

**QUILLEN COLLEGE OF MEDICINE**  
**Medical Student Education Committee**  
**MSEC Retreat**  
**Minutes**  
**January 29, 2013**

The Medical Student Education Committee of the Quillen College of Medicine  
met on Tuesday, January 29, 2013 at 11:30 a.m.  
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

**Voting Members**  
**Present:**

Ken Olive, MD  
Caroline Abercrombie, MD  
Rich Feit, MD  
Howard Herrell, MD  
Dave Johnson, PhD  
Ramsey McGowen, PhD  
Paul Monaco, PhD  
Jessica White, M3  
Rebekah Rollston, M1

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

Tom Ecay, PhD  
Theresa Lura, MD  
Cindy Lybrand, MEd  
Cathy Peeples, MPH  
Sharon Smith  
Lisa Myers

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**1. Approval of Minutes**

The minutes from the 12-4-12 & 12-18-12 meetings were approved as distributed.

**2. Proposal: Nutrition in the Curriculum**

Dr. Tom Ecay

Presented this proposal as part of continuing work to improve integration of nutrition content in required courses following MSEC's approval and implementation of electives, Medical Nutrition I & II; noted that our curriculum management database documents 20-25 hours of nutrition instruction, but that these hours are most likely not identified as nutrition by students.

It is proposed that Quillen increase and formalize the subject of nutrition and its relation to health and disease in the first two years of medical training [abridged]:

**M1**

- Students should:
  - Understand basic concepts of nutrition – biochemistry and physiology of energy metabolism; mechanisms of weight regulation
  - Understand excessive consumption and consequences of obesity, diabetes, hypertension, dyslipidemia & metabolic syndrome
  - Be aware of U.S obesogenic environment
  - Be aware of nutrition in health promotion and disease prevention

- Practice performing nutritional assessments with patients
- Experience integrated training with dietician/nutritionists, nursing and pharmacy students
- Lectures that cover energy metabolism, biochemistry of vitamins, macro and micronutrient absorption, endocrinology of diabetes, etc., should be formally designated as nutrition lectures in:
  - Cellular & Molecular Medicine (CMM)
  - Medical Physiology
- Nutrition assessments, recognizing obesity in patient populations, integration with nutrition professionals, etc., could be emphasized as specific and discrete nutrition topics in:
  - Biostatistics & Epidemiology
  - Case Oriented Learning (COL)
  - Communication Skills for Health Professionals (CSHP)
  - Introduction to Physical Exam Skills (IPES)
  - Lifespan Development
  - Profession of Medicine

## **M2**

- Focus on poor nutrition or undernutrition – causes and consequences in relation to health/disease:
  - Micronutrients – vitamins, minerals, herbals, supplements
  - Understanding the role of specific nutrients in the disease process
  - Drug-nutrient interactions, especially in the elderly
  - Role of intestinal microbes in health and disease (probiotics)
  - Diet and lifestyle choices
  - Eating disorders
  - Role of pharmacists in nutritional supplementation (parenteral and enteral nutrition)
- Courses that could have a role in developing these topics and delivering nutrition content:
  - Introduction to Clinical Psychiatry
  - Microbiology
  - Pathology
  - Pharmacology
  - Practice of Medicine

## **M3&4**

- Attempt to maintain the intensity and quality of nutrition training for all students across all clerkships
- Focus should be on evidence-based practices and the continued involvement of nutrition professionals in health care delivery teams

**Also**, in response to the challenges of adding hours to an overcrowded curriculum and finding local expertise, the proposal suggested:

- In traditional basic science courses, refocusing current lectures toward foundational concepts in nutrition

- In non-discipline courses, using the online learning modules available from UNC-Chapel Hill and Stanford University to introduce relevant nutrition concepts
- Non-discipline courses developing topics and activities that are clearly nutrition and health-based
- Drawing on the expertise of the ETSU nutrition program in the College of Clinical and Rehabilitative Health Sciences, as well as expertise in the Colleges of Nursing, Public Health and Pharmacy, highly recommending Drs. Michelle Lee, Will Dalton & Jim Thigpen

Discussion regarded:

- Labeling nutrition lectures/content as such so clearly identifiable to students
- Need for training that incorporates practical skills and applications, i.e., how to educate and assist patients
- Possible inclusion of teaching methods like workshops or grand rounds; suggestion of having an M1-4 nutrition syllabus &/or handbook
- Use of dedicated and cumulative assessment methods for nutrition knowledge, skills and attitudes

**ACTION:**

*Dr. Olive will summarize the committee's discussion and take it to course directors seeking their ideas for better instruction and integration of nutrition content. He will report back to MSEC in March.*

**3. Information Item: LCME Limited Site Visit**

- Scheduled for June 23 – 26, 2013; do not yet have an agenda/itinerary
- Database components being worked on are due back to Academic Affairs by April 1<sup>st</sup>
- *New* (compiled by Ms. Sharon Smith) – MSEC Action Item Tracking Report – Documents initiation and approval of MSEC action items; also, when revisited if necessary, and if/when reported to other QCOM committees

**4. Mapping Quillen Commencement Objectives to New AAMC Competencies**

AAMC recently developed a model of objectives, not as a requirement for all medical schools, but as a mechanism for data reporting. The Quillen Commencement Objectives, approved by MSEC in [April 2012](#), have been mapped to courses/clerkships and M1-4 curriculum milestones and will remain as established.

