QUILLEN COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee - MSEC

The Medical Student Education Committee of the College of Medicine met on Tuesday, April 18, 2017 in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Attendance

Voting Members
Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Russell Brown, PhD
Patricia Conner, MD
Tom Ecay, PhD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Robert Schoborg, PhD
Jessica English, M4
David Cooper, M2
Hunter Bratton, M1

Ex Officio Voting Members
Tom Kwasigroch PhD

Ex Officio Non-Voting Member
Kenneth Olive, MD, EAD

Non-Voting Members & Guests
Robert Acuff, PhD, Surgery
David Wood, MD, Pediatrics
Teresa Stephens, PhD, Nursing

Academic Affairs Staff
Lorena Burton, CAP
Cindy Lybrand, Med
Mariela McCandless, MPH
Cathy Peeples, MPH

Shading denotes or references MSEC ACTION ITEMS

1. **Approve: Minutes of April 4, 2017**
   The April 4, 2017 minutes were approved with a change to page 2 regarding Dr. Ibrahim's role in Florida and page 6 clarifying Dr. Abercrombie's response to lab support in the Anatomy lab sessions.

Dr. Conner made a motion to accept the April 4, 2017 minutes with the clarifications identified. Dr. Johnson seconded the motion. MSEC unanimously approved the motion.

Minutes of the April 4, 2017 meeting are found in a link at the end of these minutes.

Announcements:

Dr. McGowen reported the first Faculty Development session was attended by thirty (30) faculty. A good discussion with positive feedback was received. Based on the response the sessions will continue to be delivered monthly going forward.

Academic Affairs Administration continues to meet with others as needed to identify implementation needs for the approved curriculum changes so that all parties involved and their concerns are addressed and that the curriculum changes move forward smoothly, i.e., Financial Aid, Transcripts, etc.

MSEC members were reminded to accept all MSEC calendar invites to ensure responses are received for all meetings.

Dr. Olive reminded MSEC of the Physician Wellness: Boundaries, Burnout, and the Physician Health Program which will occur Tuesday, April 25th, beginning at 4:30 pm, in the large auditorium. Dr. Baron will include information on how faculty may identify and address possible student and resident impairment.

Dr. Olive reported that after receiving the recommendation from the M1M2 Review Subcommittee concerning the Anatomy Lab staffing concerns, he sent an email to Dr. Hagg, Biomedical Sciences Department Chair. Dr. Hagg responded that he met with Drs. Kwasigroch, Abercrombie and Schoborg and they have developed short and long term plans for addressing the issue.

Jessica English, our M4 student representative will be leaving us after serving four years on the committee. MSEC applauded Jessica's service to the committee.

Cindy Lybrand noted that the Annual Meeting is being held on Tuesday, June 13, 2017, rather than the normal third Tuesday of the month. The MSEC Retreat meeting will begin at 12:00 pm (lunch 11:30-12:00 pm), followed by the Annual meeting at 3:30 pm in the large auditorium.

2. Approve: Holocaust Whispers; Lessons in Resilience Elective

Teresa Stephens, PhD, Assistant Professor, College of Nursing, shared with MSEC the background for a new on-line elective for the M1, M2, and M3 students titled: Holocaust Whispers: Lessons in Resilience. The elective would be graded Pass/Fail. Students who complete the course will have an opportunity to continue with research activities related to the course, to include international studies abroad launching in the summer of 2019. Goals of the course include examining first person accounts of Holocaust survivors to identify protective factors for dealing with extreme stress; developing a strategic plan to increase individual and team resilience; exploring concepts of advocacy, justice, ethics and leadership as applied to healthcare professional roles and responsibilities; and discussion of the healthcare profession's role and responsibilities in addressing human rights and justice. A separate traveling exhibit, called the *Deadly Medicine Exhibit*, a National Holocaust Survivor exhibit, planned for the ETSU Reece Museum will show-case pictures and a guest appearance of Holocaust family members. Students enrolled in the course will have a chance to participate in the presentation if desired. Dr. Stephens is available for any questions about the course and/or presentation by email.

