



Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, December 6, 2016 at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Michelle Bird, MD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Robert Schoborg, PhD
Jessica English, M4
Omar McCarty, M3
Hunter Bratton, M1

Ex Officio Voting Members

Tom Kwasigroch, PhD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD
Tamra McKenzie, MD
Sarah T. Melton, PharmD
John Schweitzer, MD

Academic Affairs Staff

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

Shading denotes or references MSEC ACTION ITEMS

1. Approve Minutes of November 8, 2016 – Announcements:

The November 8, 2016 minutes were approved as drafted and distributed with the MSEC meeting reminder.

Dr. Geraci made a motion to approve the November 8, 2016 minutes to include action taken on the curriculum calendar revisions. Dr. Abercrombie seconded the motion. MSEC approved the motion with Dr. Hayman abstaining.

Announcements to MSEC:

- 1) Reminder and details of the MSEC Retreat in January 2017.
- 2) Dr. Jerry Mullersman, MSEC member and Chair of the M3/M4 Review Subcommittee has resigned from both positions due to the amount of time he will need to devote to the Pathology site visit coming soon. The Faculty Advisory Committee has been notified of a need to fill the MSEC vacancy and the Faculty Advisory Committee has a call out to faculty to fill the other MSEC vacancies that exist. The committee did not meet in November, but are scheduled to meet in December. A request to MSEC was reiterated for volunteers to fill either the M3/M4 Chair and/or Review Subcommittee membership vacancy (the Subcommittee needs to have at least one (1) MSEC member). Interested individuals are to contact Dr. McGowen as soon as possible.
- 3) Dr. Russel Hayman, PhD, was introduced as the newest member of MSEC, effective with today's meeting.
- 4) Dr. McGowen also introduced a guest, Dr. Sara Melton, PharmD, Professor of Pharmacy Practice at the Gatton College of Pharmacy, who had come as a guest to MSEC to present a proposed elective for medical students. MSEC attendees each introduced themselves to Dr. Melton.

Minutes of the November 8, 2016 meeting are found in a link at the end of these minutes.

*****Agenda modified from original distribution to allow delivery of the elective*****

4. Approve: New INDP Elective: Substance Abuse and Addiction in Appalachia

Dr. Melton presented a proposed interprofessional elective, *Substance Abuse and Addiction in Appalachia: Impacting the Community through a Vision of Change*. She stated that the elective course has been offered in the College of Pharmacy for the past five (5) years and is well received by students. Inclusion of medical students, along with nursing and public health is an important aspiration for the course. The course is able to accommodate 30-35 students total.

Dr. Melton reviewed the course's goal to be able to leave the program and be able to be **educators, assistors, and preventers of prescription drug abuse, especially in our underserved rural Appalachia area – to be agents of change.**

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Dr. Melton spoke to the detailed course description that identifies the objectives, schedule, and assignments/projects. The course meets in the early evenings of spring semester, on a once-a-week basis, and will be a Pass/Fail course for the medical students.

MSEC discussed those medical students that the course would be open to and felt that while the M1 and M2 students may have not begun and/or completed the Pharmacology course their exposure to drug abuse and addiction will assist with the Pharmacology course terminology and material delivered in the 2nd year spring semester. The M4 students would not be available for completion of the course as they would be involved with end-of-year residency placement/needs.

Dr. Abercrombie made a motion to approve the Interprofessional Elective titled: *Substance Abuse and Addiction in Appalachia; Impacting the Community through a Vision of Change* with student enrollment to include M1, M2, and M3 students. Dr. Monaco seconded the motion. MSEC approved the motion with one abstention.

The Substance Abuse and Addiction in Appalachia, INDP 8970 course description, is found in a link at the end of these minutes.

*****Agenda returned to original distribution for the remainder of the meeting*****

2. Update: Priority Action Items: Administrative & MSEC

Dr. McGowen provided an update to Administrative and MSEC assigned priorities (accomplished and pending) to include Priorities 1, 10, 12, 13, 14, 15, 16, and 18 as well as Institutional Educational Objectives (IEOs) 3.10, 5.2 and 8.3. IEO 2.6 has been deleted per MSEC action. There were no questions or discussion from MSEC.

