The Medical Student Education Committee of the James H. Quillen College of Medicine met on Tuesday, November 2, 2010 at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:
Ken Olive, MD
Mary Hooks, MD
Dave Johnson, PhD
Forrest Lang, MD
Ramsey McGowen, PhD
Paul Monaco, PhD
Dawn Tuell, MD
Jeanne Young, M-4
Dustin Price, M-3
Jamie Reagan, M-2
Jessica White, M-1

Ex officio / Non-Voting & Others Present:
Joe Florence, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Patrick Macmillan, MD
Penny Smith, EdD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 10-5-10 meeting were approved as distributed.

2. Topics
   a. Clerkship Director Report (PowerPoint presentation linked below)

RPCT Primary Care Clerkship -- Joe Florence, MD

Report outlined:

1. History and overview of QCOM Rural Programs / ETSU Community Partnerships including M-1–M-4 Rural Primary Care Track (RPCT)
2. Mission, philosophy, curriculum and graduate outcomes
3. RPCT students and community-based faculty (including Quillen graduates)
4. Goals and requirements; service, projects and research
5. Evaluation and grading
6. Clerkship issues & considerations

Discussion regarded:

- This Quillen program being nationally recognized
- Benefits of learning from and contributing to the region
- Patient & community oriented chronic care and health intervention models
- fmCASES - Family Medicine Computer-Assisted Simulations for Educating Students
RPCT experience providing reality, flexibility and interdisciplinary opportunities
New location / resource in Sevierville
Curricular tie-in with MD/MPH program
Strengths of the RPCT program in 3rd & 4th years
Next year’s change from 16 to 12 weeks = 6 Rural Family Medicine + 6 Rural Community Medicine

Dr. Olive thanked Dr. Florence for his report and asked questions regarding cultural competency and health disparity.

b. Required Clinical Skills / Patient Types: LCME ED–2b / Student Procedural Competence

Discussion continued and suggestions were made regarding Quillen’s list of required procedures, which is divided into the following categories: Must have demonstrated capability in / Must have performed / Should have observed or participated in; Demonstrated on actual patient / Demonstrated in simulation lab.

Dr. Hooks recommended having a list of “thinking skills” in addition to procedural skills, e.g., interpretation of routine labs including biochem panel, LFTs, CBC, ABG; interpretation of X-rays including CXR, abdominal series; recognition of all normal organs on CT scan; interpretation of EKG including most common abnormal rhythms.

*Dr. Olive will seek additional clinical input and the topic will be further addressed at the December meeting.*

c. Quillen Senior Student Attendance Policy – Policy on attendance and make-up work for 4th year students during Electives and Selectives

Dr. McGowen

Sought MSEC perspective and input in response to recent student requests and the ensuing awareness there is considerable variation among the clinical departments in how situations are handled.

*Broader discussion among department chairs is being initiated, and MSEC will consider changing the attendance policy to reflect what the departments think is acceptable.*

3. Recent documents / topics {Linked [myers@etsu.edu](mailto:myers@etsu.edu)}

*RPCT Clerkship Director Report*
*LCME Standard ED-2b table*
*Procedural Competence table*
*[DR-ED] Position Announcement: Director of Basic Clinical Education* – At UT COM; states curriculum revision concepts similar to ours
4. Announcements

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Integrated Grand Rounds
[Combining basic science knowledge and clinical skills]
M2 attendance required / M1 optional
Friday, November 19, 2010
12 – 1:00 p.m.
Stanton-Gerber Hall Large Auditorium
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Reminder to review the LCME database on the T: drive.

The next meeting will be on December 7, 2010.

5. Adjournment

The meeting adjourned at 5:35 p.m.