



**Medical Student Education Committee**

**Minutes: April 17, 2018**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, April 17, 2018 in Classroom C-002 of Stanton-Gerber Hall.

**Attendance**

**Voting Members**

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Russell Brown, PhD  
Thomas Ecay, PhD  
Steven Geraci, MD  
Russell Hayman, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Mark Ransom, MD  
Rob Schoborg, PhD  
Amanda Stolz, MD  
Omar McCarty, M4  
Hunter Bratton, M2  
David Cooper, M3

**Ex Officio Voting Members**

Rachel Walden, MLIS

**Ex Officio Non-Voting Member**

Kenneth Olive, MD, EAD

**Non-Voting Members & Guests**

Robert Acuff, PhD  
Jennifer Gibson, MD  
David Wood, MD

**Academic Affairs Staff**

Lorena Burton  
Mariela McCandless, MPH  
Cathy Peeples, MPH

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Shading denotes or references MSEC Concurrence and/or Action Items

**1. Action: Approval of Minutes from March 20, 2018 & Special Meeting of April 3, 2018**

Dr. McGowen opened the meeting at 3:30 pm. The March 20, 2018 minutes were revised to reflect corrections to minor grammatical concerns that were identified. There were no changes identified for the April 3, 2018 minutes.

Dr. Geraci made a motion to accept the March 20, 2018 minutes with changes. Dr. Brown seconded the motion. MSEC unanimously voted to accept the March 20, 2018 minutes.

Dr. Brown made a motion to accept the April 3, 2018 minutes as presented. Dr. Schoborg seconded the motion. MSEC unanimously voted to accept the April 3, 2018 minutes.

*The March 20, 2018 and April 3, 2018 minutes are shared with MSEC members via a One Drive document storage option.*

The following announcements were made:

Everyone will receive an invitation to a one-half (1/2) day faculty development workshop, delivered by Amy Johnson with the ETSU Center for Teaching Excellence. The workshop is being planned for June with the invitation asking you to confirm your attendance. This will ensure sufficient participation for the workshop.

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On June 12, 2018 at the Annual MSEC meeting, Dr. Bobby Miller, Vice Dean for Medical Student Education at Joan C. Edwards School of Medicine, Marshall University, will speak about Marshall's curriculum change process after an LCME visit and probation status.

The MSEC meeting dates for 2018-2019 have been published and distributed. They are available on the MSEC webpage.

MSEC decided on the formation of an Ad-hoc subcommittee to look at the College of Medicine Grading system. Dr. Rob Schoborg will chair this Ad-hoc committee. Members are Dr. Jerry Mullersman, Dr. Ivy Click, and MSEC student member, Hunter Bratton.

The subcommittee plans to return their findings and recommendation(s) in October 2018.

Dr. Olive reminded MSEC that the LCME site visit dates of October 27-October 30, 2019 have been confirmed. Formation of the task force has begun with chairs being confirmed for the five (5) self-study subcommittees. Once this is completed, members of the subcommittees will be identified. We have received the updated LCME Data Collection Instrument (DCI) and made assignments for the writing of parts of the DCI. The goal is to have this completed this summer so that parts of the DCI can go out to the self-study subcommittees when they start meeting in late summer/early fall. The Independent Student Analysis (ISA) is in the process of being administered. MSEC student member, David Cooper, confirmed receiving the ISA notification about two (2) weeks ago.

### **2. Report/Action: M1M2 Review Subcommittee - Dr. Robert Acuff, Chair presenting: Biostatistics, EPID, EBM 2016-2017 & 2017-2018 – Dr. Jerry Mullersman, course director**

Dr. Acuff made the following comments related to the course report:

Dr. Mullersman stepped in as the course director for the fall 2017 delivery of the course. The subcommittee has no long-term recommendations for MSEC, but does have two (2) short-term recommendations:

- Change the course name to Clinical Epidemiology and Biostatistics and increase the course credit to two (2) credits.
- Map the course learning objectives to the Institutional Educational Objectives (IEOs) and include in the course syllabus to the students.

Dr. Acuff noted that Dr. Mullersman stated he would have the course objectives mapped to the IEOs before delivery of the next fall course.

