Medical Student Education Committee

Minutes: May 19, 2015

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, May 19, 2015 at 4:15 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall.

Voting Members Present:
Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Michelle Duffourc, PhD
Anna Gilbert, MD
Jennifer Hall, PhD
Howard Herrell, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD
Omar McCarty, M1

Jessica English, M2
Rebekah Rollston, M3

Ex officio / Non-Voting Members & Others Present:
Teresa Lura, MD, ex officio
Robert Acuff, PhD, co-chair M1/M2 review subcommittee
Cindy Lybrand, ME
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approval of Minutes
Minutes of the April 21, 2015 meeting were approved as distributed.

A motion to approve the minutes of the April 21, 2015, meeting was made by Dr. Monaco, with a second by Rebekah Rollston, and unanimously approved.

2. Report: Outcomes Subcommittee
Dr. McGowen presented the quarterly report based on the subcommittee’s meeting held April 1, 2015. Outcomes related to four benchmarks were reported. Two benchmarks were met and two were not met:

<table>
<thead>
<tr>
<th>Domain Objective</th>
<th>Indicators used by school to evaluate educational program effectiveness (Outcome Measures-Institutional)</th>
<th>Measures for review the quarter ending March 2015</th>
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<tr>
<td>Patient Care</td>
<td>1. 95% of students will achieve a passing grade on institutionally developed course/ clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Patient Care Domain Objective.</td>
<td>All reporting fall M1/2 courses and M3 clerkships met the measure: (Anatomy, Cellular and Molecular Med, Communication Skills, Immunology, and Intro to Physical Exam Skills): (Community, Family, Internal, OB/GYN, Pediatrics, Psychiatry and Surgery) clerkships.</td>
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<td>Benchmark</td>
<td>Courses with a ranking of greater than 25% student dissatisfaction rate overall for the course (ranking of 1 or 2) are targeted for an in-depth review to be completed by the respective subcommittee.</td>
<td>No fall M1/2 courses met the 25% dissatisfaction rating. No M3 clerkship met the benchmark. All clerkships scored between 4.19 and 5.0 on a 5 pt. scale except Community Medicine which scored a 2.97.</td>
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<td>Practice Based Learning and Improvement</td>
<td>1. 80% of M 1 &amp; 2 students will achieve a rating of good or above on multisource and/or narrative assessments.</td>
<td>Anatomy met the measure. It was the only designated fall M1 course which submitted narrative assessments, 95.77% of students were rated as “good or above”. Communication Skills provided students with individualized assessments with no numerical rating and Intro to Physical Exam was the only designated Fall course to not submit a narrative assessment.</td>
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The subcommittee discussed factors related to the unmet benchmarks, such as:

- Cellular and Molecular Medicine (CMM) and Clinical Neuroscience continue not to meet the Medical Knowledge measure.
- CMM reports the material included on the National Board of Medical Examiners (NBME) subject exam does not entirely correspond to their course content, which results in lower scores. A review of past scores suggests that while the Medical Knowledge benchmark is not met in CMM, the NBME subject exam scores have been steady.
- The Clinical Neuroscience course continues to be in transition with a new course director assuming responsibility for the next offering of the course. A review of past scores suggests that NBME subject exam scores have continued to decline during the transition.

When considering the NBME performance data, the subcommittee considered the appropriateness of the Medical Knowledge benchmark and specific factors such as:

- Which scores or percentiles to use; what the Comprehensive Basic Science Exam (CBSE) might contribute to any new benchmarks; and the best method of calculation of NBME scores to reflect the goals of our curriculum. The subcommittee tabled consideration of recommending changes to the Medical Knowledge benchmark at this time. It will be revisited after the scores for the CBSE are received in May.

The subcommittee will also review new information about average Medical College Admission Test (MCAT) scores of our incoming students, which may inform decisions about what our expectations should be of our students.

Additional discussion included information related to

- NBME subject exams not being used in Family Medicine (FM) and Rural Primary Care Track (RPCT) Clerkships, which means we do not have national comparison data for our performance in these areas. Both clerkships use fmCases and provide extensive clinical assessment of students.

The subcommittee feels there needs to be discussion about whether MSEC wants to encourage adoption of a measure that allows review of the student’s performance in those two clerkships.