The Priority Action Items document is found in a link at the end of these minutes.

3. Update: Administrative Phase Report

Dr. McGowen submitted an Administrative Phase Report as part of the Program Evaluation of the Curriculum to document our review of phases in the curriculum. The report summarizes the steps taken by MSEC that have captured phase reviews, including the process of program evaluation which looked at segments and phases of the curriculum, forming Working Groups to identify priority items that MSEC later prioritized for action, and Implementation Groups' recommending plans for accomplishing the priority items. In addition, MSEC evaluated curriculum benchmarks and policies.

The Periodic and Comprehensive Evaluation of Curriculum policy has been revised to explicitly outline evaluating phases of the curriculum from this point forward. There were no questions or discussion by MSEC.

The Administrative Phase Report is found in a link at the end of these minutes.

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5. Approve: Pediatric Inpatient Subinternship Selective

Cathy Peebles presented a request to approve a Pediatric Inpatient Subinternship selective. In the past the Department of Pediatrics had an inpatient rotation, but with recent MSEC actions for Subinternship rotations to be based on Entrustable Performed Activities (EPAs), the Pediatric Inpatient selective objectives were reviewed and revised and now meet the requirement for a Subinternship selective. This would make the rotation an additional option for the M4 requirement for completion of a Subinternship which now can be completed in either Internal Medicine or Family Medicine. The course is four (4) weeks in duration and has one available slot/position that will serve as both a selective and elective option. This will add approximately 6-7 slots/positions per year giving the M4 students additional options within the College of Medicine for selective and elective options.

Dr. Geraci made a motion to approve the Pediatric Inpatient Subinternship Selective as presented. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

The Pediatrics Inpatient Subinternship Selective course description is found in a link at the end of these minutes.

6. Report: M1M 2 Review Subcommittee Annual Review: Immunology

Dr. Acuff presented the M2 Immunology course annual review. Dr. Rob Schoborg is the course director. There was no short term or long term recommendations for MSEC. The course is a four (4) week course with a lot of material compressed into the delivery. The student evaluation of the course was 4.88/5. The course does not have an NBME subject exam, but the course director benchmarks the course against three (3) Immunology courses that are outside of Microbiology. The strengths of the course are that the course is student orientated and students are actively engaged. Dr. Schoborg has mapped the course and session level objectives to the Institutional Educational Objectives as well as the USMLE content outline. The Review Subcommittee's Substantiating document (documented review details) is available for MSEC review.

MSEC discussed a combined Microbiology/Immunology NBME subject exam and whether the exam scores could be extracted separately. If they could be extracted separately then combining the final exam for both courses was considered a good option, regardless of when in the curriculum each course is delivered. Dr. Schoborg pointed out the student's Microbiology and Immunology knowledge is tested on the CBSE and their performance in each is reported separately.

Dr. Olive asked for confirmation of the course name. In the catalog it is identified as Immunology and on the Self-Study is referred to as Medical Immunology. Dr. Schoborg stated that he has referred to the course as Medical Immunology upon receiving the course from the past course director and did not think about changing the title. Depending on action taken with the M1/M2 curriculum changes, Dr. Schoborg recommended consideration of combining the Microbiology and Immunology individual courses into one course within the 2nd year curriculum be considered.

Dr. Johnson made a motion to approve the Immunology Annual Review as presented. Dr. Moore seconded the motion. MSEC approved the motion with Dr. Schoborg abstaining.

The Immunology Annual review is found in a link at the end of these minutes.

