



QUILLEN  
COLLEGE of MEDICINE  
EAST TENNESSEE STATE UNIVERSITY

## Medical Student Education Committee

### Minutes: August 15, 2017

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, August 15, 2017 in Classroom C-001 of Stanton-Gerber Hall.

#### Attendance

##### Voting Members

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Russell Brown, PhD  
Thomas Ecay, PhD  
Stephen Geraci, MD  
Russell Hayman, PhD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Robert Schoborg, PhD  
Hunter Bratton, M2  
David Cooper, M3

##### Ex Officio Voting Members

Joe Florence, MD

##### Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

##### Non-Voting Members & Guests

Robert Acuff, PhD  
Richard Feit, MD

##### Academic Affairs Staff

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

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Shading denotes or references MSEC ACTION ITEMS

#### 1. Approve: Minutes from July 18, 2017 Meeting

Announcements: Dr. McGowen introduced Dr. Colin Chesley, Department of Health Services Management and Policy (see link: <https://www.etsu.edu/cph/default.php>). MSEC received information from Dr. Chesley regarding a January 2017 conference titled *High-Impact Instructional Practices (CHIIPs)*. MSEC members were encouraged by Dr. Chesley to share the information with colleagues as well as attending and submitting proposals of innovative instructional methods employed within the College of Medicine (COM).

Dr. McGowen stated that she received a request for clarification on items in the July 18<sup>th</sup> minutes and proposed changes in text were made to clarify the content. Dr. McGowen asked for any additional changes to the minutes. None were received.

Dr. Johnson made a motion to accept the July 18, 2017 minutes with the identified text changes. Dr. Monaco seconded the motion. MSEC approved the motion with Dr. Abercrombie and Dr. Ecay abstaining from the vote.

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*The July 18, 2017 MSEC minutes document, with identified text changes, is shared with MSEC members via a One Drive document storage option.*

## **2. Report: M1M2 Review Subcommittee: Cell & Tissue Biology**

Dr. Acuff presented the Review Subcommittee's Annual report for the Cell & Tissue Biology first year course. The course director is Paul Monaco. There were no short term or long term recommendations for the course. The students' evaluation of the course was 4.60/5.00, an increase from 2015-2016 of 4.44/5.00. The course NBME mean was 57.7 compared to the national mean of 52.5. It was noted that the course received the Caduceus M1 Outstanding Course for 2016-2017.

MSEC was asked to clarify (the question has come up with other course self-studies) how contact hours are ascertained for a course and acknowledged that the question may have already been discussed with the course directors in other venues. Dr. Olive noted that the course hours spent by the teaching faculty in preparing and delivering course material differ from that spent by the student while completing required course assignment(s). The course hours requested on the self-study refer to the hours required by a single student for a course.

Dr. Schoborg motioned to accept the Cell & Tissue Biology Annual report as presented. MSEC voted to approve the report as presented with Dr. Monaco abstaining from vote.

*The Cell & Tissue Biology Annual report is shared with MSEC members via a One Drive document storage option.*

## **3. Discussion: Integrated Grand Rounds Sessions**

Dr. McGowen brought back to MSEC a discussion from the July meeting on the Integrated Grand Rounds (IGR) sessions and the M3/M4 students as mentors during the sessions. It had been identified that the M3/M4 students were being asked to serve in many areas, including IGR, which requires being excused from their scheduled rotation(s) for a period of time. These areas include: MSEC meetings, Review Subcommittee reviews, M1/M2 course(s)/lab session(s), simulation sessions, and Transition to Clinical Clerkships course. Discussion centered on the frequency of absence and the processes in place for student absence requests.

The IGR Steering Committee has reminded students that there is a process to request absence to participate in IGR that must be followed. IGR has sent letters to the clerkship directors identifying the dates that students may be asked to participate in IGR sessions. The clerkship coordinators will be added to the notification. Academic Affairs has notified the M3/M4 students of the required process and form to be completed for a requested clerkship/course absence. Clerkship and course directors are being reminded of the process to approve/deny all student requests based on the clerkship/course and student educational needs.

MSEC agreed that the steps being taken to notify and monitor future student requests for participation in any COM courses/clerkships/committee representation, etc., is sufficient and no further action is needed at this time.

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#### **4. Report: M1 Curriculum**

Dr. Schoborg presented a Power Point covering the curriculum changes for the M1 year and the planning that was involved in implementing the changes for the 2017-2018 academic year, to include lessons learned, i.e., start earlier with any curricular review process and benefits, i.e., colleagues got to know each other better and more integration/coordination of course content and exams.

