

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

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

**Voting Members Present:**

Ramsey McGowen, PhD  
Caroline Abercrombie, MD  
Michelle Duffourc, PhD  
Howard Herrell, MD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jerry Mullersman, MD, PhD, MPH  
Deidre Pierce, MD  
Jessica Arthur, M1

**Ex officio / Non-Voting Members &  
Others Present:** [\* part of the time]

\*Tom Kwasigroch, PhD  
Tiffany Lasky, DO, MS  
Theresa Lura, MD  
Cindy Lybrand, MEd  
Cathy Peeples, MPH  
Sharon Smith  
Lisa Myers

Shading denotes or references MSEC ACTION ITEMS

**1. Approval of Minutes**

The minutes from the 9-17-13 & 10-1-13 meetings were approved as distributed.

**2. Information Items**

Dr. McGowen / MSEC discussion:

**LCME & Quillen Accreditation**

LCME's October 15, 2013 letter to Dr. Brian Noland, ETSU President and Dr. Ken Olive, Interim Dean of Medicine, informed them of the determinations made regarding the accreditation status of Quillen's medical education program.

- After reviewing the report by the LCME team that conducted the limited survey in June 2013, the LCME voted to continue accreditation of our program until the next full survey takes place during 2019-2020, lifting the status of "warning."
- LCME deemed two standards to be "in compliance, with a need for monitoring" to ensure continued compliance: ED-35 and FA-4 (commitment to teaching / faculty compensation)
  - ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.

- Quillen is required to provide a status report to LCME by August 1, 2014 regarding the implementation of MSEC's new (Fall 2012) Periodic and Comprehensive Review of the Curriculum policy, including the planning for review of the curriculum as a whole to take place in year four of the review cycle.

2015 LCME Accreditation Standards have been “redesigned to clarify the meaning and utility of standards by reducing the overlap of content across standards, consolidating standards that are related conceptually and using consistent language throughout.”

- "There are currently 131 LCME accreditation standards. Over the past year, the LCME has engaged in a process to reformat the standards into 12 rational groupings that will themselves become the standards. The current standards have been reviewed and edited so as to become 'elements' under the 12 standard headings."
- *New:* 7.9 [Current ED-19-A]. CURRICULAR CONTENT: INTERPROFESSIONAL CURRICULUM. The core curriculum of a medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

### **Biomedical Sciences Chair Nomination**

- Theodoor (Theo) Hagg, MD, PhD, Department of Neurological Surgery, University of Louisville has been offered the position of Biomedical Sciences Chair. A January start date is anticipated.

### **Update: Exchange program with Meharry Medical College**

- For 2013-2014, QCOM clerkship opportunities have been expanded for Meharry students in part to compensate for clinical rotations not available to them this year at [Vanderbilt](#) due to their curricular transition to begin clinical training in Year Two.

### **3. Curriculum Vision & Strategic Plan – Presentation: “Curriculum Recalibration”**

Where we started ♦ What we changed ♦ Where we want to go

#### Dr. McGowen presentation / MSEC discussion:

- History, principles and processes involved in recent curriculum revisions at QCOM
  - 2013-2014 initiatives and goals include:
    - Eliminating M1 redundancies and improving integration, including with M2
    - Formalizing use of Curriculum Integration Framework clinical cases to demonstrate relevance of basic science content
    - Mapping event-level objectives and content, including depth of coverage, and linking objectives to assessments
    - Providing for collaboration among course/clerkship directors at MSEC annual meetings

- Factors that guide contemporary curriculum revision
  - Continuous changes in science, society, economics and practice patterns
  - Strengths and weaknesses of various models of pre-clinical and clinical education
  - Relevancy of content, clinical correlation and experiences from day one, including interprofessional experiences, and competency-based assessment
  - Learning how to learn ... active, self-directed and lifelong learning
  - Need to create a system of learning, not a sequence of courses
- Being and staying LCME ready
  - Accountability and quality improvement, including attention to Quillen’s strategic plan, LCME monitoring of ED-35, new LCME standards and AAMC medical education competencies (commencement objectives)