7. Follow-up: Decision on M1/M2 and M3/M4 curriculum schedules

- **Academic Calendar 2017-2018**
- **M2 Preceptorship for 2017-2018**
- **Curriculum Retreat**

Dr. McGowen asked for a brief discussion/clarification on the decisions made regarding the M1/M2 and M3/M4 curriculum calendar schedules adopted and identified in the approved minutes for the November MSEC meeting. The M1 curriculum calendar schedule adopted will be effective with the 2017-2018 academic year. Because the changes to the M2 curriculum calendar do not start until 2018-2019, the one (1) week Preceptorship for the M2 class will be delivered in the 2017-2018 academic year. With regards to the change in the M1/M2 curriculum a course director retreat with M1/M2 course directors (many of who are also MSEC members) has been planned for an off-site venue in the near future (a date has yet to be confirmed) where they will be able to come together and discuss the various options for the preceptorship phase of the curriculum. The goal is for course directors to develop a schedule and identify a curriculum plan that will be the most workable for everyone and allow the MSEC adopted calendar schedules to operate smoothly. MSEC discussed what information would help them in terms of outcomes from the retreat to make decisions on future curriculum recommendations.

MSEC identified the following outcomes for the retreat:

- Specific content within a course and easy access to the curriculum content information.
- Groundwork for a curriculum that is more integrated and identification of long term (five [5] years from now) goals for the curriculum, i.e., curriculum structure options such as spiral, systems based, remain discipline based, combination, etc.
- Identification of courses that could integrate and what the course directors would do within their courses to reflect that integration.
- Students need to be involved in the retreat so that their perspective is included in the planning of the curriculum.
- All faculty that teach in any significant amount should be part of the retreat, not just the course directors. We need to learn from each other what is being covered and how the various faculty approach the material. We continue to have silos in our teaching of material within the courses.
- Awareness of how the curriculum content information is used and how each course's content relates to each other.
- Thread content information – to understand how the threads weave through the curriculum.
- Consideration of the course director's responsibilities and the changes that are being asked of them. Identification of the top three (3) needs and parcel out the needs.

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- A fall schedule in hand by February 2017. Orientation begins on July 17, 2017, for the M1 class.

Dr. McGowen asked if other outcomes come to mind that they be emailed to Dr. McGowen and/or Dr. Olive.

8. Information: Faculty Lead USMLE Review for Class of 2019

Dr. Olive reported that the class of 2019 has confirmed a preference for having a USMLE review and is working with Dr. Olive to identify dates for the review. Once a firm set of dates are in place Dr. Olive will go to the faculty that have participated in the review in the past and confirm their availability for the review. MSEC asked about the attendance in past years and it was confirmed that attendance is variable and often low, but those students who want the added review will be present. The reviews are optional for the students. The reviews may be recorded and available to the students for the year, but the student interaction (clickers and right/wrong answer discussions) is very helpful to the students.

9. Report: Step Score Summaries

Dr. Olive presented Step 1 and Step 2 scores. Student performance was very good this year. Step 1, Step 2 CK, and Step 2 CS Data scores along with Step 1 Subject Area Graphs (depicted in 1/10 deviation from the mean) for 2015-2016 and 2016-2017 were presented. A big improvement which can be attributed to student preparation, teaching, increased focus on NBME performance and standardized policies related to grading, and taking of CBSE in both the M1 and M2 years -- team work and continued quality improvement of the curriculum.

Omar McCarty, MSEC student representative, added that taking the CBSE twice in both the M1 and M2 years and seeing improvement in the second taking (CBSE 2) was encouraging and reassuring and became the basis for intensive Step 1 preparation, helping to focus on the areas that needed added study. The CBSEs are also a good preparation for integrated exams. The NBME subject exams are largely centered on one specific area so taking an integrated exam such as the CBSE gave you preparation for the Step 1 exam.

Repetition of taking electronic exams helps – there is a difference between reading from a sheet of paper and reading from a computer screen.

The Step 1, Step 2 CK and Step 2 CS Data scores and the Step 1 Subject Area Graphs for 15-16 and 16-17 are found in links at the end of these minutes.

10. Report: LCME Standard-Element Review – 6.1 and 6.2

Dr. Olive continued his review of the LCME Standards and Elements walking through the Description, Survey Team's Guide and Findings, Required Experiences, Supporting Data and Narrative Responses to be given. The elements reviewed today have to do with **program learning objectives (6.1)** and **required clinical experiences (6.2)**.

