The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, March 20, 2012 at 4:15 p.m. in the Academic Affairs Conference Room, Stanton-Gerber Hall.

Voting Members Present:
Ken Olive, MD
Caroline Abercrombie, MD
Reid Blackwelder, MD
Rich Feit, MD
Dave Johnson, PhD
Ramsey McGowen, PhD
Paul Monaco, PhD
Dawn Tuell, MD
Jamie Reagan, M3
Jessica White, M2

Ex officio / Non-Voting & Others Present:
Howard Herrell, MD
Tom Kwasigroch, PhD
Cindy Lybrand, MEd
Cathy Peeples, MPH
Lisa Myers, BA

1. Approval of Minutes

The minutes from the 3-13-12 called meeting were approved as distributed.

2. LCME Update (post conference call with Dr. Barbara Barzansky)

Dr. Olive

- Conveyed some of the clarification and guidance provided by Dr. Barzansky in regard to LCME findings and our strategies for compliance
- Highlighted ED–33&35 pertaining to the need for a curriculum mapping system and a regularly scheduled MSEC review of all courses
- Announced that Barbara Barzansky, PhD MHPE (AMA) & Dan Hunt, MD, MBA (AAMC) – LCME Principal Secretaries – have scheduled a consultation visit to Quillen, May 24-25, 2012
- Informed the committee of the general timeline related to Quillen’s action plan to address deficiencies:
  - Report of the plan submitted to LCME mid-August 2012
  - LCME review of the plan in October 2012 (followed by their feedback to us)
  - Limited LCME site visit Fall 2013

3. STANDARD: 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.
FINDING: The Medical Student Education Committee has not routinely conducted systematic and comprehensive review of all courses and clerkships.

Discussion that began at the March 13 meeting continued in regard to:

- Distributed article on course review structure & process as a “critical component of effective curriculum oversight” [Academic Medicine, Vol. 87, No. 3 / March 2012]
- MSEC’s role in continuous improvement, moving the educational program forward
- Consideration of Quillen’s (relatively) limited number of faculty and the challenge to engage active physicians; how to effectively use faculty who are balancing teaching, patient care and research roles
- MSEC establishing two standing curricular review subcommittees
  - One to cover M1&2, the other for M3&4
  - Comprised of 3-4 faculty and student members
  - Can appoint additional faculty &/or students, delegate work, use resources, etc., as deemed relevant or necessary
- Conducting a comprehensive review of each required course/clerkship every three years (may be sooner, if warranted)
- Defining a comprehensive, rigorous review
  - Standing subcommittees with participation of course director, other faculty
  - Expanded list of what is to be reviewed and questions to be asked
  - Findings and recommendations being reported back to subcommittees
  - Reports to MSEC
  - MSEC action implementing and monitoring change
- Supplementing the comprehensive review process with annual end-of-course reports (data, feedback and reflection) submitted by course/clerkship directors to subcommittees

Based on the discussion, Dr. Olive will 1) prepare an outline of a revised course/clerkship review process, 2) put together an ED-35 Action Grid and 3) draft schedules for the comprehensive and annual reviews to be brought back to MSEC for approval at the April meeting.

STANDARD: ED–33 There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

FINDING: The College of Medicine lacks an effective system for the coordination and integration of curricular content; monitoring of content to identify omissions and unplanned redundancies; and review of the stated objectives of each individual course and clerkship to ensure congruence with the school’s educational objectives.

Discussion regarded:

- Dr. Barzansky’s advice to start with effective curriculum mapping
- Examples of curriculum mapping from other schools; Academic Affairs being in the investigative phase of finding a suitable system / software product
• Striving for closer scrutiny of content and how well it is being delivered, e.g., following up on recently defined objectives, patient types and procedures for M3&4 tracked in New Innovations
• Auditing and connecting / mapping QCOM commencement objectives with course/clerkship objectives with teaching methods that help students achieve the objectives and with assessment methods to gauge student progress + student performance (outcome) data
• Documenting “milestones” – year-specific objectives as part of the continuum
• Viewing the curriculum as a whole, facilitating the coordination, integration and evaluation of the overall program

Dr. Olive will fill in an ED–33 Action Grid for review at the April meeting; ED–46 re outcome data will also be on that agenda.

3. Recent documents / topics {Linked or on file in Academic Affairs – contact myers@etsu.edu}

Action Grid for ED–32, revised 3-13-12

Standard & LCME Findings: ED–33 & 35

Dr. Olive’s outline of ED–35 discussion, 3-13-12


Quillen Annual Course / Clerkship Review form

Example of University of New Mexico School of Medicine (UNM SOM) addressing ED–35

Examples from UNC SOM addressing ED–1, 33 & 46: Flow of Commencement Objectives’ competency > Course/Clerkship objectives based on it, with milestones = year-specific objectives > instructional methods > assessment methods + outcome data

4. Announcements

The next meeting will be the regularly scheduled one on April 3, 2012.

5. Adjournment

The meeting adjourned at 5:50 p.m.