- Which academic year-end mean to use in evaluating performance data in clerkships. The subcommittee decided that the schedule of reviewing the Medical Knowledge benchmark for the clerkships would be revised so that the national mean for the most recently ended academic year would be used. This will mean that the clerkship NBME performance will be reviewed less frequently by the subcommittee, but will be based on a more current measure.
NBME will be changing the Clinical Science (CS) subject exam score scales in August 2015 “to better reflect recent trends in the performance of the examinee population.” The subcommittee expect the scores for those exams to be recalibrated, but do not know what that will be until August when we get our first set of reports.

**Recommendations to MSEC:**
1. Develop a plan to address the ongoing decline in NBME subject exam scores in the Neuroscience course.

Given that the course has not met the Medical Knowledge benchmarks for several years, the subcommittee recommends that the declining NBME subject exam scores be addressed and corrective measures factored into development of the course. Discussion from MSEC concurred. Action needs to be identified to the course director, but also support needs to be given to the new course director that will assist him in meeting expectations. Other discussion included resources for faculty development (conferences, on-line modules, etc.). The M1M2 Review subcommittee chair reported that they have received the course’s Annual Self-Study and will be reviewing and submitting their report to MSEC. A Comprehensive Self-Study may be requested in 2015-2016, but this will identified as part of the Annual review report by M1M2 Review subcommittee. This process will allow the course director to work toward improving the course in a unified way, including any issues that could be identified in the Annual report with a Comprehensive Self-Study that follows.

A motion was made by Dr. Abercrombie to have MSEC communicate with the Neuroscience course director, Dr. Beaumont, asking him to address the ongoing decline in NBME subject exam scores for the course as well as offer assistance with resources to help with course development. MSEC does appreciate the effort Dr. Beaumont has placed on identification of content gaps and addressing them. The motion was seconded by Dr. Mullersman, and unanimously approved.

2. Evaluate whether standardized exam scores are needed for the FM and RPCT Clerkships and determine how to identify external objective educational outcome data for the FM and RPCT Clerkships.

Discussion included that nationally FM clerkships are the least likely to use NBME subject exams. It is much more common not to use subject exams because FM is so broad and each FM Clerkship is so different from the other. There is an alternative based on the *fmCases*, which provide national means and standard deviations. The questions used by the FM Clerkship are drawn from *fmCases*, but the questions are selected based only on the cases that they know have been presented to the students and studied so the national comparison data is not relevant. This Clerkship provides probably the richest OSCE type exam and feedback of any clerkship, which is extremely helpful to students regarding their performance. When the Medical Knowledge NBME performance outcomes benchmark initially was set, the absence of NBME subject exam data for these clerkships was not specifically addressed. Discussion identified there is a Comprehensive Clinical Science exam that may be useful in evaluation of clinical performance. MSEC discussion included general support for the principle that subject exams for FM and RPCT Clerkships should be used, but that a motion to do so should be tabled until a representative(s) from the Clerkship(s) is/are present for the discussion.
A motion by Dr. Abercrombie to table the discussion and action for Family Medicine (FM) and Rural Primary Care Track (RPCT) Clerkships to use a subject exam until a representative(s) from the Clerkship(s) is/are present to discuss, was unanimously accepted.

3. Monitor completion of narrative assessments and develop a plan for assuring their completion.

This is a recommendation to monitor the narrative assessments and there is no action to be taken at this time.

Dr. Mullersman, subcommittee chair, presented two reports

2013-2014 Comprehensive Internal Medicine Subinternship Selective
Course Director: Dr. Lamis Ibrahim
Dr. Mullersman stated the direction of the course is positive. There is reasonable alignment between the objectives and the course content. There is a good mix of didactic and experiential learning. The academic half-day session that meets every week has helped to standardize the didactic learning experience. They are implementing changes so the course can have greater fourth year medical student involvement in managing patients.

There are no short or long-term recommendations to MSEC for this selective course.

MSEC unanimously accepted the report as presented.

2013-2014 Annual Community Medicine Clerkship
Clerkship Director: Dr. William Fry
Dr. Mullersman stated that the Community Medicine Clerkship students receive a unique experience, with opportunities to work with local, private physicians of varied specialties, and the chance to assess and help the needs of a community.

