



**Medical Student Education Committee - MSEC**

The Medical Student Education Committee of the College of Medicine met on Tuesday, April 4, 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  
Tom Ecay, PhD  
Stephen Geraci, MD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Mark Ransom, MD  
Omar McCarty, M3  
David Cooper, M2  
Hunter Bratton, M1

**Ex Officio Voting Members**

Rachel Walden, MLIS

**Ex Officio Non-Voting Member**

Kenneth Olive, MD, EAD

**Non-Voting Members & Guests**

None

**Academic Affairs Staff**

Lorena Burton, CAP  
Cindy Lybrand, MEd  
Cathy Peebles, MPH

Shading denotes or references MSEC ACTION ITEMS

### **1. Approve Minutes of March 21, 2017 – Announcements**

The March 21, 2017 minutes were approved with one correction: on page 9, Dr. Gibson was incorrectly listed as a member of Implementation Group 1. She is a member of Implementation Group 2. The minutes had been distributed in advance as part of the E-mail meeting reminder sent on Thursday, March 30, 2017.

Dr. Monaco made a motion to approve the March 21, 2017 minutes with one change to the Implementation Group identified for Dr. Gibson on page 9. Dr. Johnson seconded the motion. MSEC unanimously approved the motion.

*Minutes of the March 21, 2017 meeting are found in a link at the end of these minutes.*

Dr. McGowen reminded MSEC of the additional meeting on Tuesday, April 18, 2017. There were a larger number of topics for MSEC to review and act upon recently and addressing these required more than one meeting.

Dr. McGowen also reminded MSEC of the Faculty Development session being held on April 12, 2017 from 3-4 pm in C-0002, titled *Basic Medical Science Course Directors in an Integrated Medical Curriculum*. Dr. Olive sent an email to faculty approximately two weeks ago, providing the presentation details. The webinar is delivered by Dr. Stanley, a Physiologist, from Arizona College of Medicine. Its' content is pertinent to clinicians as well as Basic Scientists as the theme covers how an integrated curriculum needs to be delivered with clinical context. MSEC members are encouraged to attend. It is important that MSEC understand and begin to gather ideas for the sharing of foundational information. MSEC asked if the webinar will be available after delivered. Dr. McGowen confirmed this would be the case.

Dr. Olive reminded MSEC of the presentation to faculty titled: *Physician Wellness: Boundaries, Burnout, and the Physician Health Program*, which will occur Tuesday, April 25<sup>th</sup>, beginning at 4:30 pm, in the large auditorium. It is being presented by Michael Baron, MD, MPH, Medical Director of the Tennessee Medical Foundation/Physician Health Program. Dr. Baron will include information on how faculty may identify and address possible student and resident impairment. Faculty are encouraged to attend.

Cindy Lybrand pointed out that COM has one of its former graduates speaking today, Dr. Ibrahim, a trauma physician, who was on duty at the time of the Florida night club shooting last year and assisted with treating those injured. A flyer for the event was provided to MSEC.

### **2. Update: Physical Therapy/Neuroscience Course**

Dr. McGowen noted that one of the discussions MSEC had involved how the curriculum changes might impact the ability of the Physical Therapy (PT) students to participate in the Neuroscience course. Dr. Olive and Dr. Beaumont, Neuroscience course director, recently met with Dr. Trish King and another Physical Therapy Neuro specialist to discuss how the College of Medicine's rescheduling of courses would affect PT students. They discussed what the PT students need to get from the Neuroscience course and gave some

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consideration as to whether the Neuroscience course could cover topics early on that were more relevant to the medical students and that PT students would not need.

It was identified though that the early topics were foundational to what PT students learned later in the course. Dr. Beaumont had some thoughts about not beginning the Neuroscience course at the very beginning of the semester, which would allow the PT students to come on board at a time they normally begin their semester and not miss any of the topic material being delivered in the Neuroscience course. This will have to be scheduled with the other M2 courses in mind. Dr. Beaumont is working with Dr. Schoborg and Dr. Hayman to align the Neuroscience course with the PT student needs. Dr. King is aware that the PT students may have to begin their semester earlier and felt this could happen if PT had sufficient advanced notice. They could work around this change. The changes to the M2 schedule would not occur until the 2018-2019 semester. Dr. Olive stated the conversation was good and allowed Dr. Beaumont to meet and talk personally with the PT representatives.