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Element 6.1 Program and Learning Objectives (note highlighted areas):

*The faculty of a medical school **defines its medical education program objectives in outcome-based terms** that allow the **assessment of medical students' progress** in developing the competencies that the profession and the public expect of a physician. The medical school **makes these medical education program objectives known to all** medical students, faculty, residents, and others with responsibility for medical student education and assessment. In addition, the medical school **ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known** to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.*

The following points were identified for MSEC's consideration with regards to Element 6.1:

- The curriculum needs to be able to define its curriculum objectives as well as the individual course objectives and they must be defined in outcome based terms so that you can see how students are doing and does everyone know about the objectives.
- The curriculum will need to identify the **general competency** expected of its graduates, the **related medical education program objectives**, and the **outcome measure(s)** specifically used to assess the students' attainment of each objective and competency. The College of Medicine has begun to define this and the information will continue to be refined over this next year. The portfolio pilot with our M3 class will confirm whether the use of portfolios is a viable assessment tool.
- The curriculum will identify how the current medical education program objectives were identified (developed), reviewed and approved. The College of Medicine previously had a set of program objectives based on the ACGME Residency Competency set which contained six (6) objectives that were adopted. The AAMC later published the Residency Competency set and upon review and a few minor modifications, the College of Medicine adopted the AAMC Residency Competency set as the Institutional Educational Objectives.
- The curriculum will need to describe the outcome measures we have identified and how they are linked to each medical education program objective to include how we ensure the measures selected are sufficient to allow judgement that each medical education program objective has been met.
- The medical education program objectives should be distributed through the medical student syllabi and posted electronically through the D2L course sites and New Innovations for the clinical clerkships.
- The course and clerkship directors should ensure that all faculty involved in student teaching are aware of the course objectives. This includes **residents as teachers** requiring a central monitoring process to be in place to confirm residents are aware of the course objectives within the clinical departments.
- The curriculum will need to describe how learning objectives for each required course and clerkship are disseminated to students, faculty, and residents that have responsibility for teaching, supervising, and/or assessing medical students in a course or clerkship.

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- The curriculum will need to provide details of the last review of the adopted medical education program objectives and how the objectives have been used as guides for curriculum planning and evaluation for student assessment.
- The curriculum will provide data from the Independent Student Analysis (ISA) on student satisfaction with the effectiveness of the educational program objectives to support learning.

In summary, the curriculum has come a long way with regards to how the objectives have been used as guides for curriculum planning and evaluation. Our course directors are much more aware that the individual course objectives need to be linked to the Institutional Educational Objectives and have done this, i.e., the Immunology course Annual Review reported by the M1/M2 Review Subcommittee reported this had been completed. All of the MSEC course and clerkships directors, who have completed the curriculum mapping process for their course/clerkship, have linked their course/clerkship objectives to the Institutional Educational Objectives.

Element 6.2 Required Clinical Experiences:

The faculty of a medical school defines the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

The following points were identified for MSEC's consideration with regards to Element 6.2:

- For each clerkship/clinical discipline within a longitudinal integrated clerkship we are required to list and describe each patient type/clinical condition, required procedure/skill, and clinical setting that our medical students are required to encounter, along with the corresponding level(s) with descriptors. We do have this list and are able to identify the specifics for each procedure and skill.
- For each required procedure/skill we are required to describe how the list was initially developed, reviewed and approved. Administration began with asking the course and clerkship directors which procedures and skills they thought appropriate for their courses/clerkships and brought this information back to MSEC who identified a few additional procedures and skills they felt were needed. The updates were taken back to the course and clerkship directors for implementation. Now, on an annual basis, the course and clerkship directors update the list and bring back to MSEC for approval.
- The curriculum will need to describe which individuals and/or groups developed a list of alternatives designed to remedy gaps when students are unable to access/perform a required procedure and skill. We have yet to describe an alternative procedure and skill process for MSEC to approve. There are some procedures and skills that are identified for completion in a simulation lab experience as an alternative.
- The curriculum will need to describe how the medical students, faculty, and residents are informed of the required clinical procedures and skills.