The AAMC objectives have subcategories under each of the following eight domains:

1. **PATIENT CARE:** Provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health

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2. **KNOWLEDGE FOR PRACTICE:** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care

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3. PRACTICE-BEASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

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4. INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals

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5. PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

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6. SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

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7. INTERPROFESSIONAL COLLABORATION

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8. PERSONAL AND PROFESSIONAL DEVELOPMENT

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**Breakout Session 1** [~1 hour]

<b>Working Group A</b>	<b>Working Group B</b>
Caroline Abercrombie Howard Herrell Ramsey McGowen Jessica White Cindy Lybrand Sharon Smith	Rich Feit Dave Johnson Theresa Lura Paul Monaco Ken Olive Rebekah Rollston Lisa Myers Cathy Peeples

TASK: In preparation for anticipated national reporting requirements, members reviewed the AAMC competencies and began the process of matching the subcategories of the six Quillen domains to the AAMC model.

Working groups' session summaries / committee discussion regarded:

- Many overlaps in the mapping results; also, for some specific Personal and Professional Development competencies, no match being found
- Difference in Knowledge domains with AAMC's outlining more application of knowledge to patient care
- That we do not have to cover all of the AAMC's competencies; will report on what we choose to deliver and assess in our curriculum

- Ongoing work to document objectives and other data at the session level
- Goal of demonstrating competency

**ACTION:**

*Dr. Olive and Dr. Lura will review the working groups' results and finalize the mapping of the AAMC Competencies and Quillen Commencement Objectives.*

**5. MSEC M1/M2 & M3/M4 Review Subcommittees**

**Draft Charge**

- MSEC members reviewed a draft submitted by administrative staff of what is to be the official charge to the subcommittees. The charge was taken directly from the [ED-35] "[Policy](#) for Periodic and Comprehensive Review of Curriculum," approved by MSEC on [4-10-12](#), and included:
  - "These subcommittees are charged with implementation of a systematic (annual) and comprehensive (three-year cycle) review of all required course/clerkships and the curriculum as a whole (across courses, across years)."
  - Descriptions of the Annual and Comprehensive Review processes
  - Outline of reporting levels, repeating MSEC's role involving:
    - >Review of reports, with action items being scheduled and revisited for ensuring effective implementation of changes; also, review of reports by faculty following implementation
    - >Changes in a course being reflected in the curriculum management system
    - >Summaries of course reports being made to the faculty by the chair of MSEC
    - >Summaries of course reports being made to the Administrative Council by the EAD
- *With a minor correction in wording, the committee accepted this charge as composed from the already approved policy.*

**Checklists**

- MSEC members reviewed checklists created by administrative staff based on the established Annual Review [form](#) that provides baseline data about the course and course outcomes and the Comprehensive Review [format](#), which has multiple questions in seven categories to address course/clerkship/selectives as appropriate.

**Report to MSEC – [M1/M2 Review Subcommittee]**

<u>Faculty</u>	<u>Medical Education Administrators</u>	<u>Medical Students</u>
Dave Johnson, PhD [Chair] Caroline Abercrombie, MD Michelle Duffourc, PhD Rich Feit, MD Antonio Rusinol, PhD Rob Schoborg, PhD	Cindy Lybrand, MEd Cathy Peebles, MPH	David Crabtree, M2 Melissa Robinson, M3 Jessica White, M3

- The subcommittee reviewed M1/M2 Annual Course Review forms from course directors for M1 Medical Human Gross Anatomy & Embryology, M1 Introduction to Physical Exam Skills and M2 Immunology.