Dr. Acuff pointed out that during the course delivery, Dr. Mullersman offered extra course credit that was not identified in the course syllabus under grading components, but students took advantage of this which may have moved the grading curve up the scale rather than down. The subcommittee suggests in place of the extra credit that small group homework opportunities be developed as well as spacing out the assignments over the length of the course.

MSEC questioned the working of the recommendation for Tegrity recordings and suggested changing it from “**ensuring** Tegrity lectures are available for all class sessions” to “**consider** making Tegrity lectures available for all class sessions”.

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Dr. Olive commented on the recommendation to increase the course credit hours and referenced the definition of a credit hour as being a class that meets for one (1) hour per week for fifteen (15) weeks and has two (2) hours of out of class activity.

The Biostatistics, EPID, EBM course had twenty-seven (27) contact hours in the fall semester and it would be considered appropriate to reflect the course as a two (2) hour credit course. Dr. Olive confirmed that a student's financial aid is not affected by changes in course credit hours, but rather it is based on a student's full- or part-time status.

MSEC discussed whether dropping the Evidence-Based Medicine (EBM) from the course title reflected a change in content of the course. Dr. Olive stated that "evidence-based medicine" was never intended to be part of the official name for the course but was informally added. The Curriculum Integration Subcommittee will identify where in the curriculum the Biostatistics, Epidemiology & Evidenced-Based Medicine thread is covered and will be reporting this back to MSEC. Dr. Acuff noted that Dr. Mullersman had requested the course name change to better reflect the epidemiology content being taught in the course.

Dr. McGowen asked MSEC to consider action on the two (2) short-term recommendations.

Dr. Abercrombie made a motion to change the course name to Clinical Epidemiology and Biostatistics and increase the course credit to two (2) credits. Dr. Geraci seconded the motion. MSEC unanimously voted to approve the motion.

The request to map course objectives to the IEOs is to be directed to the course director with the M1M2 Review Subcommittee monitoring the completion during the review of the course in 2018-2019. No MSEC action is required.

*The Biostatistics, EPID, EBM review report is shared with MSEC members via a One Drive document storage option.*

### **Neuroscience 2017-2018 – Dr. Eric Beaumont, course director**

Dr. Acuff reported that in addition to a thorough review of all course documents, the report reflects information from an in-depth conversation with the course director. There are two (2) short-term recommendations:

- Addressing the wet lab portion of the course to make it more meaningful and to compliment the didactic learning portion of the course.
- Review of class notes with teaching faculty and how they are meant to supplement and match the didactic part of the course.

The long-term recommendation is to:

- Continue to monitor the course's progress through annual and comprehensive reviews as a part of the M1M2 review subcommittee process.

The overall student evaluation of the course has improved this academic year with 3.81/5.00 (2016-2017 evaluation was 2.58/5.00) The QCOM NBME exam mean was 68.1, which was slightly above the National NBME mean score 67.3. The percentage of students at or above the National mean was 49.3%. It is noted that NBME scores for prior years are not comparable due to the changes in scales used from last year to this year.

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The delivery of the wet lab is changing to include, as a supplemental resource, an on-line virtual lab. MSEC noted that depending on the virtual system selected, there may be options for grant funds with assistance from Learning Resources to purchase virtual software and/or hardware. Dr. Olive noted that the Neuroscience course was awarded the *M2 Outstanding Course of the Year Award* at the 2018 Caduceus Award Ceremony.

Dr. Schoborg made a motion to accept the two (2) short-term recommendations as one (1) recommendation to the course director to address the wet lab portion of the course and make it more meaningful and complimentary to the didactic portion of the course and to review the class notes with teaching faculty to ensure they align with the didactic sessions.

The M1M2 Review Subcommittee will monitor the completion of the recommendation during the review of the course in 2018-2019. No MSEC action is required. Dr. Abercrombie seconded the motion. MSEC unanimously voted to approve the motion.

MSEC determined that the long-term recommendation was not needed as the course will continue to be monitored as prescribed in the Periodic Review and Comprehensive Review Policy – MSEC 0314-10.

