The Medical Student Education Committee of the Quillen College of Medicine
met on Tuesday, December 3, 2013 at 4:15 p.m.
in the Academic Affairs Conference Room, Stanton-Gerber Hall.

1. Topics

   a. Required Nutrition Components in the Curriculum – Nutrition Working
      Group Proposal [Drs. Ecay, Abercrombie, McGowen, Monaco & Jeremy Brooks,
      M3, Cindy Lybrand, MEd, Cathy Peeples, MPH, Ms. Lisa Bare]

Dr. Tom Ecay’s presentation and MSEC discussion regarded:

   Phase 1 – 2013-2014

   • [5-7-13] MSEC-directed content additions in:
     - M1 – Introduction to Physical Examination Skills
     - M2 – Practice of Medicine: Integrated Grand Rounds (IGR)
     - M3 – Transitions to Clinical Clerkships
     - M3 – Community Medicine Clerkship

   • Nutrition initiatives in Spring 2014
     - Nutrition knowledge core content (2013-14)
       > Student Handout further developed
       > Faculty development re curriculum content labeling / mapping; training small
         group facilitators on assessment use
     - Nutrition elective continues with Beta for experiential skills development sessions
       (Farmers’ Market, Health Fairs, etc.)
- Topic addition to Physiology: GI / Celiac disease + re nutrition assessment
- Nutrition components in Curriculum Integration Framework (CIF) cases in the context of outpatient care or other applicable clinical settings; cases delivering nutrition content potentially becoming a required component across courses / years

**Phase 2 – 2014-2015**

- Nutrition knowledge core content
  - Selection of Nutrition in Medicine modules to match basic science concepts, including targeted assessment and tagging content in ExamSoft; *Dr. Ecay will select modules to be associated with each course*
- M1 – Fall 2014:
  - CSHP “Readiness to Change” module as foundation for behavior modification (smoking cessation)
  - Addition to COL of two introductory sessions from Nutrition elective as foundational information necessary to apply skills

Spring 2015:
- Implement experiential skills development sessions

- M2
  - Skills development / application of skills
    >Introduction to Clinical Psychiatry – Behavioral Change / Motivational Interviewing
    >Food Journals; nutrition module, diaries to Drop Box

- M3
  - Addition of nutritional assessments and diet plans; use of standard template and guides; patient education on nutrition as part of checklist for ambulatory write-ups
    >Case in Community Medicine clerkship
    >QCOM Core Patient Case Log; assessment of skills (2015-16)
    >Parenteral nutrition tied back to basic science
    >To be included in global requirements

- M4
  - Online Nutrition elective; collaboration with Dr. Michelle Lee
  - Potential future modification of Keystone Nutrition (1 hour) requirement due to increasing coverage in M1- M3

**Phase 3 – 2015-2016**

- Respond to new LCME Standard 7.9 [ED-19-A] Curricular Content: Interprofessional Curriculum – Functioning as a team in a clinical setting
  - M3: Team roles and function in Transitions to Clinical Clerkships; OSCE skills session (June 2015)
- Continue to broaden use of related CIF cases
- Develop strategic plan, share resources across Division of Health Sciences
ACTION:
On a motion by Dr. Herrell and seconded by Dr. Mullersman, MSEC voted to accept this proposal, which it considered to be an effective way to begin the implementation of required Nutrition content and skills into the curriculum.

b. Update: Curriculum Integration Framework - CIF Phase I: Core Cases
[CIF committee members: Drs. Caroline Abercrombie, James Denham, Martin Eason, Richard Feit, Howard Herrell, Deidre Pierce and Jeremy Brooks, M3 & Cindy Lybrand, MEd]

Reference MSEC 10-29-13

Dr. Herrell spoke in regard to the group continuing to develop and catalog stems / cases to show clinical relevance for session-level content in Cell & Tissue Biology and Physiology.

The group’s work and MSEC discussion has emphasized that stems / cases should also be broadly written to promote differential diagnosis, stressing the concept that there is not always one correct answer.