The Health Fair week continues to be the highlight of the rotation and is deemed a remarkable opportunity to practice history and physical exam skills. Students identified concerns regarding the didactic material used and the amount of “busy work” assigned to them as well as a sense of overcrowding of students with the students assigned to faculty exhibiting the best clinical teaching. The content and sequencing within the curriculum was evaluated and was deemed in need of reform. The method in which the final exam is administered also was identified as an area of concern.

Short-term recommendations

- Request feedback and a 6-month follow-up from the clerkship director regarding the following:

  A. Final Exam: Considering the student evaluations that comment on the current exam content and administration, we suggest that the clerkship director ensures
that the exam questions are relevant in nature and, more importantly, that the exam administration is conducted in a way that promotes demonstration of individual knowledge. If the exam involves a “group” experience, wherein students are allowed to change wrong answers to correct answers prior to submitting the exam, then this expectation needs to be documented in the clerkship syllabus.

B. Lectures: Student evaluations have repeatedly raised concern about the relevance of some of the lectures and a lack of relevant expertise by some presenters. We suggest that the clerkship director ensure lecturers are experts in their field and that the lectures provided to students are relevant to the practice of medicine.

- Limit the number of students to 8-10 per period in order to reduce overcrowding. This will help maximize students’ exposure to the limited number of volunteer faculty who are actively engaged in teaching.

**Long-term recommendation**
- As MSEC determines the necessary steps for improving the current curriculum, serious consideration should be given as to the long-term purpose of the Community Medicine clerkship. MSEC should entertain alternatives to the current structure of the clerkship. For example: Community Medicine may exist more appropriately as a combination rotation with the Family Medicine clerkship or, if it is to remain a stand-alone clerkship, be reduced from 6 weeks to 4 weeks. There is concern that accommodating this 6-week rotation is adding to the declining NBME Shelf exams scores in other clerkships (i.e., Internal Medicine and Surgery).

MSEC discussed the initial purpose, goals and objectives when creating the Community Clerkship. It was agreed that the Health Fairs and Community Projects are a good part of the rotation. The Clerkship provides an opportunity for the College of Medicine to reach out to the community and needs to continue to be a part of the Sevierville community. There may be an opportunity to shorten the rotation as well as look at the short-term recommendations and provide corrections/solutions.

**A motion by Dr. Abercrombie to accept the report was unanimously approved. A second motion by Dr. Herrell, and seconded by Dr. Monaco for MSEC to accept and act on the short term recommendations A and B, with review of the long-term recommendation in the Year 4 Review of the Curriculum. The motion unanimously passed.**


Dr. Acuff, subcommittee co-chair, presented one report:

**2013-2014 Comprehensive Introduction to Physical Examination Course**

**Course Directors: Peter Bockhorst and Jason Moore**

Dr. Acuff stated the quality of instruction remains a hallmark for this course. The early hands-on experience with patients, both physical exam and verbal interaction is a major strength of the course. There could be more clinical skills content in other M1 and M2 classes that would allow the students to hone their physical exam skills/aptitude. The students continue to ask that the OSCE be scheduled closer to the final class session, but the clerkship director does give the students access to standardized patients, which increases the students’ opportunities to practice skills before the OSCE. A Review of
Systems (ROS) could be taught together to facilitate student understanding of the concept that there is a physical exam and history component to each system; they can more easily perform a structured interview approach in addition to the history pieces for the system they are reviewing. ROS is a part of the required text and should be included so students and standardized patients can practice ROS as a part of the physical examination.

Committee comments identified that the M2 exam planning sessions continue to look for a means to reschedule the OSCE closer to the end of the class session. Dr. Herrell commented that Curriculum Integration Subcommittee (CIS) appreciates the Review of Systems comment, which is included in the Human Sexuality report/short term recommendation.

There are no short or long-term recommendations for this course that MSEC needs to act on at this time.

**MSEC unanimously accepted the report with no specific further action needed.**

5. **Report: Curriculum Integration Subcommittee – Human Sexuality**

Rebekah Rollston presented the report. Knowledge, Skills, and Attitudes objectives were identified for the thread, based on a national curriculum guide for Human Sexuality. The subcommittee reviewed the existing curriculum content and identified short and long-term recommendations with references for both courses and/or clerkships, as well as specific short and long-term recommendations for MSEC. Many of the short-term recommendations for the courses and/or clerkships have already been implemented and therefore the report does not identify many new contact hours.