MSEC discussed how the College of Medicine students would register for the course based on its start/stop dates. The Registrar's office will be contacted to identify the process to be used for this elective. The College of Medicine students would be added by the course director to the course's D2L site. Dr. Stephens noted that she has had interest from both medical students and faculty (taking as "not-for-credit" course) wanting to know how they can sign up for the course. Dr. Schoborg suggested Dr. Stephens speak with Mitch Robinson, the Cellular and Molecular course director, who may be interested in the research data and how it applied to his course content. All five of the academic Health Science colleges, Pharmacy, Nursing, Rehabilitative Health, Medicine, and Public Health may have students participating in the course, thus making it an interprofessional course.

Dr. Johnson made a motion to approve the *Holocaust Whispers; Lessons in Resilience Elective* for College of Medicine students. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

The Holocaust Whispers; Lessons in Resilience Elective is found in a link at the end of these minutes.

3. Report: M1/M2 Review Subcommittee Reports

Dr. Acuff presented the Cellular and Molecular Medicine course review. The M1 course is delivered in the fall semester by Dr. Mitch Robinson.

The course underwent a change about four years ago and continues to evolve in its delivery of content while receiving great reviews from the students. The course's overall evaluation rating was a 4.3/5.0.

The students' NBME exams placed at the 64th percentile. There are no short or long recommendations for the course and no changes are recommended for the course at this present time.

The course director commented on a need for more technical support for equipment during lectures and exams and access to the large auditorium for sectional exams as the teaching labs and classrooms are not adequate for the number of students testing. The review subcommittee hopes that when the Learning Resources technical support position is filled this will help to satisfy the course directors' need for technical support during lectures and exams. Dr. Olive noted it can be disruptive to make classroom switches for an exam, but we must sometimes do this when the NBME exams are given as the large auditorium is designed to meet the criteria for a testing center. Also, there are courses that require certain software which is installed in the large auditorium and therefore the course cannot relocate to another room. There was a suggestion to look at the Medical Library computer lab (basement area) as a resource for sectional exams. It is large enough to house all the students of a course.

The Review Subcommittee noted that the course's contact hours and the subcommittee calculation of hours differ and this may be due to how the hours are calculated (per student or per course delivery of materials). The hours are within the MSEC M1/M2 policy for student contact hours and there is no concern about the course's hours. The subcommittee recommends the calculation of course contact hours be one of the discussion topics at an M1/M2 Course Director Luncheon meeting.

Dr. Acuff noted that there is a substantiating documentation report available for review with all of the review subcommittees' findings for this course.

MSEC accepted the report as delivered with no actions required by MSEC.

Dr. Acuff presented the Rural Track M2 Fall Community Based Health Projects course, directed by Dr. Joe Florence.

There are no short or long term recommendations for MSEC to consider, but there are issues that that the review subcommittee presented to MSEC.

One issue regarded the interdisciplinary nature of the course which has been lessened with the withdrawal of the Nursing and Public Health students. A low to moderate number of students have expressed a level of dissatisfaction with the public health nature of the course.

The students continue to work in teams with community preceptors and on occasion a public health student is part of the community research groups, but the course no longer functions as it was originally designed around interdisciplinary students. But, by having the student continuing to work in teams with community preceptors to address a community's needs, the Institutional Educational Objective - *Interprofessional Collaboration* and *LCME Element 7.9* that uses the language "*curricular experiences include practitioners **and/or** students from the other health professions*", interdisciplinary nature of the course is being met.

Dr. Olive noted that this course is above and beyond that which the generalist track students are required to complete, essentially an enhancement course within the Rural Track program. It is beneficial to the Rural Track students as those in the MPH program receive credit for the course in the MPH program and there are valuable things they learn from the course, but there are no institutional objectives that rely solely on this course. The Rural Track will need to be careful about not "over-marketing" the interprofessional aspect of the course.

MSEC discussion included possibly speaking with Dr. Brian Cross, who is chairing the Academic Health Science Center initiative for Interprofessional Education for thoughts/ideas. It is important to not oversell the interprofessional aspect of the course and administratively the course director should be reviewing the course materials and available resources to better fit the structure of the course and student expectations.

Another concern identified by student comments was with regards to the research component of the course and students not feeling adequately prepared to complete research activities. MSEC noted that with the changes being made to bring the IRB/CITI training to the Doctoring course that this will help prepare students for research related activities.

Dr. Acuff also identified a concern from the course director regarding Rural Track students and the scheduling of other course exams on the COM campus. The course director requests that exams not be scheduled on the day after a Rural Track course date. For M1 students this would be no exams to be administered on Fridays and with M2 students this would be no exams administered on Wednesdays. MSEC discussed establishing set test dates and whether a policy needed to be drafted, but agreed there are a number of courses that would be impacted and each course's need should be identified. It was agreed that the discussion will be a separate agenda item for another meeting when impacts to all courses are identified and reviewed before any action is taken by MSEC.

