students who failed USMLE exams. Data on students scoring less than the 10<sup>th</sup> percentile on any subject exam in comparison with their USMLE exam performance will also be collected.

The consensus was that there is concern regarding the trends (especially the failure rate) but with the current data there is no clear explanation of the underlying issue(s).

## **Break**

### **11. Continued discussion: M4 Curriculum**

As continued preparation for the comprehensive review of the curriculum next year a discussion was held concerning the fourth year curriculum.

Ms. Peebles reviewed changes already made in the fourth year. The subspecialty category for selectives was eliminated due to its extensive overlap with electives. The number of weeks of electives was increased from sixteen to eighteen weeks. These two changes had the net effect of reducing the length of the fourth year by two weeks. The subinternship selective was approved for expansion from Internal medicine only to also include Family Medicine beginning in 2015-2016.

The current structure of the year is:

Electives                      18 weeks      (max 8 weeks in one specialty, min 10 weeks in

Selectives	12 weeks	patient care electives) (subinternship, critical care, ambulatory)
Keystone Course	3 weeks	

A recently published article about focusing on the structure and content of the final year of medical school (Reddy, ST, Chao J, Carter JL, Drucker R, et al. Alliance for clinical education perspective paper: recommendations for redesigning the “final year” of medical school. Teaching and Learning in Medicine, 26:420-27) was distributed for information.

Discussion included:

- The concept of an OSCE for either the end of year three or the beginning of year four – possible topics to include: evaluation of EPAs, patient checkout, communications with nursing by phone.
- The concept of year four as a bridge to residency.
- The possibility of allowing a subinternship in the student’s planned specialty.
- A Transition to Fourth year course.
- Expanding the Keystone Course to four weeks to allow more time for procedural activities.
- The value of some critical care and ambulatory selectives was questioned as experiences can be disparate with varying degrees of rigor.
- Possibly addressing the role of students as teachers.

Discussion will continue in the comprehensive review next year.

## **12. Update: Crosswalk for converting previous commencement Objectives to Institutional Educational Objectives.**

Dr. Olive briefly reviewed the crosswalk process for converting old commencement objectives to new institutional educational objectives. This will be presented to course and clerkship directors later this month.

## **13. Update: Community Medicine Clerkship**

Dr. Olive briefly summarized the December 19, 2014 Community Medicine faculty retreat at which work was done to refine clerkship objectives and better connect clerkship activities to the educational objective. Overall student clerkship evaluations have slowly improved currently averaging in the “satisfactory” (3/5) range.

## **Adjournment**

With no additional report or other business the meeting adjourned at 5:00 pm

Recorded by Kenneth E. Olive, MD.