*The Neuroscience review report is shared with MSEC members via a One Drive document storage option.*

### **3. Follow-Up/Discussion/Action: Rural Track Implementation in Doctoring I and II for Academic Year 2018/19**

Dr. Olive followed up on a prior MSEC request to identify how the Rural Track preclerkship courses would be identified with regards to the Doctoring I and II courses. Dr. Olive noted that with the fast-paced development of the Doctoring I course last year, it was difficult to manage the remote curriculum needs of the Rural Track Case-Based Learning component. Doctoring I now is better able to manage and incorporate the M1 Rural Track curriculum into the Doctoring I scheduling. The Doctoring II course scheduling for 2018-2019, based on what was learned with the scheduling of Doctoring I, is much further along and does include the Rural Track Practice of Medicine curriculum needs. Both Doctoring I and Doctoring II will include the Rural Track preclerkship courses (Case-Based Learning and Practice of Medicine) as well as the Rural Track clinical and community experiences.

Dr. McGowen asked for MSEC discussion and/or questions with none being received.

Academic Affairs Administration will coordinate the notification/confirmation of the Doctoring II course setup to include the M2 Rural Track components, credit hours, and student catalogue description(s) with Student Affairs/Registrar's office and New Innovations. The Doctoring II grading structure is yet to be confirmed by MSEC.

### **4. Update: Doctoring II Curriculum for Academic Year 2018-19**

Dr. Olive provided MSEC with an update to the planning and scheduling of the Doctoring II curriculum for 2018-2019. Dr. Patricia Amadio will serve as co-director of the course. The Doctoring II course will include the following components:

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Career Explorations II (CEII)  
Practice of Medicine (POM)  
Clinical and Community Experiences (CCE)

Content from Profession of Medicine:  
Global Health  
Health Care Systems/Health Care Reform  
Patient Safety/Quality Improvement  
Medical Rules and Regulations

New Content:  
Comprehensive Pain Management – ½ day workshop  
Domestic Violence added as a component to one case

In the academic year 2019-2020, Interprofessional Education will be incorporated and all students will be scheduled within the Doctoring I and II course time blocks.

The Doctoring II course will have one-hundred fifty (150) contact hours and carry (10) credit hours. The course will meet primarily on Tuesdays with approximately fourteen (14) hours of contact time scattered on other days of the week throughout the year (M2 course needs are being considered).

MSEC discussed the fourteen (14) contact hours that are not part of the Tuesday blocked time. Dr. Olive stated that some of the components will be held on days other than Tuesdays so RPCT students will be on campus to participate, e.g., Comprehensive Pain Management, Career Exploration II, etc. MSEC had no further questions.

Academic Affairs Administration will coordinate the notification/confirmation of the Doctoring II course setup to include course name, credit hours, student catalogue description(s) with Student Affairs/Registrar's office and New Innovations. The Doctoring II grading structure is yet to be confirmed by MSEC.

*The Doctoring II presentation document is shared with MSEC members via a One Drive document storage option.*

### **5. Discussion/Action: Medical Pathology I & II Course – One course name/identification**

Dr. Olive provided some background into the decision by MSEC in 2016 to combine and assign one course number to certain courses previously identified as fall and spring courses. Medical Pathology I - PATH 2311 & II - PATH 2312 remained separate courses. With the curriculum changes and all other courses being identified as a one (1) course over two (2) semesters course, it makes sense to merge the Medical Pathology I & II courses into one (1) course over two (2) semesters with one (1) course number. Dr. Earl Brown, course director, supports this proposal.

MSEC discussed whether there was a need to identify earlier in the year any academic difficulties that students may be having. Dr. Olive noted that in-progress grades are received for all courses; although action by the Student Promotions Committee does not occur for any of the courses until they are completed for the year.

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Dr. Abercrombie made a motion to change the two (2) courses to a single, two (2) semester course combining the Medical Pathology I and Medical Pathology II courses with one course (1) number to be identified by the Registrar's office.

The course will continue to use the A, B, C, D, F grading scale. This will be effective with the 2018-2019 academic year. Dr. Schoborg seconded the motion. MSEC unanimously voted to approve the motion.