Dr. Acuff noted that there is a substantiating documentation report available for review with all of the review subcommittees' findings for this course.

Dr. Moore made a motion to accept the report with the understanding that the course materials would be updated administrative to fit the delivery of the course and manage student expectations. Dr. Schoborg seconded the motion. MSEC voted to accept the report with Dr. Monaco abstaining from the vote.

The M1/M2 Review Subcommittee reports are found in links at the end of these minutes.

4. Report: Quarterly Outcomes Report

Dr. McGowen presented the Quarterly Outcomes report identifying five (5) benchmarks and the findings that had been reviewed by the Outcomes Subcommittee.

1. **Benchmark 1:** ***Courses with a ranking of greater than 20% student dissatisfaction rate overall for the course will be targeted for an in-depth review by the respective subcommittee.***

   The rating scale on the questionnaire used to extract information for this benchmark has been reformatted and thus the outcome measure will be adjusted to reflect the percentage of students who rank a course below a rating of three (3) on a five (5) point scale. One course, Clinical Neuroscience, fell below the benchmark, but MSEC is aware of the issues with this course, significant effort is being made toward improvement and the student rating of the course is trending up and will continue to be monitored. All other courses/clerkships ratings ranged between 3.59 and 4.88.

2. **Benchmark 2:** ***Medical Knowledge 1 & Patient Care 1: 95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME exams) for those courses which have mapped to the Medical Knowledge or Patient Care Domain Objective.***

   The source for the outcome was previously collected from the annual self-study forms, but when the form was revised, the question was inadvertently removed. The Outcomes subcommittee is requesting the question be added back in for 2017-2018. Data is available for the overall class average grade and distribution of A's that will be used for the remainder of the academic year.

3. **Benchmark 2: Medical Knowledge:** ***50% of students will score at or above the national mean on NBME subject exams.***

   The benchmark was met. Two (2) fall exams, Neuroscience and Cellular and Molecular Medicine met the benchmark. Neuroscience with 50% of students at or above the mean and Cellular and Molecular Medicine with 60% of students at or above the mean.

4. ***Medical Knowledge 5: Fewer than 10% of students will score at or below the 10th percentile on any NBME exam.***

   The benchmark was met. Anatomy was 4.2%; Cellular and Molecular Medicine was 5.5% and Neuroscience was 7.5%.

5. ***Personal and Professional Development 2: 90 % of students will report being at least adequately prepared to recognize and address personal stressors and/or academic challenges during medical school.***

The benchmark was met. The data source is from the Keystone Course evaluation that asks students how well prepared they felt they were to recognize and address personal stressors and/or academic challenges during medical school. 95.15% of the students responded "Well Prepared or Adequately Prepared" and 4.83% responded "Not Well Prepared".

Rural Track Benchmark Update: the database is not yet available to track and gather information for developing this benchmark.

Outcomes Subcommittee provided the following 2016-2017 USMLE data to MSEC:

Step 1: 99% pass rate with mean of 230. Last year: Quillen 99% pass rate with mean of 230; National 96% pass rate with mean of 229

Step 2 CK: 97% pass rate with mean of 237. Last year Quillen: 94% with mean of 237; National: 96% pass rate with mean of 242

Step 2 CS: 97% pass rate: Last year Quillen 100%; National 97%

The Outcomes Subcommittee report is found in a link at the end of these minutes.

5. Report: M3/M4 Review Subcommittee

Dr. Wood presented the **Psychiatry Clerkship** annual course review. The clerkship director is Dr. Merry Miller.

The Psychiatry clerkship is a six (6) week clerkship. The review is based on the course director's self-study, syllabus, NBME scores, and student evaluations. The overall student evaluation of the clerkship was very high 4.58/5.0. Students in particular identified the strong faculty involvement and dedication to teaching. The majority of constructive feedback discussed issues which are temporary and mentioned in Dr. Miller's self-study. The clerkship is comprised of about 50% inpatient experience, 10% outpatient experience, 15% case based learning and a variety of things fill up the remaining 25% including self-directed learning and a required research project. The NBME is 35% of the grade, clinic evaluation/observation is 40%, the in-house exam is 15% and the research project is worth 10% of the grade. All delivered documents show a well-managed clerkship which is enjoyed by the students.

