The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, March 1, 2011 at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:
Ken Olive, MD  
Rich Feit, MD  
Dave Johnson, PhD  
Forrest Lang, MD  
Steve Loyd, MD  
Ramsey McGowen, PhD  
Paul Monaco, PhD  
Dawn Tuell, MD  
Dustin Price, M-3  
Jamie Reagan, M-2  
Jessica White, M-1

Ex officio / Non-Voting & Others Present:
Scott Champney, PhD  
Annette Clemons, PhD  
Joe Florence, MD  
Theresa Lura, MD  
Suresh Ponnappa, MSLS  
Mitch Robinson, PhD  
Cindy Lybrand, MEd  
Cathy Peeples, MPH  
Lisa Myers, BA

1. Approval of Minutes
The minutes from the 2-1-11 meeting were approved as distributed.

2. Topics

a. MSEC Course Reports: M-1 Communication Skills for Health Professionals (CSHP)

Dr. Lang

- Requires a lot of coordination with 200+ students / 30+ faculty / 30 Standardized Patients (SPs)

- Course co-directors:
  Medicine: Dr. Forrest Lang 2011-2012 – Reid Blackwelder  
  Nursing: Dr. Susan Grover 2011-2012 – Frances Jackson  
  Pharmacy: Dr. Rick Hess (2011-2012 – will be primary faculty contact)  
  Psychology: Dr. Chris Dula

- OBJECTIVES: Performance-based communication skills, e.g., active listening, demonstrating effective rapport building skills and effective data gathering and information management; also, inter-professional interaction
• **TEACHING METHODS:** Small groups = skill practice / observation / feedback sessions; core and advanced communication modules with video of interviews; related readings

• **EVALUATION:** Competency-based; course requires full, active participation in order to acquire the skills identified; METHODS: Midterm Objective Structured Clinical Evaluation (OSCE), skills group participation, modular quizzes on D2L, community-based, health group meeting, e.g., AA, attendance and D2L experience report, plus final OSCE; GRADING: Remains Pass/Fail for medical students (no failures, but “some issues”)

• **STUDENT FEEDBACK:** Overall evaluation – Excellent 47%, Good 47%, Satisfactory 6%, Marginal 1%; “Strengths” included the inter-disciplinary experience and the instruction from faculty, standardized patients and videos; many “Weaknesses” comments regarded modules being too long and technical problems with the DVDs

• **FUTURE:** Plans to introduce new technology; attempt to resolve problems due to more students (including from other schools) attending local AA meetings; ongoing challenge to recruit sufficient faculty facilitators

In regard to LCME, Dr. Olive noted that this course does not have lecture hours, instead has alternative teaching/learning methods which include regular formative feedback and alternative evaluation methods including OSCE; also, per Dr. Lang, AAMC Hot Topics are prevalent in the cases.

**b. MSEC Course Reports: M-2 Medical Immunology**

Dr. Clemons

• **OBJECTIVES** are tied to **CORE CONTENT:** Course is designed to introduce medical students to both the basic concepts of immunology and the clinical applications of the field today. The first two weeks of the 4-week course outline the elements and principles of the innate immune system and the maturation of adaptive immunity, via T and B lymphocytes. The second half of the course exposes students to clinical manifestations of disruptions in immune function.

• **TEACHING METHODS:** Material is presented in a lecture-based format with the majority of the material reflecting content presented in *The Immune System, 3rd ed.* Several clinical case presentations are also offered by volunteer physicians and/or researchers – attendance at these sessions is mandatory.

• **EVALUATION & GRADING:** Two exams + 5 optional quizzes. Exams are averaged for the final score. Quizzes are designed to help students assess their ability to keep up with the pace of the course without penalty; cumulative quiz score can improve the final grade, but does not negatively impact it. Average grade = 92% (A)
• STUDENT FEEDBACK: Overall evaluation – Excellent 77.8%, Good 19%, Satisfactory 3.2%; “Strengths” focused on the organization and quality of (Dr. Clemons) instruction in this fast paced course; also the quizzes. “Weaknesses” included mention of the short time frame, issues with guest lecturers and confusing wording on some quizzes.

• FUTURE: Felt that the course structure works well, including that it provides an immunology foundation prior to microbiology and virology. Always looking for volunteers (including M-4s or residents) to give relevant, interesting and informative clinical case presentations.

c. Proposal: Ophthalmology Senior Selective

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<th>Location:</th>
<th>ETSU Physician's Ophthalmology Clinic &amp; VAMC Ophthalmology Clinic</th>
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| Instructors:               | Judaun Alison, M.D.  
                           | Anne Eberhart, M.D.  
                           | Barbara Kimbrough, M.D. |
| Responsible Faculty:       | Anne Eberhart, M.D.                                                |
| Duration:                  | 4 weeks                                                             |
| Goal:                      | To perform a thorough and accurate ophthalmic evaluation under the direction of a general or subspecialty ophthalmologist. |
| Objectives – At the conclusion of this rotation, the student should be able to: | 1. perform and record accurate ophthalmic history and examination.  
                           | 2. evaluate and manage simple and common ocular problems.  
                           | 3. recognize common fundus pathology as it relates to systemic and ocular disease.  
                           | 4. identify when and how to use the ophthalmologist as a consult. |

An Ophthalmology Elective with the same description was approved 12-7-10. On a motion by Dr. Monaco and seconded by Dr. Tuell, this proposal to further expand students’ choices for gaining experience in this field was approved.

d. Fall 2011 M-1 Curriculum

Dr. Olive / extended discussion regarded:

• Dr. Johnson’s proposal to add two days to Cellular & Molecular Medicine (CMM) (preferably starting the course on a Monday instead of a Wednesday)
  o Comparison of Medical Human Gross Anatomy & Embryology (MHGAE) and CMM contact hours
  o Adapting content to compressed courses and the time allotted for retaining it
• Reworking Profession of Medicine for upcoming third year of this course (fewer in-class sessions and no longer on Tuesday afternoons)
Now apparent benefits of “patient, physician & society” material being presented early in M-1, in mini-blocks, also in small groups, and at times when there is the least competition with basic science demands / exams

Ideally having a thread through all four years, especially after students have more clinical experience; there is content in the Keystone course

- Tuesday afternoons opening up for potential use for MHGAE / gross anatomy lab
- If and when to schedule a Fall Recess

On a motion by Dr. Monaco and seconded by Dr. Loyd, MSEC approved – with Dr. Feit opposed and Dustin & Jamie abstaining – the following M-1 Fall semester schedule revisions:

- Profession of Medicine sessions will be part of Orientation and other ½ day sessions are slotted for days after basic science exams
- MHGAE (Anatomy) NBME subject exam will be moved up two days
- A Fall Recess will remain, and the two days will fall at the end of Week 11, before the start of CMM on the Monday of Week 12
- There will be further consideration in regard to losing the Fall Recess Thursday, Oct.13, in the CSHP and RPCT schedules

Fall 2011 changes

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<td>Aug 23 (morning)</td>
<td>Vacation</td>
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<td>MHGAE Exam II</td>
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<td>Prof of Med - Community Agency Fair</td>
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<td>CMM Exam II</td>
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Fall 2011 changes
3. Recent documents / topics (On the MSEC web site or on file in Academic Affairs – contact myers@etsu.edu)

MSEC Course Reports:
   1) CSHP – Dr. Lang
   2) Immunology – Dr. Clemons

Proposal: Ophthalmology Selective

M-1 Fall Semester Exam / Schedule Grid

4. Announcements

The next meeting will be on April 5, 2011.

5. Adjournment

The meeting adjourned at 5:55 p.m.