### **3. Report: LCME Standard-Element 7.3 Scientific Methods and Translational Clinical Research**

Dr. Olive reviewed the LCME Element 7.3. It had been reviewed in the past with MSEC, but there is additional information from the Data Collection Instrument (DCI) and the Survey Report Guide & Team Findings that gives additional insight to what we will be asked to respond to by LCME. The Element was also part of a discussion at the last MSEC meeting.

Element 7.3 states:

*The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).*

In summary, students should take data, work with it, and draw some conclusion based on the data. They also need to be instructed in the basic scientific and ethical principles of clinical and translational research, including the way it is conducted, evaluated, explained to patients, and applied to patient care.

The Data Collection Instrument (DCI) requires a response to the following:

- *List the course(s) that include instruction in and assessment of content related to the scientific method.*
- *Include hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or to experimentally study biomedical phenomena. Do not include laboratory sessions where the main purpose is observation or description.*
- *For each listed experience, include the format used for the exercise (e.g., hands-on laboratory sessions, simulations).*

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Assessment of the educational experiences, which may include hands-on or simulated exercises, is required. It does not include laboratory sessions where the main purpose is observation or description, thus the Anatomy Lab and Microbiology labs would not fulfill the intention of this element. There are some current situations in the Biostatistics and Epidemiology course where this is done.

- *List all required courses and clerkships that include formal learning objectives that address the basic scientific and ethical principles of clinical and translational research and the methods for conducting such research.*
- *Note the location(s) in the curriculum in which medical students learn how such research is conducted, evaluated, explained to patients, and applied to patient care and how students' acquisition of this knowledge is assessed.*

Dr. Olive identified courses and clerkships and the learning objectives that appear to be related to basic scientific and ethical principles of clinical and translational research. They included: Cellular and Molecular Medicine, Case Oriented Learning, Profession of Medicine, Biostatistics and Epidemiology, Physiology, Family Medicine Clerkship, Community Medicine Clerkship, Internal Medicine Clerkship, Pediatric Clerkship, and Psychiatry Clerkship. MSEC discussed whether the Microbiology course lab discussion and research of the “unknown” be a type of research activity versus an observation activity.

The Survey Report Guide & Team Findings will be responding to the following after speaking with administration, faculty, staff, and students:

- *Are there are formal learning objectives and experiences that address the basic scientific and ethical principles of clinical and translational research and the methods for conducting such research?*

The answer would be yes for College of Medicine. We do have objectives related to this Element in several places.

- *Summarize how medical students learn how such research is conducted, evaluated, explained to patients, and applied to patient care.*

Here is probably where we need more work. Explaining to patients and applying to patient care also needs more development and/or documentation.

- *How is content related to the scientific method taught and assessed?*

We must demonstrate we are assessing what is taught – not just have objectives, but assessing the student's understanding.

- *In the survey team's opinion, is the coverage of the scientific method sufficient to satisfy the element?*

The thought is that we have a reasonable starting point for “building on and getting to where we need to be” to satisfy this Element.

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#### **4. Implementation Group Reports/Recommendations**

##### **Doctoring Course Planning Group: CITI Training/IRB Training Information**

Dr. Olive clarified previous MSEC conversation regarding IRB training requirements to include:

- An ETSU user name or password is not required; anyone can complete the CITI training and have the results sent to ETSU.
- IRB considers the CITI training good for three (3) years, not two (2).

The CITI program has 100+ modules and the College of Medicine can have a set of modules tailored for student training that will meet the IRB requirements for certification. Dr. Olive identified the following modules and the learning objectives of each that may be considered reasonable to require of students completing IRB training/certification. The quizzes required to assess the student's completion of a module takes approximately 2 ½ to 3 hours and require an 80% overall passing score.