**4. Plan for Year 4 of the Review Cycle: Review of the Curriculum as a Whole**

**Work Session [~45 min]**

<b>Working Group A</b>	<b>Working Group B</b>
Caroline Abercrombie Michelle Duffourc Howard Herrell Tiffany Lasky Paul Monaco Jessica Arthur Cindy Lybrand Sharon Smith	Dave Johnson Theresa Lura Ramsey McGowen Jerry Mullersman Deidre Pierce Lisa Myers Cathy Peeples

**TASK:**

Conceptualizing the curriculum as a cohesive whole – delivering the curriculum we want – considering resources – going beyond pedagogy and methodology – focusing on quality of our educators and the medical education

- To determine the effectiveness of the curriculum as a whole, questions to consider regarded:
- Evidence that the curriculum includes required content; the extent to which it is organized, coherent, coordinated and integrated
  - Factors that determine logical sequencing
  - Educational methods being appropriate, clinically relevant, student-centered and effective
  - Assessments being competency-based and linked to objectives, providing adequate formative and summative feedback and measuring cognitive and non-cognitive achievement and knowledge, skills and attitudes
  - Accomplishment of educational objectives

Parameters to consider using included:

- LCME accreditation standards
- Commencement Objectives and milestones
- Curriculum mapping reports
- Reports from M1/M2 & M3/M4 curriculum review subcommittees (including course/clerkship director feedback)
- Reports from Outcomes subcommittee &/or raw data
- Summary of MSEC actions / review of MSEC annual meetings

Following the breakout session, committee discussion regarding preparation for the Year 4 review covered:

- Identifying information and processes that will answer questions in regard to compliance with LCME standards
- Finalizing curriculum management / mapping system in New Innovations for administrative and faculty use
- Regularly comparing and vetting data from various sources; Comprehensive Basic Science Exam scores providing a new measure
- Archiving data
- Building on each year's work by MSEC, the subcommittees and ad hoc committees
- Adding evaluation of M4 and RPCT
- Creating focus groups from a broad mix of students across all years and Quillen graduates / residents to evaluate the curriculum from a learner's perspective
- Delegating tasks and staging the Year 4 review process over the span of that year with timing to allow for implementation of recommended changes in the following year
- Evaluating the actual objectives, milestones, benchmarks and policies as part of the process (in Year 5?)

Also –

- Encouraging students' pursuit of excellence, beyond competency
- Questioning the availability of teaching faculty / clinicians and faculty development

## **5. MSEC Policy for Periodic and Comprehensive Review of the Curriculum**

The committee reviewed and discussed the policy as currently written along with the accompanying schedule for comprehensive (triennial) reviews, Annual Course/Clerkship Review forms and annual and comprehensive review checklists.

### **ACTION:**

MSEC agreed on policy and process revisions that would involve:

- Addition of wording related to LCME standards
- Modification and clarification of the annual review (+ the forms) and the subcommittee chairs' / subcommittees' responsibilities
- More emphasis on the aspect of course directors' self-study/reflection, plus ways in which MSEC can facilitate faculty development and course improvement and integration

- Clearer delineation of how subcommittee reports are to be distributed, i.e., back to course directors and department chairs
- Addition of a description of MSEC's plan for Year 4 of the review cycle – reviewing the curriculum as a whole

A proposed plan for Year 4 of the review cycle will be brought back to MSEC at the 11/19 meeting.

Work will continue in regard to other changes in the Policy for Periodic and Comprehensive Review of the Curriculum; an MSEC approved draft will go to course directors for their feedback before eventual review by department chairs.