The long-term recommendation to MSEC for a formal *Journal Club* was endorsed by our COM Associate Dean for Learning Resources. Information on Human Sexuality has changed over the years and there is a need to continue to review and watch for changes in information and findings.

MSEC discussion included consideration of these recommendations in relation to the need to identify possible curriculum content gaps and prioritize areas that we need to focus our attention on in the next several years to close any possible gaps. MSEC is appreciative of the work the subcommittee has completed and will look at all the recommendations made and decide which of them need to be administratively communicated to the course and/or clerkships, in a coordinated manner.

**Short Term Recommendation**

- Emphasize sexual history as part of the patient history, including considerations for varying age groups and populations (pediatric, elderly, LGBT, chronic disease, disability, etc.)
- Ensure inclusion of the male genitourinary (GU) and female GU, breast & pelvic physical exams and Review of Systems (ROS) in the curriculum.

**Long Term Recommendation**

- Develop a formal Journal club to provide a review of current journal articles on various topics, including Human Sexuality. (MD, PhD, Librarian facilitators)
• Include sessions to demonstrate the impact of religion, culture & worldviews on medicine in regards to sexuality

A motion by Dr. Herrell to accept the report unanimously passed. A second motion by Dr. Herrell and seconded by Dr. Monaco; to accept the short-term recommendations, with MSEC handling administrative notification to the courses and/or clerkships unanimously passed.

6. Report: Course Level Objectives Mapped to Institutional Educational Objectives
   (approved: July 1, 2014)
   Cynthia Lybrand asked the minutes to reflect that the “Report” topic is more of an "Update" to the need for Course Level Objectives Mapped to Institutional Educational Objectives.

   For the M1M2 courses about 2/3 of the courses have completed mapping of course level objectives to the Institutional Educational Objectives. Cathy Peeples reported that the same number of M3M4 clerkships and courses have completed their mapping. The goal is to have all course level objectives mapped to our Institutional Educational Objectives allowing a high-level summary document to be developed enabling us to see where we have the topic covered or do not have covered. We are making some headway to have this information entered into the New Innovations Curriculum module by the August 1 opening of the AAMC Curriculum Inventory Portal.

   Committee members drew attention to a comment by Dr. McGowen at the recent College of Medicine (COM) Faculty meeting that the review and preparation of our curriculum is an on-going process of quality improvement in addition to our regular, every day jobs, not just an "every 10-year process in anticipation of an LCME visit". Dr. McGowen confirmed it is an on-going quality improvement process for everyone.

7. Report: Exam Policy

   Dr. McGowen provided the background to the COM Exam Policy, which was emailed for review prior to the MSEC meeting. An exam policy had been requested that would be uniformly used across courses by the course directors. Based on input from course directors, a policy was drafted. The drafted policy was reviewed by the Organization of Student Representatives (OSR) and Honor Council, which provided suggestions and a revised policy was created. The policy currently presented incorporated minor changes from the initial policy that reflects the suggestions. Most notable were revisions to the allowance for personal breaks during exams and the criteria for rescheduling an exam to accommodate student extracurricular activities. Cathy Peeples pointed out the specific areas of change and some areas of text clean up that needs to take place.

   Specific discussion included the need for a two-step process when a student requests that an exam be rescheduled because extracurricular activities conflict with the examination schedule.
   1. Prior to approving support to a student for travel, administrative staff must consult the exam schedule for student courses and if a conflict exists, discuss with the course director in advance, the academic standing of the student being considered for the trip.
   2. Prior to making a commitment to participate in an activity the student must meet with the course director being affected by the activity, prior to accepting an offer of participation,
and demonstrate an exam date modification will not adversely affect his/her academic achievement. In general, students shall demonstrate prior successful academic achievement with a GPA of 3.0 or higher and an 85% or higher course average to be considered for the opportunity.

Additional discussion occurred on the “Language to be Read at the Beginning of Each Exam”. Committee members asked for guidance on whether the language needed to be read to the students each time or whether the student could read the information on their own prior to an exam, either in a syllabus or in a statement on the exam. Clarification identified that the preferred method is to read to the students, but having the student read the language on their own at the start of the exam is acceptable. The policy must be enforced and the course directors are to approach the administration of exams and security in the same way each time.