- The report to MSEC, finalized at their 1/22 meeting (also attended by Dr. Kwasigroch), included completed checklists for each course and recommendations as follow [abridged]:
  - Medical Human Gross Anatomy & Embryology – Tom Kwasigroch, PhD, Course Director
    - >(Concurred with the plan to use Flip the Classroom model next year)
    - >Need for timely and dependable technical support in the classroom
    - >General request for MSEC to review scheduling of M1 courses to seek ways to enhance integration and student learning; also, to better connect M1 and M2 courses
  - Introduction to Physical Exam Skills – Pete Bockhorst, MD & Jason Moore, MD, Co-Course Directors
    - >Important to keep this course in sync with Anatomy
    - >Need for additional guest faculty to demonstrate physical exam techniques on Standardized Patients
    - >Consider adding an introduction to documentation of normal findings and review of systems
  - Immunology – Rob Schoborg, PhD, Course Director (first time for this course)
    - >(Concurred with plan that more active learning, such as TBL, will be incorporated next year and that quizzes will be added)
    - >General request for MSEC to consider moving Immunology back into the Microbiology course
- Suggestions were made in regard to making some changes on the checklist forms
- Tentative plans for the subcommittee's upcoming annual and comprehensive reviews were outlined and included M1 Cellular & Molecular Medicine, M1 Communication Skills for Health Professionals & M2 Clinical Neuroscience
- Comprehensive review of M2 Introduction to Clinical Psychiatry will follow at the conclusion of this year's course as recommended by the Outcomes Subcommittee

Discussion regarded:

- Subcommittee's analysis/report of the course directors' feedback about their courses
- Acknowledgement of the learning process involved with completing and reporting on the Annual Course Review forms; benefit of course directors working with the subcommittee
- Potential for the annual review process to invoke creative thought; a vision for courses in addition to ideas for practical improvements
- Educationally valid contact time and the planned changes for Anatomy / lab in Fall 2013
- Reiteration of the need to provide opportunities in the curriculum for students to practice documentation
- Debate on placement of immunology content with no recommendations for change at this time
- Technology available and support needed in our OIT-built classrooms; difficulty reaching OIT when problems arise; general helpfulness of ATS staff
- Long term consideration of options for improving M1 (block) and M2 schedules as part of continuing course reviews

## **ACTION:**

*On a motion by Dr. Herrell and seconded by Dr. McGowen, the committee accepted the M1/M2 Review Subcommittee's recommendations and will act &/or monitor action regarding them, to include directing the Introduction to Physical Exam Skills course directors to 1) encourage more guest faculty demonstration of physical exam techniques and 2) introduce students to documentation of findings.*

*Dr. Olive will discuss immunology placement with Dr. Russ Hayman, Microbiology course director and Dr. Rob Schoborg. He will consult with Daniel McLellan, Kevin Vines and ATS in regard to technical support issues.*

*Regarding Annual Course Review forms & checklists, administrators will consider feedback and determine changes.*

## **Update – [M3/M4 Review Subcommittee]**

[Members](#) of this subcommittee are currently reviewing the Annual Course Review for M3 Transitions to Clinical Clerkships submitted by Dr. Abercrombie to be followed by review of Periods 1-4 “Annual” Clerkship Reviews, requested by MSEC and due back from clerkship directors in mid-February.

## **6. Discussion of our Curriculum Management System (CMS)**

### **Curriculum Mapping / Audit Process**

- **Program Content**
  1. Content within Learning Management System (LMS) = D2L
  2. Delivery of content and student's understanding / perception
  3. Assessment of student performance
- **Program Effectiveness**
  1. Course evaluation and Graduation Questionnaire
  2. Review Subcommittees
  3. Outcomes (benchmarks / baselines)

### **Database**

CMS is evolving from a faculty/admin shared (T:) drive repository of all related material toward use of New Innovations (still in slower than expected, collaborative development). In the opinion of the committee, having put more emphasis on the curriculum as a whole has resulted in their using collected data more congruously in its evaluation and management.

Members reviewed draft versions of a New Innovations queries / reports on topic keywords identifying depth of coverage and placement in curriculum.

Overview of the CMS will be the primary topic at tomorrow's (1/30) M1/M2 Faculty Development Session, led by Dr. Abercrombie (and will be attended by Academic Affairs administrators).

## 7. Review of Curriculum Content Reports

### Global Health

- Identified as a potential gap
- Ms. Cindy Lybrand prepared and submitted a report on the topic, including:
  - Content and depth of coverage in the required curriculum taken from our database
  - Outcomes data from Program Director's feedback on the 2012 Quillen Residency Questionnaire and student responses on the 2012 AAMC Graduation Questionnaire

#### Discussion regarded:

- Additional content members identified in Profession of Medicine, Pathology and Pharmacology
- Microbiology's plan to emphasize and assess the topic of microbes as vectors of global diseases
- Labeling this content to clearly identify it to students

#### ACTION:

*On a motion by Dr. Herrell and seconded by Dr. Monaco, the committee agreed that current Global Health content did not require modification except to be more clearly labeled by course directors; however, after labeling, MSEC will look at the content again to determine whether some improvement or reinforcement could be implemented.*

### Communications

- Identified as a potential redundancy
- Dr. Olive prepared and submitted a report on the topic, including:
  - Content in the required curriculum taken from our database
  - Outcomes summary data regarding interpersonal skills from program directors on Quillen Residency Questionnaires
  - Outcomes data regarding the many relevant questions / student responses on the 2012 AAMC Graduation Questionnaire
  - Outcomes data – 2011 & 2012 USMLE Step 2 Clinical Skills: Communication & Interpersonal Skills subscores (2011: at the national mean; 2012: 1 below national mean)