Cases are being collected and collaboratively edited in an online Google Docs spreadsheet. It’s anticipated that this spreadsheet will eventually assist with integration (sorting by organ systems), elimination of unplanned redundancies and identification of cross-cutting themes.

Additional discussion regarded determining the next phase in incorporating cross-cutting themes / threads into the curriculum; to include:
- Updating and prioritizing the previously determined list of topics in relation to current curriculum, outcome measures, LCME standards, AAMC Graduation Questionnaire (GQ), Quillen’s mission, etc
- Increasing emphasis on their relevance across basic and clinical science instruction; using the connections as an integration tool – “driving how the curriculum evolves out of silos”
- Finalizing what will be the next area of concentration (possibly evidence-based medicine)
- Reviewing these topics as a component of curriculum review and management

Reference MSEC 8-2-11, 2-7-12 & 10-2-12 re threads:
Behavioral health Integrative medicine
Communication skills Nutrition
Cultural and diversity awareness Pain management
Domestic violence Palliative care
Ethics Public health
Evidence-based medicine Socio-economic dynamics
Geriatrics

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c. Proposal: M4 2014-2015 Calendar Revision

Cathy Peeples informed the committee that the national residency application process is now taking place earlier in the M4 academic year, which has shifted the residency interview season forward as well. A general change in the M4 calendar that would better accommodate the majority of seniors’ schedules would be to not offer Selectives – Electives only – in Blocks 5 & 6, instead of how it has been, Blocks 6 & 7. Individual scheduling issues would be addressed as needed.

<table>
<thead>
<tr>
<th>Block 5</th>
<th>No Selectives</th>
<th>a. October 27 - November 7</th>
<th>b. November 10 - 21</th>
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</thead>
<tbody>
<tr>
<td>Block 6</td>
<td>No Selectives</td>
<td>a. November 24 - December 5</td>
<td>b. December 8 - 19</td>
</tr>
<tr>
<td></td>
<td>Winter Break</td>
<td></td>
<td>December 22 - January 2, 2015</td>
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<tr>
<td>Block 7</td>
<td></td>
<td>a. January 5 - January 16</td>
<td>b. January 19 - 30</td>
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ACTION:
On a motion by Dr. Monaco and seconded by Dr. Mullersman, MSEC agreed that the M4 2014-2015 calendar should be changed as proposed.

d. Information Updates

Dr. McGowen

- Community Medicine Clerkship, Dr. Bill Fry, Clerkship Director

[4-2-13 & 5-7-13] Dr. McGowen gave a positive report about the clerkship’s November 14 faculty / community preceptor development session in Sevierville. Organized by Ms. Susan Austin, clerkship coordinator, there were presentations by Drs. Fry and Florence and Dr. Bruce Bennard, Program Evaluator (see Recent documents to follow); also, and felt to be particularly beneficial were discussions among the clerkship students and the preceptors, including the clerks expressing what kind of feedback they needed from their preceptors.

MSEC will review annually the action items, including faculty development for community physicians, determined as a result of the M3/M4 Review Subcommittee’s 2013 comprehensive review of the Community Medicine clerkship.

- M3 / M4 Psychiatry
[4-30-13] Efforts are still underway to revise students’ clinical experience at the VA.

- Professionalism Form – Honor Council Point of Contact
[10-29-13] Dr. McGowen has followed up with Dr. Tom Ecay (Honor Council faculty advisor) and the change to a generic email address for the Honor Council chair is in progress.
3. Recent documents / topics

Proposal: Nutrition Working Group to MSEC

Nutrition in Medicine online modules

List: GQ 2012 topics / threads with instruction “inadequate” rating higher than outcomes benchmark of 25%

Quillen 2011-2012 Cross-cutting Themes Summary

2014-15 QCOM M3 & M4 Academic Calendars with M4 2-week Blocks

Overview of the Community Medicine Clerkship Curriculum – Drs. Florence & Fry

The One Minute Preceptor: 5 Micro-skills for One-On-One Teaching

4. Announcements

The next MSEC meeting will on December 17, 2013.

5. Adjournment

The meeting adjourned at 6:08 p.m.