A final highlighted aspect of the new policy concerned personal breaks during exams. During NBME subject exams only one person is allowed to go to the bathroom at a time. Committee members asked about non-NBME exams and it was pointed out that the exam policy was intended to mirror the NBME subject exam policy and input was received and approved from several different groups before being approved for distribution.

A motion by Dr. Abercrombie to accept the COM Exam Policy as presented was seconded by Dr. Herrell and unanimously accepted.

Dr. Abercrombie asked that special attention be made to notify all affected parties of this policy so everyone is aware and are able to follow the policy. Cindy Lybrand stated that Amanda Cole, Student Services, is working with Sylvester Renner, Information Technology, to identify a central location for all COM policies so that everyone will have access to them.

8. Review: LCME Element 6.3 – postponed by Dr. McGowen to the June 2015 meeting in the interest of time.

9. Follow-Up: Narrative Evaluation for M1M2 courses
As reported in the Outcomes subcommittee report, there have been difficulties obtaining narrative assessment from some courses. Dr. McGowen read the LCME standard that says “Narrative descriptions of medical student performance including his/her non-cognitive achievement, is included as a component of the assessment in each required course or clerkship whenever teacher-student interaction permits this form of assessment.” In 2011, we developed a list of pre-clerkship courses that we thought would fall under this. One of the courses was Profession of Medicine: Patients, Physicians & Society. In its original structure, the course had several small groups. Since then the course has changed in several ways. It has only one course director now and the number of small group sessions has diminished. It is recommended that this course be removed from the list of required courses that have to provide narrative assessments.

A motion by Dr. Monaco to remove Profession of Medicine: Patients, Physicians and Society course from the list of required courses for narrative assessment was seconded by Dr. Mullersman and unanimously approved.
10. **Discussion: MSEC Meetings - 2015-2016 frequency and/or duration**

As shown with last month’s meeting and today’s meeting we are not getting through the full agenda in some meetings. In anticipation of next year’s major task of reviewing the curriculum as a whole, we need to discuss providing more time for MSEC meetings. Two options were discussed. One is to increase the MSEC meetings to twice a month and the other is to extend the length of the monthly meetings, to begin at 3:30 pm and end at 6 pm. The monthly subcommittee meetings and working groups need to be taken into consideration when making the decision. The consensus of the committee was that extending the monthly meeting time was the preferred approach.

**Beginning in July 2015, the MSEC meetings will begin at 3:30 pm and run to 6:00 pm., on the 3rd Tuesday of each month, for 2015-2016, unless otherwise identified.**

11. **Standing Agenda Item: Subcommittee, Working Groups & Technology Updates**

Cindy Lybrand provided a brief update to a previous conversation about a conference room and technology needed for teaching in that room. In looking at all the options, Biomedical Sciences wants to keep the room as a conference room. Dr. Hagg has been given a proposal to enhance the technology in the room. Dr. Monaco will continue to bring his laptop until such time when the technology in the room changes.

Reminder: the next MSEC meeting in June will be an MSEC Retreat, beginning 11:30 am with lunch, followed by the Annual Meeting, beginning at 3:00 pm in the large auditorium.

**Adjournment**

The meeting adjourned at 6:08 p.m.

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**Upcoming MSEC Meetings**

**Tuesday, June 16, 2015 – Retreat (12:00-3:00 PM) and Annual Meeting (3:00-5:00 PM)**

**Tuesday, July 21, 2015 – 3:30-6:00 PM**

**Tuesday, August 18, 2015 – 3:30-6:00 PM**

**Tuesday, September 15, 2015 – 3:30-6:00 PM**

**Tuesday, October 20, 2015 – MSEC Retreat – 11:30 am to 5:00 pm**

**Tuesday, November 3, 2015 – 3:30-6:00 PM**

**Tuesday, December 15, 2015 – 3:30-6:00 PM**

**Tuesday, January 19, 2016 – MSEC Retreat – 11:30 am to 5:00 pm**

**Tuesday, February 16, 2016 – 3:30-6:00 PM**

**Tuesday, March 15, 2016 – 3:30-6:00 PM**
Tuesday, April 19, 2016 – 3:30-6:00 PM

Tuesday, May 17, 2016 – 3:30-6:00 PM

Tuesday, June 14, 2016 – MSEC Retreat – 11:30 am to 3:30 pm
Tuesday, June 14, 2016 – Annual Meeting – 3:30-6:00 pm