## **6. Reports to MSEC – [M1/M2 Review Subcommittee]**

Dr. Johnson, Subcommittee Chair

Annual Review of M2 Practice of Medicine (PoM); David Linville, MD and Martin Eason, MD, JD, Course Directors

Comments to the course directors were positive and regarded:

- Course being viewed favorably by most students
- Design allowing for integration of basic sciences and clinical medicine with the correlation between pathophysiology and the clinical cases presented
- Focus on evidence-based medicine and challenging students to rely on the most up-to-date information
- Also, agreement with the course directors' planned changes for next year related to increasing simulation opportunities and ensuring better incorporation of rehabilitation and nutrition

Short-term recommendations

- Provide students with examples of H&P / SOAP notes before the course starts
- Reduce the length of time for grading H&Ps and getting feedback to students, ideally in advance of their having to do another H&P
- Improve consistency in grading H&Ps among those who are doing the grading

Long-term recommendation

- Increase number of facilitators; possibly enlist M4s

### **ACTION:**

MSEC accepted the M1/M2 Subcommittee's report of their annual review of Practice of Medicine.

Dr. McGowen will confer with Drs. Eason and Linville in regard to timeliness and standardization of H&P grading and feedback, including in regard to the use of a rubric and the possibility that would allow other clinicians (even those not participating in the course) to assist in the grading. She will report back to MSEC.

Comments to the course directors regarded:

- Working with biochemistry and embryology (anatomy) faculty to reduce redundancies
- Decreasing the amount of lecture-based delivery (currently 95%)
- Focusing on classical diseases that serve as clinically relevant examples and diseases included in the state pediatrics screening program
- Possibly using genetic diseases as a way to strengthen coverage of pathophysiology; talking with Dr. Brown about what he covers in Pathology and with Dr. Mullersman regarding clinical genetic testing
- Talking with Internal Medicine, OB/GYN and Pediatrics faculty about what they expect students to know prior to the clinics
- Continuing to seek content experts and clinical teaching faculty to be involved
- Also, that the subcommittee will plan to review the course again after the 2014 offering since Dr. Allen will be participating again

Long-term recommendation (and course director's preference)

- Move in the direction of incorporating genetics into Cellular & Molecular Medicine and integrating it with related content across the other M1 courses and into M2

**ACTION:**

MSEC accepted the M1/M2 Subcommittee's report of their annual review of Genetics.

Committee will monitor Pediatrics recruitment of a medical geneticist. Members support genetics being covered from day one beginning with the embryology section of Medical Human Gross Anatomy & Embryology and anticipate looking closely at this content when reviewing the curriculum as a whole.

**7. Report: Curriculum Integration Framework - CIF Phase I: Core Cases**

Reference MSEC action & information [7-24-12](#), [10-2-12](#), [10-16-12](#) & [4-30-13](#)

[CIF committee members: Drs. Caroline Abercrombie, James Denham, Martin Eason, Richard Feit, Howard Herrell, Deidre Pierce and Jeremy Brooks, M3 & Cindy Lybrand, MEd]

Dr. Herrell informed MSEC of the work this group is doing; highlights and MSEC discussion regarded:

- Clinical cases being used to demonstrate relevance of basic science content and as a curriculum integration tool (horizontally across courses, vertically across years); drawing from the current list of core cases & patient types
- Corresponding clinical vignettes for study and assessment to be written by CIF group and other clinicians, who will also be on call as a resource for faculty and students
- With the resources available, this process potentially moving Quillen toward being more systems-based
- Students having the opportunity to follow clinical-case patient(s) with a broad array of presentations/symptoms, possibly maintaining a web-based portfolio

- Importance of piquing students' interest, improving attendance and participation, promoting problem solving and critical thinking skills and providing preparation for Step 1
- Drs. Paul Monaco and Tom Ecay taking part in "Phase I" of implementation – CIF committee members will meet with them and review their Spring 2014 session-level content to determine appropriate clinical correlations
- Next steps to include:
  - Reviewing cases or stems already in use
  - Refining and making templates of new cases to roll out to other courses
  - Cataloging cases and vignettes
  - Sharing ideas and expertise among course/clerkship directors at the MSEC annual meeting