Academic Affairs Administration will coordinate the notification/confirmation of the Medical Pathology course setup to include course name, course number, credit hours, student catalogue description, and grading structure with Student Affairs/Registrar's office and New Innovations.

### **6. Report: Curriculum Content Query Acute Care – LCME Element 7.2**

Dr. Olive delivered a content report on Acute Care. The content report was compiled after a search of the curriculum database for USMLE content links, a search of specific keywords, course syllabi and objectives, and available course didactic resources. The following courses and clerkships were identified with Acute Care coverage:

Physiology – Immunology – Microbiology - Clinical Neuroscience - Practice of Medicine  
Introduction to Clinical Psychiatry - Pharmacology – Pathology - Transitions to Clerkships  
Community Medicine Clerkship - Family Medicine Clerkship - Internal Medicine Clerkship  
OB/GYN Clerkship - Pediatrics Clerkship - Psychiatry Clerkship - RPCT Clerkship  
Surgery Clerkship - Critical Care Selective and Keystone course.

MSEC identified additional coverage related to acute care issues in the following courses and clerkships:

Anatomy & Embryology - Pharmacology - Transitions to Clerkships – Internal Medicine Clerkship and the Family Medicine Clerkship. MSEC suggested a request be sent to the course and clerkship directors asking them to identify if there is additional content covered by their didactic sessions that should be identified. The content report on Acute Care coverage will be updated based on responses received.

MSEC concurred that Acute Care content is adequately covered in the curriculum and with the additional identified content, the coverage is more than adequate.

*The Acute Care Content report is shared with MSEC members via a One Drive document storage option.*

### **7. Report: LCME Standards-Element Review – Element 8.2**

Dr. McGowen reviewed LCME Element 8.2 Use of Medical Educational Program Objectives (Quillen's Institutional Educational Objectives [IEOs]) to include the responsibilities designated to MSEC and the course and clerkship directors. In 2011, the College of Medicine was cited during the LCME site visit on this element, previously known as Standard ED-1. LCME determined that while the College of Medicine had established competency-based commencement objectives in outcome-based terms; course and clerkship directors did not systematically use these in the development of goals and objectives for all individual courses or clerkships. Since that time, the College of Medicine has worked very hard to make sure that the Quillen IEOs have been focused on and used to guide curriculum content.

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In January 2016, MSEC identified gaps related to fourteen (14) of the IEOs and put into place actions for the identified IEOs to guide curriculum content placement. As part of our Continuous Quality Improvement process (CQI), this element was looked at again to determine if the actions identified in 2016 had been completed and whether courses and clerkships were identifying curriculum content tied to the specific IEOs. This review determined that fifty-one (51) IEOs were well covered and assessed in the curriculum. Six (6) IEO's required follow up action: 3.10, 8.2, 8.3, 8.6, 8.7 and 8.8. Dr. McGowen reviewed each of the six (6) IEOs and the previously recommended action, as well as the updated/alternative recommendations and asked that MSEC be thinking about what action to take for each upon completion of the presentation to them. As part of the CQI process, Dr. McGowen summarized three (3) points:

1. Quillen's curriculum uses formally adopted IEOs to guide curriculum content, review and revise the curriculum, and are the basis for evaluating programmatic effectiveness.
2. The IEOs are effectively monitored and curriculum development employs them across the curriculum.
3. Fifty-one (51) IEOs are well covered and assessed in the curriculum and there are six (6) IEOs that require follow up and will need MSEC's identified action.

MSEC was asked to discuss and either endorse the action previously identified or provide new/additional action to be taken on the six (6) IEOs that do not appear to be employed across the curriculum. One option that MSEC may take is to decide that the IEO is not appropriate and should not be identified as a Quillen IEO and thus deleted from the list of IEOs. MSEC discussion included the following suggestions/comments/action:

### ***3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes:***

Consider rewording the text from "continually to periodic review" and change "implement to identify and apply" and then go back and look at the mapping. There was discussion that this objective may need to be combined with others or removed.