Short Term Recommendations:

1. The review subcommittee recommends further refinements to the curriculum that would lead to improved student performance in the content area of "mechanisms of disease" as reflected in the NBME.

Students did well on the NBME with only one area where they scored lower - Mechanisms of Disease (biological basis for mental illness).

Dr. Olive commented on the Mechanisms of Disease rating and after looking at prior years of NBME reports, this is the first time that performance in this area has been below that of the other areas.

2. The review subcommittee recommends continued monitoring of the outpatient component of this clerkship to insure that students receive adequate exposure to this aspect of practice. There is a limited outpatient experience available to the students, partly due to construction being done on that area of the work location, but there is concern that there is not sufficient outpatient experience. Dr. Wood expressed a concern that our outpatient resources need to be expanded in all areas as Medicine is moving to more outpatient versus inpatient services.

Dr. Bird commented on the outpatient experience and how difficult this is to schedule with the student being present. Patients are not always comfortable with different students coming in every week – the patients need continuity with those who are treating/working with them.

3. The review subcommittee recommends continued monitoring of efforts in expanding exposure to various fields of psychiatry as well as the role of psychotherapy in treatment.

Dr. Bird commented that it is challenging to include the students in Psychotherapy sessions. Dr. Bird agreed that the recommendation to expose students in various fields of psychiatry, including psychotherapy treatment should continue to be explored.

Long Term Recommendations:

1. The review subcommittee encourages MSEC to facilitate, as appropriate, any broadening of the scope of this clerkship that could expose students to other areas of the practice of psychiatry.

See discussion under Short Term Recommendation #2 and #3.

Dr. McGowen asked for clarification of the short and long term recommendations and if they were specific recommendations for MSEC to act upon or reflected concerns to be discussed with MSEC. The difference would be whether MSEC needed to take action and look for follow up at a later time from the clerkship director or whether MSEC needed to discuss and offer options for resolution. Dr. Wood stated he would speak with the course director to be sure she was aware of the concerns delivered to MSEC.

Dr. Abercrombie made a motion to accept the Psychiatry Clerkship annual report as delivered with the recommendations to be discussed with the Psychiatry Clerkship Director. Dr. Schoborg seconded the motion. MSEC unanimously accepted the report.

Dr. Wood presented the third year **Transition to Clinical Clerkships** annual course review. The course is directed by Dr. Caroline Abercrombie.

The course is a three (3) day intensive course to prepare the incoming third year students for their clerkship rotations. It covers a wide variety of knowledge, procedures, skills, including HIPAA training and suturing.
The subcommittee found that the course met its objectives, it used a number of teaching methodologies to improve the student's knowledge, including small and large group discussion, case based learning, lecture, simulation lab, hands-on, and independent learning.

The students complete an evaluation each day of the course and each day is very full of multiple teaching sessions for the students. The assessment methods used in determining a pass/fail grade is varied and include participation, clinical document review, clinical performance checklist with documentation of procedures/diagnosis, oral patient presentation, and institutionally developed exam. The overall student satisfaction of the course was 4.44/5.0.

Short Term recommendations:
The pre-course work to be completed by the students is high, but Dr. Abercrombie is already working to streamline the pre-course work. Students with MAC laptops had trouble accessing some videos and this is being looked into to prevent like problems in the future. Dr. Abercrombie found a work-around for those students with the MAC laptops by offering an ETSU workstation for viewing. There were a few scheduling issues with all the multiple sessions and this too is being reviewed for ways to eliminate future issues. Facilitators of course sessions (close to fifty [50]) are going to be receiving multiple reminders of their session dates and times.

Dr. Hayman noted that the course director addressed the major issues identified in the short term recommendations in her self-study and she continues to work towards resolving any identified issues with delivery of the course in June 2017. Dr. Hayman thought MSEC should discuss the long term recommendation and consider it for future scheduling.

Dr. Abercrombie noted that with some of the changes being made in the delivery of content she has been able to pull some of the large group discussions and create smaller group sessions, i.e., 30-minute sessions which take less time for delivery and open up time for coverage of material. What has helped the most was to move course materials that required some type of pre-work to a Wednesday (versus a Monday or Tuesday) delivery and this opened additional evenings for students to complete the pre-work.