*The M1 Curriculum Power Point is shared with MSEC members via a One Drive document storage option.*

#### **5. Discussion/Action: M1/M2 NBME Minimum % Grade Waiver**

Dr. Schoborg (representing the Biomedical Science course directors) asked for discussion and approval to a waiver regarding the required minimum NBME percent to be used in preclerkship courses for the 2017-2018 academic year because of the numerous changes being implemented. The current *NBME Policy for Pre-Clerkship Courses* states, "The NBME exam should comprise the same percentage of the total grade as a major sectional exam in the course." MSEC discussed the extended length of time the courses are now being delivered across, the difference of percentages used among courses for major sectional exams and the need to be consistent in the NBME exam percentage across all preclerkship courses. MSEC agreed that based on the curriculum changes introduced in the curriculum, a waiver may be warranted, but that a specific NBME percent is needed for consideration and approval/disapproval for the academic year.

Dr. Schoborg will go back to the Biomedical Science course directors and identify a minimum NBME percent they would like MSEC to approve for the preclerkship NBME exams for the academic year.

#### **6. Discussion/Action: Exam Policy Modification**

Dr. Schoborg asked for discussion and modification to the *QCOM Exam Administration Policy* that would require the students to use a COM provided dry erase boards and marker pen rather than a paper and pencil during an electronic in-house course exam equivalent to that used for NBME exams. Some course directors allow scratch paper during exams, but faculty do not approach this the same way. The current policy identifies those items that may be present during an exam (student ID card, computer and required cords, for an electronic exam, or a pencil, for paper based exam. Students may not have any other items in the seating area of the exam room). MSEC noted that all course directors are to adhere to the policy as it is difficult for course directors to enforce if the students are not being consistently monitored for adherence to the policy across different courses.

MSEC determined that there is no modification to the current *QCOM Exam Administration Policy* at this time. Course directors can provide dry erase boards and pens during an exam, provided they are collected and accounted for at the end of each exam session. Academic Affairs is able to provide dry erase boards and pens (provided they are cleaned and returned after each use). The discussion will be taken to a Course Director's meeting for input.

## **7. Report: LCME Standard-Element 8.3 – Curricular Design, Review, Revision and Content Monitoring**

Dr. Olive presented LCME Element 8.3 focusing on key points of the element, the related Data Collection Instrument (DCI) questions/tables to be completed in the self-study, and the Team Findings report questions that will have be answered during the site visit.

- The faculty of a medical school are responsible for ongoing review and updating of content.
- The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.
- Describe how and how often curriculum content is monitored.
- Describe the means by which curriculum content is monitored (e.g., through a curriculum database) and note the frequency with which monitoring occurs. List the roles and titles of the individuals who have responsibility for monitoring and updating the curriculum database.
- Describe who has access to the database.

*The LCME Standard-Element 8.3 Power Point is shared with MSEC members via a One Drive document storage option.*

### 8. Report: Curriculum Content Query on Professionalism & Ethics

Dr. Olive presented the Curriculum Integration Subcommittee's report on Professionalism and Ethics pointing out each COM course and clerkship where it was identified that the Professionalism & Ethics content was being covered (see charts). The content report contained both short term and long term recommendations for MSEC's consideration.