1. Belmont Report and CITI Course Introduction
2. History and Ethics of Human Subjects Research
3. Students in Research
4. Informed Consent
5. Cultural Competence in Research
6. Data Management
7. Overview of New Drug Development
8. Plagiarism
9. Peer Review

MSEC discussion included when was best to deliver the training; the thought before was prior to beginning medical school, but this would have to be discussed with those planning for incoming student training/orientation. MSEC suggested there may be an opportunity to break up the modules with some before medical school and others during identified courses or roll into part of the Doctoring course requirements. It seems that the requirements could become objectives for the Doctoring course and the quiz completion/passing would be the assessment for the objective(s). With regards to Element 7.3 Scientific Methods and Translational Clinical Research, the CITI training modules and their objectives and assessments could be referenced.

Dr. Abercrombie made a motion to send the nine (9) identified CITI training modules [rolled into one (1) IRB training module] to the Doctoring course committee for incorporation in the course's schedule. Rachel Walden seconded the motion. MSEC unanimously approved the motion.

Dr. Olive will ask IRB to develop the College of Medicine training program to include the nine (9) training modules: Belmont Report and CITI Course Introduction; History and Ethics of Human Subjects Research; Students in Research; Informed Consent; Cultural Competence in Research; Data Management; Overview of New Drug Development; Plagiarism; and Peer Review.

*The IRB list of CITI modules, learning objectives, and assessment is found in a link at the end of these minutes.*

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## **5. Reports: M1-M2 Review Subcommittee**

### **Gross Anatomy & Embryology, Course Director: Thomas Kwasigroch**

Dr. Acuff presented the Gross Anatomy & Embryology course annual review. Dr. Acuff clarified that the recent changes to the overall curriculum affecting both Gross Anatomy & Embryology and the Introduction to Physical Exam Skills are not reflected in the review reports. The reviews are based on the 2016-2017 structure of both courses.

The Gross Anatomy & Embryology course has done a very good job and the students are satisfied with the course. Some of the students report that they have not had enough time to completely absorb the course contents, but with the 2017-2018, M1 schedule some of the student's concerns may be able to be resolved. The course faculty should be very proud of the NBME scores this year which have risen from previous years. There are no short or long term recommendations to address. One issue that will be coming back to the course director's department chair is that there are not enough faculty members for the Anatomy Lab sessions. Students do not feel that they are receiving sufficient teaching support in their lab sessions. Dr. Acuff reminded MSEC that the M1/M2 Review Subcommittee completes a lengthy *Substantiating Documentation Report* (10-12 pages) for each course review and this is how any short or long term recommendations or issues are identified. This report is available for review by contacting the review subcommittee.

Dr. Abercrombie confirmed for MSEC that there is currently sufficient coverage for the PT Anatomy Course, which is half the size of the medical student course. This will be compromised with the loss of senior staff support who have been able to assist with instruction. Attempts to recruit faculty applicants within the Department of Biomedical Science, as well as current faculty willing to be trained, but these attempts have been unsuccessful and most new hires have had more of a focus in research. Current PT faculty are being recruited as well.

Dr. Olive will send a letter to the Biomedical Sciences Chair regarding MSEC's concern about the need for teaching faculty in the Anatomy Lab sessions. Dr. Monaco suggested Dr. Olive also speak with the Vice Chair of Biomedical Sciences regarding the need to recruit new faculty for both research and teaching needs.

The M1/M2 Review Subcommittee report for Gross Anatomy & Embryology was accepted by MSEC as presented.

### **Introduction to Physical Examination, Course Directors: Jason Moore and Peter Bockhorst**

Dr. Acuff opened by stating the course is well received by students. The course has consistently received a high overall evaluation from the students. The course is performing well. There are no short-term recommendations, but there is one long-term recommendation that MSEC needs to consider over time and with the development of the Doctoring course. The course directors recommend that the Introduction to Physical Exams Skills course be reformatted as an introductory course in the M1 year and as a longitudinal course over the M2 year. In review of the course it was found that some of the physical exams skills taught in the course are dependent on the Anatomy knowledge gained in the fall semester of the M1 year. Students would like more consistency across standardized patients in considering what is counted and what is not counted when students complete their exams.