## 8. Report: Integrated Grand Rounds (IGR) – Data Collection & Publication

### Dr. Duffourc

- Summarized the development and implementation of the IGR series since its inception in 2010
- Described how cases are presented to M1/M2 students by basic science and clinical faculty with components expanded on through a patient interview by a group of students and small group discussions led by M3/M4s
- Included that IGR effectiveness has been measured by comparison of pre/post-test scores and student attitude questionnaires – student post-test scores have improved by an average of 23% and greater than 90% of students felt this activity was an effective way to highlight clinical applications of basic science material and integrate information across the basic sciences
  - In Quillen's primarily discipline-based curriculum, this series is successfully promoting horizontal and vertical integration
  - For M1/M2, the experience demonstrates how the basic sciences provide a foundation for clinical medicine and fosters clinical reasoning skills
  - For M3/M4, it reviews basic science concepts and provides an opportunity to practice clinical teaching skills
  - IGR is enthusiastically supported by students and faculty and there are plans to expand the scope of the cases and their use in the curriculum
- Reported that this unique educational modality, data for which was in a [poster](#) presentation earlier this year, is the topic of an article that is expected to be published in Spring 2014

## 9. Additional Updates

### Information and discussion regarded:

- ETSU Assessment Working Group [Cindy Lybrand, member] – ETSU's post-SACS increased focus on assessment methods, including measurement of critical thinking skills
- QCOM [Professionalism Report](#) – It being preferable to have a generic email address assigned to the position of Honor Council chair (instead of the individual) in order to facilitate contact and eliminate the need for updates on the form; Dr. McGowen will follow up regarding this change

- [Ref [9-3-13](#)] Comprehensive Basic Science Examination – Effort underway to finalize a date and time for course directors to review the exam in the computer lab
- [Ref [10-1-13](#)] Annual review of Biostatistics and Epidemiology – Statistical software issues for Mac users being followed up on; Eli Kennedy, M2 was contacted and shared his solutions, and Daniel McLellan is reviewing the QCOM computer policy published in the Student Handbook
- Jennifer Hall, PhD – Joining MSEC as a voting member on 11/19
- Renovation of VA Bldg 60 – Needs assessment in progress
- [Tegrity Screen Capture](#) – Faculty testing shows direct recording working well, but problems arise when uploading recorded lectures from other sources; computers are being changed by OIT in the large and small auditoriums during Winter Recess
- [ExamSoft](#) – Beta with Microbiology / exams showing positive results; work still to be done

## Documents / Topics

### [2015 Reformatted LCME Standards](#)

*New Vanderbilt School of Medicine (VUSM) [MD Curriculum](#)*

*Presentation: Curriculum Recalibration*

*Book: [Educating Physicians: A Call for Reform of Medical School and Residency](#)*

*Curriculum Management: [MSEC Activity Report](#)*

*Article related to ED-35 [Acad Med. 2012;87:300–307] – "[Effecting Curricular Change through Comprehensive Course Assessment: Using Structure and Process to Change Outcomes](#)"*

*Curriculum as a Whole – Year 4 of the Review Cycle: Questions to Consider Asking / Parameters to Consider Using / Other Items to Possibly Evaluate*

*Policy for Periodic and Comprehensive Review of the Curriculum*

*Comprehensive Review Cycle for MSEC Subcommittees*

*Flow Chart of Systematic Action for the Annual and Comprehensive Review Process*

*Reports: [M1/M2 Review Subcommittee] Annual Reviews of M1 Genetics and M2 Practice of Medicine*

*Update: Curriculum Integration Framework (CIF) Meetings; articles:*

*CDC "Tennessee: Burden of Chronic Diseases"*

*CDC "Preventing Chronic Disease, Appalachia: Where Place Matters in Health"*

*[Team-taught Grand Rounds](#) Promote Horizontal and Vertical Integration in a Discipline-Based Medical Curriculum*

## **Announcements**

**Learn • Serve • Lead: The AAMC [2013](#) Annual Meeting, Nov. 1 – 6**

November 5<sup>th</sup> MSEC meeting cancelled; the next meeting will be on November 19, 2013.

*MSEC [2014](#) Meeting & Retreat Dates ~ MSEC Annual Meeting May 20, 2014 ~*

## **Adjournment**

The Retreat adjourned at 5:22 p.m.