Year	Course / Clerkship	Depth / Hours	Content at Session Level: Query from New Innovations / data sources
M1	Orientation	Basic 1h	Student rights and harassment; HIPPA Modules Planned additions: IRB training <b>Assessment:</b> Quiz & certificate
	COL	Basic PBL? 10h	Multiple cases, dependent on student set learning objectives ( <i>suicide &amp; terminal dx's, Advanced directives, capacity, birth defects &amp; treatment choices, fetal assault, transplant list, pt non-compliance, genetic testing, refusal of treatment, cheating/honor code, STI's &amp; notification of others impacted, genetic/family counseling, pregnancy termination</i> ); Medical ethics panel; Human Sexuality Workshop & OSCE <b>Assessment:</b> Formative feedback
	Anatomy	Basic/ Intern Theme	HIPPA compliance; respect of patient's wishes & confidentiality; Team work <i>Mapped?</i> <b>Assessment:</b> Self-Assessment & Summative feedback
	IPES	Basic Theme	Attention to patient comfort <i>Mapped?</i> <b>Assessment:</b> OSCE; summative feedback
	Communication Skills for Health Professionals	Basic / Intern Theme ~9h	Patient-centered communication; empathy; <i>Delivering Bad News</i> (terminal dx, ELC discussion, disclosure of medical errors); <i>Domestic abuse, Interprofessional Communication</i> (Managing inter- and intra-collegial conflict, disclosure of medical errors). 3 – 3 hour small group sessions. <b>Assessment:</b> Formative feedback
	Biostats, Epi and EBM	1h	Research ethics <b>Assessment:</b> Case Assignment
	POM:PPS	Basic/ Intern Theme ~40h	Majority of sessions (see schedule): Intro to Medical Ethics/Ethics Cases; <i>Patient Centered Care, Medicine as a Profession, Cultural Issues in the Workplace &amp; Clinical Practice</i> ; <i>"Still Life: The Humanity of Anatomy"</i> film & discussion; <i>Personal Mission Statement, Developing a Professional Identity</i> , Community Outreach (fair, required exploration hours); <i>Principle of Social Justice &amp; Socioeconomic Determinants of Health + Adverse Childhood Exper</i> , <i>Intro to Medical Rules &amp; Regulations; Overview of Healthcare Reform, Medical Errors: Interdisciplinary Teams and Teamwork; Forms of Professionalism, Self-Awareness, Cognitive Errors &amp; Implicit Bias; Forms of Professionalism; Quality Improvement, Patient Safety; Introduction to Research Ethics</i> <b>Assessment:</b> small & large group discussions; quizzes; written assignment reflections; service learning project written assignment
	CMM	0	Germ Line Therapy & gene therapy ethics, 24andME and personal genomics are discussed, but ethical principles are not the focus (no objectives or assessment). <b>Assessment:</b> n/a
	Genetics	Basic ~1h / theme	Impact of genetic screening and counseling as related to diagnosis and management of disease <b>Assessment:</b> written exam
	Lifespan & Development	1h	End of life issues; Mandatory reporting, Obligations in child and elder abuse/neglect <b>Assessment:</b> written exam
M2	Pharmacology		Pharmaco-ethics discussed at times, but no session objectives or assessment. <i>PLUS17 identified, but recommend to remove by CD.</i> <b>Assessment:</b> n/a
	Intro to Clinical Psychiatry	3h	Transference and countertransference; Professional doctor-patient boundaries, and ways to recognize and address potential boundary violations <b>Assessment:</b> Written Exam
	Immunology	1h	Vaccination ethics, access to care (PL 17 tag recommend to remove by CD) <b>Assessment:</b> written exam

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Year	Course / Clerkship	Depth / Hours	Content at Session Level: Query from New Innovations / data sources
	Microbiology	Theme	Professionalism is part of the course (in the syllabus) and part of the student narrative. Ethics are only mentioned as a concern to be addressed when talking about treatment or care options, but not enough to be a course objective. <b>Assessment:</b> Narrative
M3 Clerkships	Transition to Clinical Clerkships	Theme 3h	Student rights and harassment module; Case-based HIPPA session; Informed Consent didactic session; Professionalism as a central theme <b>Assessment:</b> Quiz, participation; clinical performance
	Community Medicine	Theme 1h	<i>Community Medical Ethics</i> – case study presentations and discussion group with required Ethics & Cultural Competency Module <b>Assessment:</b> Case-based instructional learning; Discussion, small group
	Pediatrics	Basic Theme	Professional behavior; Adolescent consent & confidentiality. Sim Session 1, Practical Pediatrics Part 1 Lecture, Pulmonary Lecture, Febrile Infant case, Health Promotion Activity <b>Assessment:</b> clinical performance, narrative assessment, clinical documentation review/multiple source assessment; NBME, CLIPP Cases; pediatric jeopardy
	Psychiatry	Theme	Communication & boundaries; professional mistakes; inter-professional collaboration <b>Assessment:</b> clinical performance; oral patient presentation; participation
	Surgery	Theme	Professional behavior & communication; WISE MD on-line modules (colon cancer, diverticulitis, hypercalcemia, thyroid nodule, hernias, pancreas, trauma, best practices, foley catheter, suturing, knot, tying, ultrasound, thyroid, etc) <b>Assessment:</b> clinical performance; narrative assessment; oral patient presentation; participation
	OB/GYN	Theme	Elements necessary for informed consent; sexual abuse/assault didactic session; Multi fetal gestation/death didactic session <b>Assessment:</b> clinical performance; narrative assessment; oral patient presentation; participation
	IM	Theme	<i>Hospice vs. Palliative Care session?</i>
	FM	Theme	interprofessional team; Home Visit – lifestyle/culture influence on health; Biopsychosocial model; <i>End of Life Care session??</i> <b>Assessment:</b> clinical documentation review; multisource assessment; simulation self assessment
	Specialties	Basic ?	Ethics identified as reporting topic
M4	Keystone	Theme 5.5-10h	Applicable sessions: <i>Breaking Bad News to patients; Death Certification Workshop; Patient-centered Care; Personal Finance; Dealing with the Media; Secret to the Practice of Medicine; Physician/Patient Communication Tech Age; Palliative Care; "String of Pearls"</i> . Required topic sessions chosen by student, who must pick 1 session per topic. Relevant topics include: Physician Health, Ethical Issues, Culturally Competent Care, and Medical Jurisprudence. <b>Assessment:</b> Participation
M4*	Clinical Ethics and the Profession of Medicine Online Elective*	*	Boundaries, e-professionalism, professional behavior, spirituality & medicine, ethics committees, ELC, palliative care <b>Assessment:</b> discussion board participation; written assignment; final project
	Physicians and End of Life Care: Clinical and Cultural Issues, Online Elective*	*	End of Life care, assisted suicide, DNR, withholding/withdrawing care, boundaries, palliative sedation, helping patients prepare for end of life (documentation, resources available), hospice, futility, a "good death" <b>Assessment:</b> discussion board participation; written assignment; final project