Dr. Geraci made a motion to have Administration revise the wording and then relook at the mapping and bring back to MSEC for follow-up. Dr. Moore seconded the motion. MSEC unanimously voted to approve the motion.

### ***8.2 Demonstrate healthy coping mechanisms to respond to stress:***

Follow up with Student Affairs to see how we might combine efforts to cover the IEO in the curriculum. MSEC agreed with this action.

### ***8.3 Manage conflict between personal and professional responsibilities:***

Combine IEO with portfolio assignment that covers IEO 5.2 and modify the assignment for next academic year. MSEC agreed with this action.

### ***8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system:***

The original action was to create new longitudinal elective opportunities. MSEC felt the opportunities that are being identified for Interprofessional experiences (IPE) are consistent with this IEO.

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Academic Affairs Administration offered to review how well the objectives for IPE match up with the leadership skills. Case-Based Learning and Anatomy Lab were offered as possible areas to review. The Surgery clerkship trauma simulation may be another area to review as well as the Advanced Cardiac Life Support (ACLS) training in the rural track clerkship and possibly Integrated Grand Rounds (IGR). Academic Affairs Administration will look at each of the identified courses/clerkships and report back to MSEC. **MSEC agreed with this action.**

### **8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease:**

IPE may address this. Previously, the action was to ask clerkships to identify foundational skills and assess in the clerkships using EPA 6, 11 & 12. Other possibilities were identified to include the communication component in the preclerkship courses and Family Medicine's OSCE.

Academic Affairs Administration will look at each of the identified courses/clerkships and bring a report back to MSEC. **MSEC agreed with this action.**

### **8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty:**

The Family Medicine (FM) OSCE and the Practice of Medicine (POM) oral exams should cover with the need for a student to practice formulating a differential diagnosis. Previously, MSEC identified the Transitions course as a means to introduce, but the Transitions course content continues to expand and adding more content might not be an option. Administration will follow up with Dr. Abercrombie to see if there are opportunities to incorporate the content into that which already exists. Follow-up will include FM and POM. **MSEC agreed with this action.**

Dr. McGowen stated Academic Affairs Administration will follow up and report back in future MSEC meetings on each of the IEOs discussed today.

*The presentation on LCME Element 8.2 is shared with MSEC members via a One Drive document storage option.*

### **8. Follow Up/Action: New M1M2 Attendance Leave Policy**

Dr. McGowen presented the proposed M1/M2 Attendance/Leave policy with the revised language recommended by MSEC to cover absences for family needs and to ensure the policy agrees with the Exam policy. The revised policy was sent to MSEC members for review prior to the meeting.

Dr. Geraci made a motion to accept the M1M2 Attendance / Leave Policy with the identified changes. Omar McCarty seconded the motion. MSEC unanimously voted to accept the policy.

*The M1M2 Attendance Leave Policy is shared with MSEC members via a One Drive document storage option.*

**The agenda was rearranged to accommodate guests who had arrived to deliver content for items 11 and 12 (not in that order).**



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### **12. Report/Action: M3M4 Review Subcommittee – Dr. David Wood, Chair presenting: Family Medicine (FM) Clerkship – Dr. Jason Moore, Clerkship Director**

The review of the FM clerkship identified that all clerkship objectives tie to the IEOs and are clearly listed in the syllabus. The content of the clerkship is appropriate and consistent with the stated goals.

The availability of inpatient and outpatient experiences is available and appropriately distributed. Multiple instruction and assessment methods are identified. Outcomes for the clerkship were identified. All students passed the clerkship.

Identified strengths were teaching efforts from faculty and residents, the availability of interprofessional activities, and the graded OSCE. Weakness identified the structure at the Kingsport site, which appears to be addressed with the addition of a co-director at the site who is available to the students and is providing a formal schedule and checklist of required activities.

The overall student evaluation score for the clerkship was 4.6/5.0 (2016-2017 evaluation was 4.5/5.00). MSEC had approved a waiver for the 2017-2018 academic year to allow FM to use the NBME subject exam as a 15% grading component, along with its 25% OSCE component.