Long term recommendations:
The committee recommends considering adding time to the course to allow for the multiple presentations. This may need to be a full week course. This is something that MSEC should keep in mind in future planning.

Dr. Olive spoke to the long term recommendation of lengthening the course. That would mean adding curricular hours or taking hours from another course and giving them to the Transition course. The OSCE occurs the last two days of the same week as the Transition course - lengthening Transitions would necessitate moving it to somewhere else in the curriculum. Some of the content from this course may be able to be moved to the Doctoring II course which will be developed in 2018-2019, making sure there are hours in the Doctoring II course to do so. There are changes that can add time to the Transition course, but the changes will have an impact on other courses.

Dr. Abercrombie stated that she thought the students would be happy with spreading the Transition course over a five (5) day period versus three (3) days. Ms. Peeples noted that the required Wellmont computer training is held on Thursday and Friday when a student is not participating in his/her OSCE. Dr. Moore asked about changing the OSCE to another time in the curriculum, possibly just prior to the Step 1 study period.

Dr. McGowen summarized the issues raised and the apparent consensus that MSEC was not ready to make a recommendation regarding change to the length of the Transition course and that the Doctoring II course curriculum needs to be first identified. Dr. Olive added there are a number of changes already being planned for the course delivery in June 2017 and that MSEC should wait to receive the student evaluation /comments of the course before taking action to change the delivery length of the course.

Dr. Schoborg made a motion to accept the Transition to Clinical Clerkships annual report as delivered to MSEC. Dr. Conner seconded the motion. MSEC voted to accept the report with Dr. Abercrombie abstaining.

The M3/M4 Review Subcommittee reports are found in links at the end of these minutes.

6. Report: LCME Standard/Element Review: 9.1 & 9.7

These particular LCME Elements had previously been presented to MSEC, but there is new information in the Data Collection Instrument (DCI) that is worthwhile to review, especially in light of the policies being reviewed today which reinforce our adherence to the LCME Elements.

9.1 Preparation of Resident and non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

Supporting Data

Table 9.1-1 asks us to list each course or clerkship where residents, graduate students, fellow other non-faculty instructors (identify type of instructor) teach medical students and how the objectives of the course or clerkship are provided and teachers oriented.

This is going to be primarily the clerkships. Dr. Hayman noted that on occasion the graduate students participate in the laboratory teaching for the Microbiology course. Dr. Schoborg confirmed with MSEC that this would pertain to medical students acting in a teaching role. They too, would be considered non-faculty instructors. Dr. Johnson identified that there are fourth year medical students teaching in Cellular and Molecular Medicine and Physiology. It was also identified there are some post-doctorate fellows teaching in Neuroscience.

Table 9.1-2 asks us to briefly summarize the preparation program(s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is sponsored by the department or the institution, whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom.

Narrative

Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.

It is not believed that at this time we have any GME level institutional policies regarding the participation of residents.

b. Describe how data provided by medical students on the quality of resident teaching are used to improve the quality of resident teaching and/or supervision.

We receive information on resident teaching from the clerkship evaluations and when there are issues identified it is distributed to the program director. We probably have not used the data in designing the teaching programs. We do not currently have institutional level, but rather department level programs that prepare residents.

c. Describe any institution-level and department-level programs that prepare graduate students or postdoctoral fellows to teach or assess medical students.

We do not have information on graduate students or post doctorate fellows teaching and/or supervising and this is an area we need to review.

Survey Report Guide and Team Findings

Summarize how the medical school monitors that residents and other non-faculty instructors receive the objectives of the course/clerkship where they will teach.

a. Briefly describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students. How is participation in institution-level and department-level development activities tracked at the institution level?

We still have some work to do in this area. We are doing central monitoring of *Residents as Teachers*. Cathy Peeples maintains on the Shared T drive, receipt of clerkship documentation where training of *Residents as Teacher* is held in each clerkship. The documentation includes the date, attendee names, and the content delivered.

b. Describe how data provided by medical students on the quality of resident teaching are used to improve the quality of resident teaching and/or supervision.

Again, we receive information on resident teaching from the clerkship evaluations and when there are issues identified it is distributed to the program director. We probably have not used the data in designing the teaching programs.

9.7 Formative Feedback and Assessment

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

Supporting Data

Table 9.7-1 asks us to provide both the school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they received mid-clerkship feedback in the following clerkships.