\*Signifies optional courses/sessions not required of every student

Signifies content identified in mapping documents from previous, not confirmed as current content



**SHORT TERM RECOMMENDATIONS:**

- Continue with planned development of medical student CITI modules for IRB and research ethics introduction. Consider placement in the Doctoring I Course or with Pre-Matriculation assignments.
- Decision making capacity and introduction to **Informed Consent** should occur prior to the Transition to Clerkships Course since this is Step 1 content. Other than the basic introduction in a COL case on advanced directives, formal content could not be identified in the pre-clerkship years. The application of the content seems appropriate at the M3 level, but introduction to basic concepts should be placed earlier in the Doctoring I or II Course.

**LONG TERM RECOMMENDATIONS:**

- Ethics content should be more formalized across all four years to ensure consistent delivery.
- Instruction in medical ethics and human values *during* student participation in patient care is present, but is often done on a case-to-case basis, making it difficult to standardize and to ensure feedback is provided. More structured opportunities should be available for reflection and discussion of observed ethical or professional situations during the clerkship years to ensure the presence of mentoring opportunities for professional identity development.
- There appears to be overlap of content in multiple areas, specifically end of life care. The Doctoring Course should help align content, omitting redundancy and facilitating course directors with any staging of content.

MSEC discussed the report and the implications of the Doctoring I and II courses in addressing the recommendations.

Dr. Moore recommended adoption of the short term recommendations and acknowledgement that the long term recommendations were in progress and will be reviewed again with implementation of the Doctoring II course. MSEC accepted the report as submitted.

*The Curriculum Content Query on Professionalism & Ethics is shared with MSEC members via a One Drive document storage option.*

**9. Report: Clerkship Grade Turn-Around**

Cathy Peeples provided a report on the overall average number of days for clerkship grade turn-around during the 2016-2017 academic year. The goal for return of clerkship grades is 21 days. There were two clerkships with higher averages (26.13 and 17.63), but the overall was 19.03 days.

*The Clerkship Grade Turn-Around report is shared with MSEC members via a One Drive document storage option.*

**10. Report: Reflection of Curriculum Surveys**

Dr. McGowen provided background on the optional Reflection of Curriculum Surveys that are requested from the students between the end and start of a new academic year. Each class of students are asked to reflect on their prior year(s) and provide comment on each course and the overall preparedness they had for the next year. This is the third (3<sup>rd</sup>) year the reflection surveys have been requested/completed by COM students.

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- The class of 2020 had a 69% response rate with an overall rating of 3.80/5.00 for the M1 year.
- The class of 2019 had a 77% response rate with an overall rating of 3.48/5.00 for the M2 year. Their rating for preparedness for the M2 year based on the M1 curriculum was 3.82/5.00. Their rating for the preclerkship curriculum in terms of preparedness for Step 1 was 3.22/5.00.
- The class of 2018 had a 76% response rate with an overall rating of 3.95/5.00 for the M3 year. Their rating for preparedness for the M3 year based on the M1/M2 curriculum was 3.93/5.00.

MSEC discussed the information and its value in curriculum management. Individual reports containing student comments for each course/clerkship will be forwarded to the course and clerkship directors.

*The Reflection of Curriculum Surveys Power Point is shared with MSEC members via a One Drive document storage option.*

### **11. Report: Optional Electives Summary**

Lorena Burton presented an overview of the optional electives available to COM students to include course director, support, delivery times, student participation numbers and overall student evaluation of the course.