For the 2018-2019 Transition Year, the FM clerkship has received MSEC approval to return to Aquifer FM cases (previously called fmCases) in place of the NBME subject exam as a 15% grading component along with the OSCE as a 25% grading component. The average numerical grade for students in the fall period of 2017-2018 was 90.52. The 2016-2017 year-end NBME report reflected a mean score of 73.4. The fall period of 2017-2018 reported 41% of students scoring at or above the national exam mean and 15% scoring at or below the 10th percentile.

There were no short-term or long-term recommendations identified.

MSEC accepted the 2017-2018 Family Medicine Clerkship Annual Review as presented.

*The M3M4 Review Subcommittee Family Medicine Clerkship report is shared with MSEC members via a One Drive document storage option.*

### **Internal Medicine (IM) Clerkship – Dr. Timir Paul, Clerkship Director, Dr. Rupal Shad, Associate Director**

The review of the IM clerkship identified that all clerkship objectives and their relationship to EPAs/IEOs are listed in the syllabus. The IM clerkship utilizes inpatient clinical experience and recently added two (2) weeks of subspecialty or ambulatory experience beginning with Period 4.

In addition, a new lecture was added to the curriculum titled, “Residents as Teachers” which educates both the resident physicians and medical students on their roles in medical student education.

Identified strengths were the attending physicians with regards to teaching and including students as part of the team. Students also felt there were a wide variety of clinical problems for them to encounter and that patient load was adequate for their education. UWorld-based quizzes received overall positive remarks, and the increase in the NBME shelf exam emphasized their value. Many of the weaknesses have already been addressed by the course director and associate-director.

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The overall student evaluation score for the clerkship was 4.2/5.0. The average numerical grade for students in the fall period of 2017-2018 was 91.96. The 2016-2017 year-end NBME report reflected a mean score of 74.8. The fall period of 2017-2018 reported 62.5% of students scoring at or above the national exam mean and 15.6% scoring at or below the 10th percentile.

There were no short-term recommendations, and the long-term recommendation to the course director was to continue adapting the current curriculum to fit the seven (7) week Transitional Year clerkship.

MSEC accepted the 2017-2018 Internal Medicine Clerkship Annual Review as presented.

*The M3M4 Review Subcommittee Internal Medicine Clerkship report is shared with MSEC members via a One Drive document storage option.*

### **Pediatrics Clerkship – Dr. Jennifer Gibson, Clerkship Director**

The review of the Pediatrics clerkship identified that all clerkship objectives and their relationship to EPAs/IEOs are listed in the course syllabus. The course has mapped its session objectives to the USMLE. The primary instructional methodology used is direct learning through clinical exposure/experience and from resident and attending physicians. Student self-directed learning is via the use of Pediatrics Program CLIPP case scenarios.

The clerkship continues to utilize and refine simulated patient encounters in the Sim Lab. The course director continues to follow up on the previous year's recommendations to obtain smaller clerkship group sizes to improve student patient contact opportunities by expanding clinical opportunities for increasing specialty sub-rotations and partnering with community pediatricians. A second recommendation to increase student access to and use of EHR systems (allow students to participate in note writing) has been largely resolved in the hospital setting.

Identified strengths of the clerkship were teaching faculty and residents and the variety of clinical experiences offered in the clerkship. Weaknesses identified the shortness of the clerkship, some difficulties with overcrowding in the outpatient clinic and some interactions between the NICU staff and students, which the course director has addressed and continues to monitor.

The overall student evaluation score for the clerkship was 4.3/5.0. The average numerical grade for students in the fall period of 2017-2018 was 90.35. The 2016-2017 year-end NBME report reflected a mean score of 76.7. The fall period of 2017-2018 reported 63.3% of students scoring at or above the national exam mean and 10.0% scoring at or below the 10th percentile.

The short-term recommendations to the course director were to continue to work with hospital staff (nursing, resident, attending, etc.) to establish an understanding of expected student roles and responsibilities and to continue to expand student access to and use of EHR systems within the clinical setting. The long-term recommendations to the course director were to continue to expand on clinical opportunities and promote student clinical independency by working to improve student-faculty and student-patient ratios.

MSEC accepted the 2017-2018 Internal Medicine Clerkship Annual Review as presented.