Our data for 2016 shows we have done pretty well. Our school percentage ranges from 98% to 100% with the national data ranging from 91% to 98% in each clerkship. Our documentation reflects the mid-clerkship feedback is being delivered in all of the clerkships. We are running a little bit above the national average.

Table 9.7-2 asks us to provide information from clerkship evaluations for the most recently-completed academic year and/or the independent student analysis on the percentage of respondents who agreed/strongly agreed (aggregated) that they received mid-clerkship feedback for each listed clerkship. We will need to specify the data source.

The GQ is one data point and they also ask for specific school data points. We do not ask this question in our clerkship evaluations so we will need to include this question in the Independent Student Analysis.

Table 9.7-3 asks that we provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum (typically years/phases one and two).

This is asking about pre-clerkship formative feedback and the mechanisms used. This table will list every pre-clerkship course, how long it is, and the types of formative feedback given.

Narrative

a. Describe how and by whom the provision of mid-course/clerkship feedback is monitored within individual departments and at the curriculum management level. For courses and clerkships of less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

We do monitory mid-clerkship feedback at the institution level through New Innovations. We do not monitor pre-clerkship feedback at the central level. We know the courses are giving exams, but we do not do any central monitoring of this. We do not have any courses/clerkships that are less than four (4) weeks in duration, other than electives.

b. Describe information from the independent student analysis, course/clerkship evaluations, or other measures regarding medical students' perceptions of the utility of mid-course/mid-clerkship feedback and its relationship to the criteria used for summative grading in courses/clerkships.

Supporting Documentation

We will need to provide a copy of our institutional policy or directive requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

College of Medicine's policy is being reviewed today by MSEC.

Survey Report Guide and Team Findings

How and by whom is the provision of mid-course or mid-clerkship feedback monitored within individual departments/disciplines and at the curriculum management level?

a. For courses and clerkships of less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

We do not have courses/clerkship less than four (4) weeks, other than electives.

b. Using data from Table 9.7-3, summarize the mechanisms used to provide formative feedback to students in the pre-clerkship portion of the curriculum.

c. Summarize data from the ISA on respondent satisfaction with the amount and quality of formative feedback in the pre-clerkship (e.g., first and second) years of the curriculum and in the third year. If there are data from other sources on the utility of mid-course/mid-clerkship feedback, summarize that as well.

The LCME Standard/Element Power Point presentation is found in a link at the end of these minutes.

7. Approve: MSEC Policies

Dr. McGowen introduced the draft policies for MSEC review. Each policy addresses one of the LCME Elements reviewed by Dr. Olive.

Preparation of Resident and Non-Faculty Instructors is a new policy addressing LCME Element 9.1.
The policy was sent to MSEC for review prior to the meeting. It address the preparation of resident, graduate students, postdoctoral fellows and other non-faculty instructors for their role of supervising or teaching medical students in the medical education program. Dr. McGowen asked if there were questions or areas of the policy needing to be discussed before MSEC took action on the policy.
There was a question when developing the policy about trying to set expectations that were realistic and can be accomplished by the courses and clerkships.

Dr. Johnson and Dr. Schoborg discussed whether there should be limitation on the number of teaching sessions post doctorates and students deliver during the year. Faculty need to be responsible for the material covered. MSEC concluded that this would not be covered under this policy.

Jessica English, MSEC student member stated that most teaching within the clerkships occurs with the residents and students and the residents need to be prepared for this role.

Dr. Monaco spoke to the pre-clerkship phase where advanced medical students teach other medical students. The teaching medical students (normally M4s) would need to be aware of the course objectives and the teaching session objectives. The course director would be responsible for identifying how the students are being prepared with their information.

It was clarified that medical students normally come in for a particular activity and no student would be coming in to speak to a class of students without having first met with the course director and discussed the material being taught and the objective of the teaching session. Medical students would fall under a Non-Faculty Instructor role. Jessica English noted that the student as teacher preparation occurs in the Integrated Grand Rounds sessions where selected third and fourth year students participate in teaching and are provided with material before-hand covering the material being presented.

Dr. McGowen noted the policy includes a much more explicit list of items identified for the Resident Instructors compared to Graduate Students/Postdoctoral Fellows and Non-Faculty Instructors because this is where the majority of the teaching occurs. The policy leaves the instructor preparation for Graduate Students/Postdoctoral Fellows and Non-Faculty Instructors to the course director because of the varied teaching frequency and methods of instruction for this group of teacher types.