*The Optional Electives Summary is shared with MSEC members via a One Drive document storage option.*

### **12. Update: Clerkship Resident Evaluation by Students**

Lorena Burton presented the past academic year and current year to-date data for all clerkships representing where students have been asked to evaluate the residents they work with during their clerkship rotation(s). Per *LCME 8.5: In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.* The evaluation of residents is in addition to the students' evaluation of courses, clerkships and other teaching faculty and preceptors.

*The Clerkship Resident Evaluation by Students report is shared with MSEC members via a One Drive document storage option.*

### **13. Report: Y2 Questionnaire**

Dr. McGowen presented a Power Point highlighting the Y2 Questionnaire Quillen student responses in comparison to responses of all students nationally. There are a number of purposes the Y2 Questionnaire covers, to include identifying and addressing issues crucial to the future of medical education, related to medical education, exploring issues related to medical student well-being, provide data for benchmarking and program improvement, and emphasizing student stress, wellness, adjustment, career plans and the learning environment. MSEC noted areas where the responses of Quillen students suggested a need for follow-up as well as the areas where Quillen students reported satisfaction.



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*The Y2 Questionnaire Power Point is shared with MSEC members via a One Drive document storage option.*

**14. Approve: Proposed Clinical Pathophysiology M4 Elective**

Dr. Richard Feit, MD presented a new M4, two (2) week elective titled Clinical Pathophysiology. The goal of the elective is to provide a comprehensive review of functional cardiac anatomy and clinical cardiac pathophysiology. Students will participate in didactic sessions, simulation exercises, bedside diagnostic sessions, observe in the cardiac Cath lab and cardiac surgeries. The students will complete related case reporting and/or journal article and literature review. The course has identified objectives that relate to the COM Institutional Educational Objectives. Instruction and assessment methods have been identified. The course will open to student enrollment in the spring of 2018.

Dr. Johnson made a motion to approve the Clinical Pathophysiology M4 Elective. Dr. Abercrombie seconded the motion. MSEC unanimously approved the motion.

*The Clinical Pathophysiology M4 Elective is shared with MSEC members via a One Drive document storage option.*

**15. Approve: M3 Jr Clinical Experience Rotations**

Dr. Olive presented a proposal for a generic Jr. Clinical Experience description to be used for approval of those specialty rotations identified specifically for the Jr Clinical Experience rotations. The primary goal of the Jr. Clinical Experience is to expose students to a specialty they may be interested in pursuing to see if it is a good fit for them as a future career path. The rotations would be not be identified as selective and/or elective rotation options for the M4 students. The generic description includes learning objectives, settings for both inpatient/outpatient/both, expected activities to be performed, and instruction methods that may be employed. The student would be assessed with a clinical performance rating form.

Dr. Abercrombie made a motion to approve the generic Jr. Clinical Experience description format for identified specialty rotations not yet approved by MSEC. Dr. Moore seconded the motion. MSEC unanimously approved the motion.

*The M3 Jr Clinical Experience description proposal is shared with MSEC members via a One Drive document storage option.*

**16. Update: Step 1 and Step 2 performance**

Cathy Peebles presented the most recent Step 1 and Step 2 student performances. This is an interim report as the scores for all students are not yet available. MSEC will be kept updated as the performances of all students are reported.

	<b>Step 1 Class of 2019</b>	<b>Step 2 CK Class of 2018</b>	<b>Step 2 CS Class of 2018</b>
# in class	64	72	72
# taken exam	53	47	67
# scores reported	53	4	52
# passing	53	4	51
# failing	0	0	1
# remaining to take exam	11	25	5
<b>% passing</b>	<b>100</b>	<b>100</b>	<b>98</b>
Current Mean	237	246	

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**17. Standing Agenda Item:** Subcommittees, Implementation Groups & Technology Updates  
There were no comments received.

The meeting adjourned at 5:53 p.m.

### 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)

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

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### Upcoming MSEC Meetings

**MSEC Meeting Dates: \* NOT 3rd Tuesday – Class Room C001 Stanton Gerber**

September 19 – 3:30-6:00 pm

November 14, 2017 – 3:30-6:00 pm\*

January 16, 2018 Retreat 12:00 noon-5:00 pm

March 20, 2018 – 3:30-6:00 pm

May 15, 2018 – 3:30-6:00 pm

October 17, 2017 – Retreat 12:00 noon – 5:00 pm

December 12, 2017 – 3:30-6:00 pm\*

February 20, 2017 – 3:30-6:00 pm

April 17, 2018 – 3:30-6:00 pm

June 19, 2018 Retreat 12:00-3:00 pm & Annual Meeting 3:30-5:00 pm