*The M3M4 Review Subcommittee Pediatrics Clerkship report is shared with MSEC members via a One Drive docent storage option.*

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### **11. Reports: Planned 2018-2019 Clerkship Transitional Year Changes**

**Dr. Olive presented the Transitional Year changes in the absence of clerkship directors for:**

**Community Medicine Clerkship Summary:** The clerkship will condense some community educational events but will keep clinical and preceptor time at the same percentage of time as previous years.

**Rural Primary Care Clerkship Summary:** The clerkship will be divided into two (2), five (5)-week segments. Community projects will be longitudinal projects across the year with all students at each site, working on the same project through the year. The same Aquifer cases (formerly fmCases) used for the Family Medicine clerkship will be incorporated. As with the family medicine clerkship (see below details for family medicine), the NBME subject exam will be replaced by the Aquifer Family Medicine exam.

**Psychiatry Clerkship Summary:** Some of the inpatient rotations, i.e., Woodridge (Spruce) will change from two (2) weeks to one (1) week in length. The didactic schedule will be decreased by one (1) to two (2) sessions. There will be no change to the grading components.

**Internal Medicine Clerkship Summary:** The clerkship will decrease the two (2) week subspecialty rotation to one (1) week subspecialty ambulatory rotation. The number of quizzes will decrease from five (5) to four (4). The NBME grading component will change from 35% to 30% and the faculty observation component will change from 35% to 40%.

**Surgery Clerkship Summary:** The two (2) week subspecialty rotations will be replaced by a case presentation by one of the specialty rotation physicians. The three (3) week rotations at two (2) of the three (3) locations (JCMC, HVMC, VAMC) will remain as is. Students will take call two (2) times during a six (6) week period. The NBME grading component will change from 35% to 30% and student presentations will change from 5% to 10%.

**Dr. Jason Moore presented the Transitional Year changes for:**

**Family Medicine Clerkship Summary –**Some of the didactic sessions will be eliminated and asynchronous cases will be used to maintain the clinical assignment time. The NBME subject exam will be replaced by Aquifer cases (formerly fmCases). The rehabilitation day will be removed as it is covered by an Aquifer case.

**Dr. Jennifer Gibson presented the Transitional Year changes for:**

**Pediatrics Clerkship Summary –** The number of required on-line CLIPP cases will increase from 6.5 to 8 to maintain content material that is presented. Weekly quizzes will be slightly longer to accommodate for one (1) less quiz. The weekly half-day will be lengthened to 5:00 pm to allow one (1) more lecture per week. Simulation sessions will remain at twice per rotation.

Clinically, there will be some loss of newborn nursery time and outpatient time – no student will have an outpatient/newborn sub-rotation on the last week of the clerkship when the NBME is offered and clinical time is abbreviated. Inpatient, NICU, and specialty sub-rotations will remain unchanged. The NBME grading component will change from 35% to 25% and the faculty evaluation component will change from 15% to 25%.

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### **Dr. Mark Ransom presented the Transitional Year changes for:**

**Obstetrics/Gynecology Clerkship Summary** –Changes to include combining the ambulatory week and OB Outpatient week with students participating in both private practice type clinics as well as larger GYN & OB clinics including High Risk Obstetrical Clinic and Diabetes High-Risk OB Clinic and Ultrasound.

The NBME grading component will decrease to 25%. Incorporation of UWise quizzes will become a 10% grading component. Different surgery opportunities will be made available. The mandatory weekend call has been dropped, but students can opt to be on-call on the weekend; details to be finalized. Changes in the required OB-GYN skills list are being finalized.

Dr. Olive thanked the clerkship directors for the thoughtful planning and documenting of changes they have planned in their efforts to be sure that the students have the best topic coverage during the shortened clerkship rotations in 2018-2019.

*Each of the Transitional Year Clerkship reports is shared with MSEC members via a One Drive document storage option.*

**The agenda returned to its original schedule with items 9, 10, and 13.**

### **9. Action: New Elective: RPCT: Clinical Experience in Belize**

Dr. Moore presented the proposed elective. This will be a two (2) week elective, with the first week being held in ETSU QCOM faculty offices and classrooms and will include student self-directed learning as students develop a formal community assessment report focusing on the demographics and health of patients in Belize. The second week will be at the Body and Soul Mission Clinic, Roaring Creek, Belize, in an outpatient/ambulatory setting.