Dr. Schoborg asked if in the policy there could be links to specific policies, guidelines or documents that are to be reviewed which provides a reference for delivery and later referenced by the course director and/or teacher type.

Dr. McGowen addressed the annual reporting of the training sessions that need to occur and what information will need to be provided by courses and clerkships. A form has been developed in Academic Affairs for this purpose and includes:

- Date and length (hours) of the preparedness and informational session(s)
- Topics covered in session(s)
- Attendee names and titles
- Plan for makeup session(s) of those unable to attend

It is envisioned that on a yearly basis the course/clerkship director will deliver instruction to the teaching instructors they employ for their course/clerkship and document the delivery of this instruction.

Dr. Olive identified that some of this may be able to be handled at an institutional level. The College of Medicine is in the process of recruiting an Associate Dean of Graduate Medical Education (GME) and institutional level programming for residents as teachers has been an area discussed with candidates. The department level instruction will need to continue with specific course/clerkship objectives being identified.

Dr. Ecay asked that review of the Honor Code be included as a separate bullet item or rolled into the first bullet with a separate link.

Dr. Abercrombie would like to see something on feedback and how to give feedback. Dr. Moore stated that feedback by residents is done on a daily basis. The honor code comes up rarely, but mention of it is beneficial. We need to be careful about listing too many items and selecting only those that are obtainable.

Dr. Wood noted that there may be on-line modules that could be reviewed and drawn upon for training sessions with residents.

Dr. Hayman asked if the annual reporting could be included on the annual self-study form. Dr. Olive noted that for clerkships this would not work as the attendee names and titles need to be provided.

The preclerkship courses who have Graduate Students/Postdoctoral Fellows/Non-Faculty Instructors in a limited way may work. It might be that a check-box could be included that identified that training was done.

Dr. Olive confirmed that the current report is not required for both courses and clerkships (to include 4th year courses) then the self-study question(s) would probably work for the M1/M2 courses and the report form could be updated to reflect only clerkships and 4th year courses.

Dr. Ransom asked about make-up sessions and documenting of such session(s). Dr. Moore stated that in Family Medicine the Power Point delivered to the residents is sent to those unable to attend and the residents are required to attest to receipt of the information and that they have read and understand their teaching role.

Dr. McGowen summarized the changes recommended to the draft policy to include:

- Reference to the Honor Code
- Skills related to Resident Teachers (feedback) is important, but the first sentence under Resident Instructors states a "teaching preparedness session is to be held" and including a feedback skills module could be part of the preparedness session. **There is no need to add a separate bullet.**
- A question is to be added to the annual Self-Study form for the M1/M2 courses to verify teaching preparedness session(s) are held with Graduate Students/ Postdoctoral Fellows/Non-Faculty Instructors.
- Resident Instructors in Courses and Clerkships is to be used as the heading for Resident Instructors.
- The annual report form will be updated to identify it is for Course and/or Clerkship Directors with Resident instructors.

The draft policy will be updated with the recommended changes and brought back to the May 2017 MSEC meeting for review and approval.

Formative Feedback MSEC 1016-16 is a current policy with changes proposed to addresses LCME Element 9.7.
The policy was sent in advance to MSEC for review prior to the meeting. The changes proposed to the current policy are to update language pertaining to the LCME Standards/Elements and reflect further consideration of what is needed in the policy. Some of the changes include language to include pre-clerkship courses, especially in the identification of students **at risk of deficient performance or failure for any reason** (formal grades, professionalism deficiencies, etc.). Previously the language pertained to a student who had failed a course.

We now include that the student should receive **written communication** from the course director informing them of their at-risk status and **will identifying for them their areas of deficiencies**. The student (**those at risk or who have failed)** will be **required to schedule a meeting with the course director** to discuss and plan for addressing deficiencies.

MSEC discussed if a student does not come in to see the course director, the course director will complete a Professionalism Report on the student and that a copy of the written notification to the student is to be kept by the course direction for later reference. The determination of whether a student is at risk is to be determined by the course director.

Dr. Schoborg made a motion to accept the MSEC policy 1016-16 with the changes identified. Dr. Brown seconded the motion. MSEC unanimously voted to accept the policy.

Dr. McGowen stated that there will be additional policies brought to MSEC as LCME Standards and Elements are reviewed. This could include updating of prior policies drafting of new policies.

The Policies (draft and approved) presented today are found in links at the end of these minutes.