#### Discussion regarded:

- Good job of labeling for communications content
- Interdisciplinary (M1) Communication Skills for Health Professionals, including that any scheduling change in this course has to take Pharmacy, Nursing & Psychology students into consideration; also, that changes made in recent years by co-course director, Rick Hess, PharmD, will likely be reflected in the 2013 GQ
- Communication skills being practiced and reinforced on clinical rotations
- Outcomes data pointing to this content not being excessive

#### ACTION:

*On a motion by Dr. McGowen and seconded by Dr. Abercrombie, MSEC found communications content in the curriculum to be appropriate and not warranting change.*

## 8. QCOM Content: Tagging Topics

### Breakout Session 2 [<1 hour]

Working Group A	Working Group B
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TASK: A developmental exercise and in preparation for data entry in New Innovations CMS, members tagged session content topics from M1Anatomy, Physiology & Profession of Medicine 2012 – 2013 schedules with keywords from our compiled AAMC / LCME / GQ list.

Working groups' session summaries / committee discussion regarded:

- Task being more difficult than expected resulting in a better understanding of what is involved in capturing this data
- Acknowledgement of the objectives, keywords and topics from daily schedules already collected from course directors
- Not knowing what is actually covered under the stated topics illustrating the need to drill down to more, session-level detail from course directors (which is in progress)
- Administrators' significant time investment in New Innovations; preparing for faculty to use it, including as a resource to increase awareness of what is taught across the curriculum
- Being prepared for AAMC & LCME reporting requirements

## 9. Update: Grading Policy – Use of the “D” Grade

At the [1/8](#) MSEC meeting, Mr. Doug Taylor provided the committee with additional information in regard to use of the D grade and requested that MSEC reconsider its [12/18](#) decision to eliminate its use for M1 & M2 courses. A policy decision was not reached by the committee on 1/8, and Drs. Johnson and Herrell were asked to draft a recommendation to be considered today.

Dr. Johnson submitted a recommendation that included [abridged]:

- “After carefully reading our grading policies, and after discussions with several course directors and discussions with Mr. Doug Taylor who has the responsibility of managing student grade records, I feel that the D grade should remain an option...”
- Reasons listed regarded:
  1. The change, applying to only M1 & M2, would set a different and potentially confusing grading policy for those years relative to M3 & M4.
  2. The purposes of any grading system being to measure student learning and our objective to graduate competent physicians (no system of examinations being perfect and that there will be situations where students fall short of the mark; even using 300 – 500 of exam questions in a course does not provide sufficient statistical power to distinguish between a 70 and 69 final average).

3. The D grade not being abused; research from Ms. Carol Plummer for the past 2 years shows that D has been used only 6 times.
4. Students receiving a D grade not getting preferential treatment. The D can only be changed to a C\* that indicates that remediation was necessary; additionally, if a student receives a D and has a numeric class average of 65, that 65 is still used to compute class rank, so they do not gain any advantage relative to fellow students who pass with a C and a 70 class average.
5. At this time, there not being a mechanism for students to retake a failed course at Quillen in the summer.
6. From discussions with course directors, the D being used to allow remediation of students who have failed one section of a course (less than 50%), not as a mechanism of passing those who don't meet the minimum expected performance standard.
7. Compassion as an essential aspect of medical care, and it remaining part of our assessment system.

Members again considered this aspect of the grading policy / remediation, discussed the points stated in the recommendation and concluded that the spirit of the D grade is to get to competency.

**ACTION:**

*Dr. Herrell seconded Dr. Johnson's recommendation to keep the option of using the D grade, rescinding MSEC's 12/18 decision to eliminate it; the committee agreed and faculty and students will be notified.*

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**Documents**

*Proposal: Nutrition Curriculum*

*Table: Curriculum Management: MSEC Action Items – Approval and Reporting*

*Table: Mapping to New AAMC Competencies + Quillen Commencement Objectives*

*Draft Charge: M1/M2 & M3/M4 Review Subcommittees*

*Annual Review & Comprehensive Review Checklists*

*Report: M1/M2 Review Subcommittee*

*Annual Review Checklists – Anatomy, IPES & Immunology*

*Curriculum Management Audit Process*

*Example: Report from New Innovations curriculum management query*

*Curriculum Content Reports: Global Health & Communications*

*Mapping Content – AAMC/LCME Standard/GQ topic/content/skills list*

*Recommendation: Use of the D Grade – Dr. David Johnson*

## **Announcements**

*The next MSEC meeting will be on February 5, 2013.*

## **Adjournment**

The Retreat adjourned at 5:38 p.m.