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Course directors have attempted to give the students the maximum time allotted with the standardized patients as well as provide the standardized patients a complete training regarding what to watch for when a student completes a physical exam. There needs to be more training and utilization of our COM faculty within the course. The course has used outside faculty on occasion, but this cannot be depended on and the course needs to be more dependent on COM clinical faculty. Dr. Acuff reminded MSEC that the M1/M2 Review Subcommittee completes a lengthy *Substantiating Documentation Report* (10-12 pages) for each course review they complete and this is how any short or long term recommendations or issues are identified. This report is available for review by contacting the subcommittee.

Dr. Olive stated that the Doctoring I faculty committee has been discussing a basic physical exam boot camp for the beginning of the Doctoring I course. There are plans for the students to begin clinical physical exam activities early in the curriculum. Dr. Moore felt that if there were a 4-hour boot camp initially that some of the content could be divided into the fall semester to match up with the Anatomy course and some content could be delivered in the spring semester to match up with Cell and Tissue and Physiology courses, where it makes sense to do so. Some of the Case Oriented Learning cases delivered in the spring could use standardized patients rather than paper cases. The students would interview the patients rather than get the information from a paper.

Dr. McGowen noted that it sounded like the long-term recommendation from the review subcommittee is already being acted upon by the Doctoring course. Dr. Abercrombie wanted to confirm that the longitudinal portion of the course does transfer over to the Doctoring course.

Dr. McGowen asked for any further discussion and there was none.

The report was accepted by MSEC as presented.

### **6. Report: Curriculum Integration Subcommittee: Quality/Patient safety/High Value Care**

Dr. Geraci presented a thread report from the Clinical Integration Subcommittee for Patient Safety/Quality Control/High Value Care, the most recent thread adopted by MSEC. Earlier Dr. Mullersman, while heading the subcommittee, had begun the report. With his departure, Dr. Geraci has finalized the report. Dr. Geraci began with identification of two (2) documents, one being the *Summary of Curricular Thread Content* in the College of Medicine courses and clerkships which identifies what we are presently doing. The other being an *Impressions and Recommendations* listing. The hours provided in the summary document are based on content found in the course's scheduled delivery of content or based on course director input and best judgement from the curriculum documents found on the course's D2L site or other places. It is concluded that there are twenty-three (23) hours of content related to some aspect of Quality Care/Patient Safety/High Value Care. There was not a lot of hard documentation from the clinical rotations and the things that are done seem to be very specific to that rotation.

The specific deficiencies identified in the *Impressions and Recommendations* listing include: no formal documentation where students receive introductory lecture on tools and methods for quality assessment and improvement; nothing on interpretation of visual data to assess quality and areas for improvement; and nothing found on high-value care.



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Dr. Geraci walked through the full list of recommendations that are found in the document presented to MSEC. Overall, there are approximately six (6) hours with at least four (4) hours of content on high value care to be added to the M2 year to provide the basics of quality care/patient safety/high value care.

Dr. McGowen asked for confirmation that the recommendation for the additional six (6) hours would be housed in the Doctoring course and both Dr. Geraci and Dr. Olive confirmed this as well as confirmed that it would be effective with the M2 year in the 2018-2019 academic year. There could be some related movement of materials from the M1 year to the M2 year that would be effective in this 2017-2018 academic year.

Dr. McGowen asked for any further discussion and there was none.

The report was accepted by MSEC as presented.

*The CIS report is found in a link at the end of these minutes.*

### **7. Approval/Updates: MSEC Policies**

Dr. McGowen opened the discussion by stating that in some of the LCME Standards and Elements there is a requirement to be able to see the policy that supports what we do in the curriculum. Administration has been trying to go through the LCME Standards and Elements to be sure that we do have policies in place that cover the intent of the Standard and Elements. In January 2017 MSEC Retreat, members broke into groups and drafted policies for areas where there were none. We also need to be sure that we have policies that are effective and identify how we are measuring them. Today there are two (2) policies brought back to MSEC for review and approval.