8. Update: New Innovations and Exam Soft Tagging Recommendations

Dr. McGowen reported that Rachel Walden and Nakia Woodward, Learning Resources, continue to work on a review of tagging standards and how best to implement. They hope to have a full report to present to MSEC in May.

9. Update: Resource Learning Position

All SKYPE interviews have been completed and final interviews with a decision on a candidate is pending.

10. Update: PD and PGY-1 Survey Status

Ms. Burton reported that all survey requests were sent out on April 7th with a return by April 28th date. The Program Directors received both an electronic and hard copy mailing, both of which contained the signed graduate's Release of Information wavier, a graduate photo and a blank survey form. The PGY-1 requests (graduates) were sent a request electronically. To-date the response by Program Directors has been favorable in comparison to years past. The PGY-1 response is slow in coming. A reminder to the PGY-1 residents has been sent.

11. Update: 2017 Match Results:

Cathy Peeples reviewed the QCOM 2017 Match Results by specialty giving total students, percentage of COM students matching and the percentage of National student matches for the primary care specialties:

Primary Care Specialties
Family Medicine 13 students/18.3% of COM students /11.6% of National students
OB/GYN 5 students/7% of COM students/4.5% of National students
Pediatrics 14 students/19.7% of COM students/9.5% of National students

Primary Care total 40 students/**56.3% of COM students/50.1% of National students** (COM definition of Primary Care does include OB/GYN).

Different Specialties
Anesthesiology 6 students/8.5% of COM students
Dermatology 3 students/4.2 % of COM students
Emergency Medicine 9 students/12.7% of COM students
General Surgery 2 students/2.8% of COM students
Ophthalmology 2 students/2.8% of COM students
Orthopedic Surgery 1 student/1.4% of COM students
Pathology 1 student/1.4% of COM students
Psychiatry 3 students/4.2% of COM students
Radiation Oncology 1 student/1.4% of COM students

Specialty total 28 students/**39.4% of COM students**

- There was 1 unmatched student in the primary match due to being off-cycle, but the student obtained a strong surgery preliminary position through SOAP.
- Three of the graduates did not participate in the Match due to health, family, or planned fellowship activity for the next year. All participating graduates did match in the 2017 Match.

MSEC asked about the number of residency positions available and Dr. Olive provided data to include the numbers for total applicants, positions available, match rates for US seniors, available positions in SOAP, and the total unmatched U.S. seniors with unmatched post-SOAP.

The 2017 Match Results presentation is found in a link at the end of these minutes.

12. **Standing Agenda Item: Subcommittees, Implementation Groups & Technology** Updates:
Dr. Olive stated he had received an email that the IRB/CITI training module for medical students has been set up and will be available with the new academic year for our use.

The meeting adjourned at 5:30 pm.

MSEC Meeting Documents

Window users will connect to the files in the Shared T Drive at:T:\Shared\Curriculum Management\MSEC Meetings; Membership;Subcommittees\MSEC_Minutes; Documents

For MAC users you will need to connect to the ETSUFS2 server and then navigate to the T:\Shared folder and then navigate through to the Curriculum Management\MSEC Meetings; Membership:Subcommitteess\ MSEC Minutes; Documents

1. April 4, 2017 MSEC Minutes
2. The Holocaust Whispers; Lessons in Resilience Elective
3. Cellular and Molecular Medicine Review Subcommittee Report
4. Rural Community Health Projects Review Subcommittee Report
5. Quarterly Outcomes Report
6. Psychiatry Clerkship Review Subcommittee Report
7. Transition to Clinical Clerkships Review Subcommittee Report
8. LCME Standard/Element Review 9.1 & 9.7 Review
9. Policy: Preparation of Resident and non-Faculty Instructors – New Policy
10. Policy: Formative Feedback and Assessment MSEC 1016-16
11. 2017 Match Report Power Point – Word Document

Upcoming MSEC Meetings

Tuesday, May 16, 2017 – 3:30-6:00 pm
Tuesday, June 13, 2017 – **Retreat** 11:30-3:30 pm/**Annual Meeting** 3:30-5:30 pm
*Note not on the 3rd Tuesday of the month due to holiday scheduling

LCME Timeline

2015-2016 – Comprehensive review of curriculum
2016-2017 – Develop / implement curricular changes
2017-2018 – Academic year reported in LCME Self-study and DCI
Fall 2019 – LCME accreditation Site Visit