Upon completion of the elective, the students will relate their experiences to the medical school at a lunch and learn or similar event. The elective is designed as a cross-cultural experience with focus on care in a resource-poor/underserved area of Belize. Responsible faculty are Joseph Florence, MD and Jason Moore, MD. The rotation will be offered during November 5-16, 2018, which coincides with fall break for the third-year RPCT clerkship. Third-year RPCT students are eligible to participate as are other Academic Health Science Center students and residents. The rotation is limited to four (4) students per preceptor, with a maximum of sixteen (16) students.

Dr. Abercrombie made a motion to accept the RPCT Clinical Experience in Belize elective as proposed. Dr. Monaco seconded the motion. MSEC unanimously voted to accept the RPCT Clinical Experience in Belize elective.

*The RPCT Clinical Experience in Belize elective is shared with MSEC members via a One Drive document storage option.*

### **10. Action: New Elective: Surgery: Plastic Surgery**

Cathy Peeples presented the proposed elective for the Surgery department. The elective will be split between an ambulatory site (16%) and an inpatient site (84%) in Kingsport, Tenn. The responsible faculty will be Dr. Jim Webb, a Ballad Health physician. The elective will offer one slot to be shared to both M4 students and M3 students as a Surgery clerkship subspecialty option.

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The elective is designed to help a student develop an understanding and expanded knowledge base of the anatomy, physiology, and treatment options for the most common plastic surgical problems. A fifty-five to sixty (55-60) hour work week is estimated.

Dr. Schoborg made a motion to accept the Plastic Surgery elective as proposed. Dr. Moore seconded the motion. MSEC unanimously voted to accept the Plastic Surgery elective.

*The Plastic Surgery elective is shared with MSEC members via a One Drive document storage option.*

### 13. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates

There were no additional agenda items identified.

Dr. McGowen recognized MSEC student member, Omar McCarty, for his commendable participation and activity in MSEC for the past four (4) years. Omar is graduating this academic year and beginning his residency. MSEC wishes him the best of luck in his future career.

The meeting adjourned at 5:20 p.m.

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### MSEC Meeting Documents

MSEC Members have access to the meeting documents identified above through a shared One Drive document storage option made available with their ETSU Email account and login. Quick access to the files can be made by clicking on the below link and opening the August 15, 2017 MSEC meeting folder. [https://etsu365-my.sharepoint.com/personal/mckinley\\_etsu\\_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents](https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents)

Select the “**new sign-in experience**” option and enter your ETSU email address and password.

If you are unable to access the One Drive link or have not set up your One Drive contact:

Matthew Carroll  
Instructional Design and Technology Manager  
Quillen College of Medicine  
[CARROLLMO@mail.etsu.edu](mailto:CARROLLMO@mail.etsu.edu)  
423-439-2407

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### MSEC Meeting Dates: \*

#### **NOT 3rd Tuesday –**

May 15, 2018 – 3:30-6:00 pm	Room C002
June 12, 2018 Retreat 12:00-3:00 pm	Room C003
June 12, 2018 Annual Meeting 3:30-5:00 pm *	Large Auditorium

#### **Academic Year 2018-2019 – Locations to be determined**

July 10, 2018 – 3:30-6:00 pm\*

August 21 – 3:30-6:00 pm

September 18 – 3:30-6:00 pm

October 16 – Retreat – 11:30 am-5:00 pm

November 13 – 3:30-6:00 pm\*

December 11 – 3:30-6:00 pm\*

  

January 15, 2019 – Retreat – 11:30 am-5:00 pm

February 19 – 3:30-6:00 pm

March 19 – 3:30-6:00 pm

April 16 – 3:30-6:00 pm

May 21 – 3:30-6:00 pm

June 11– Retreat 11:30 am-3:30 pm\*

June 11 - Annual Meeting - 3:30-5:00 pm\*