#### **Approval: Fair and Timely Summative Assessment Policy– NEW policy**

Dr. McGowen introduced the new policy that expands the process we have had in place for some time for clerkship grades, but we did not have a process for preclerkship courses. Administration drafted a policy for MSEC to consider that would address the intent of the standard and be able to be monitored. MSEC asked what LCME would consider “timely” submission. Dr. McGowen stated this is six (6) weeks, but for clerkships this has been set sooner than that. For the preclerkship courses it was left at six (6) weeks and most preclerkship courses are turning in their grades sooner than that and there did not seem to be a need to set an earlier submission time.

Dr. McGowen asked for addition comments and none were identified.

Dr. Bird made a motion to approve the Fair and Timely Summative Assessment Policy. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

#### **Approval: Exam Question Rebuttals Policy – MSEC 1212-5**

Dr. McGowen introduced the policy that was intended to cover how student concerns about exam questions are handled and address student requests for changes to scoring.

Dr. McGowen stated that faculty have the responsibility to review questions and make changes as needed with each delivery of an exam, but this is independent of students requesting grade changes. The question now is -- does the existing policy language need to be updated to cover the Exam Soft process. MSEC reviewed the policy text and focused on the requirement for question vetting.



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MSEC discussed how many faculty members are needed to vet questions. Ms. Walden suggested that the wording be changed to “at least one other faculty member”. Dr. Olive noted he had previously sent an email to course directors asking them to vet their questions with other faculty members and would do so again if there is an issue with finding another faculty member to review exam questions. This could be identified again at the next Course Director’s meeting.

Dr. Monaco made a motion to approve the change to the Exam Question Rebuttals Policy to state “Course directors will be responsible for having exam questions vetted by at least one other faculty member prior to their use”. Dr. Bird seconded the motion. MSEC unanimously approved the motion.

*The Exam Question Rebuttals Policy and the Fair and Timely Summative Assessment Policy are found in links at the end of these minutes.*

### **8. Update: Additional Skill/Procedure – Interpret HIV Antibody and Viral Load Tests**

Dr. Olive has spoken with Dr. Aaysha Kapila, Internal Medicine Clerkship Director, and confirmed the additional skill/procedure titled: Interpret HIV Antibody and Viral Load Tests will be part of the Internal Medicine clerkship required skill/procedure listing for students beginning in the 2017-2018 academic year.

### **9. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates –**

MSEC asked for an update on the status of hiring a new learning technologist within Learning Resources. Ms. Walden stated the prior search had to be reopened when the original selected candidate decided to remain with his present position and did not accept the offer. The search begin again and just recently SKYPE interviews were completed and now a selection and offer will be made.

MSEC asked about the newer version of the response application software which utilizes clickers to answer questions. The software is quite good, and now is accessible with cell phones, but it was unclear who pays for the software and whether students must purchase the software to have it available for use. MSEC students confirmed that they must purchase on their own, but the purchase is good for two (2) years and runs about \$20 per year. Dr. Olive stated the cost is being built into the student’s financial aid package. Students will know to buy the software when they arrive on campus. Dr. Rusinol is developing a presentation on use of the new software.

The meeting adjourned at 5:00 pm.

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### 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:Subcommittees\MSEC Minutes; Documents

1. [Meeting Minutes of March 21, 2017](#)
2. [LCME Standard/Element 7.3 Scientific Methods and Clinical Translational Research](#)
3. [IRB/CITI Training Modules – Information](#)
4. M1/M2 Review Subcommittee Reports – [Gross Anatomy & Embryology](#) / [Introduction to Physical Exam Skills](#)
5. Curriculum Integration Subcommittee Thread Report – Quality/Patient Safety/High Value Care – [Impressions and Recommendations Listing](#) / [Summary of Curricular Thread Content in the COM](#)
6. MSEC Policies – [Fair and Timely Summative Assessment MSEC 0417-7](#) / [Exam Rebuttals MSEC 1212-5](#)

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### Upcoming MSEC Meetings

Tuesday, April 18, 2017 – 3:30-6:00 pm

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 3<sup>rd</sup> Tuesday of the month due to holiday scheduling

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### 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