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The course/clerkship syllabi should be disclosing the required procedures and skills as well as have the information identified on their D2L sites, New Innovations, and at mid-clerkship reviews. MSEC faculty and student members confirmed they are using and seeing the required procedures and skills through use of these resources.

The presented review of Elements 6.1 and 6.2 (PowerPoint) is found in a link at the end of these minutes.

11. Report: Curriculum Integration Subcommittee Thread Update: Nutrition

Cindy Lybrand reported that the Nutrition Thread is fully implemented. The M1/M2 Nutrition Ad hoc group, led by Dr. Ecay, completed their work and no longer meets. The M3 students, while in their Community Medicine Clerkship, perform a nutritional assessment and OSCE. The next step will be to go back and “audit” what MSEC identified would be done to ensure all the components are being implemented and represented in all documentation for courses and clerkships and is searchable in the curriculum database. We have objectives, placement, assessments, and a searchable database. Dr. McGowen stated that the Ad hoc Nutrition group was a part of the Curriculum Integration Subcommittee, whose responsibility is to monitor the Thread reports and document any missing pieces of the documentation for each identified Thread.

12. Update AAMC Curriculum Inventory Upload

Cindy Lybrand provided a quick update and sample report from the Curriculum Inventory database which was uploaded to the Association of American Medical Colleges (AAMC) database. It is a snap shot of data that can be captured at the national level. The College of Medicine participates in uploading of our curriculum data, as do most Allopathic schools in the United States and Canada (Osteopathic schools are in the process of being added). Because we participate in the upload of data that occurs each September/October we are granted access, by password, to the national aggregated reports that are produced (a sample list of available reports was provided to MSEC). Initially the AAMC goal was to make the data available to the Liaison Committee on Medical Education (LCME) Data Collection Instrument (DCI) but this plan has been suspended. There are other components of the data upload though that have been useful, i.e., the reports producing comparing like data from all participating schools.

Beginning in 2010, AAMC began standardizing terms for instruction and assessment. The College of Medicine adopted the standardization which helps our data entry and provides for useable data in reports produced at the AAMC level. There are three (3) audiences for data. The students are an audience for D2L (a learning management system), the local audience (MSEC and subcommittees) utilize the curriculum management system, as does the regional and national level audience (LCME and AAMC). Each audience level has a different need. Some of the reports have been used for MSEC, but the local audience needs are usually much more complex. The AAMC has not been able to fully meet these needs. MSEC members have found that the like school data from the AAMC has been helpful and this is why the College of Medicine continues to participate in the AAMC upload that provides access to the national reports.

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Dr. Olive stated the data that has been provided by course/clerkship directors is being entered as possible. We have come a long way from when we first started and our data does flow into the AAMC reports.

13. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates – no discussion needs were identified.

The meeting adjourned at 4:48 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;Subcommittees\MSEC Minutes; Documents

- Item 1 – [MSEC Minutes November 8, 2016](#)
- Item 2 – [Priority Action Items: Administrative & MSEC](#)
- Item 3 – [Administrative Phase Report](#)
- Item 4 – [INDP Elective: Substance Abuse and Addiction in Appalachia](#)
- Item 5 – [Pediatric Inpatient Subinternship Selective](#)
- Item 6 – [M1M2 Review Subcommittee Annual Review: Immunology](#)
- Item 9 – [Step 1, Step 2 CK and Step 2 CS Data Scores](#)
- Item 9 – Step 1 Subject Area Score Plots [2015](#) and [2016](#)
- Item 10- [LCME Standard-Element Review 6.1 and 6.2](#)

Upcoming MSEC Meetings

- Tuesday, January 17, 2017 – **Retreat** – 11:30-5:30 pm
 - Tuesday, February 21, 2017 – 3:30-6:00 pm
 - Tuesday, March 21, 2017 – 3:30-6:00 pm
 - 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 3rd Tuesday of the month due to holiday scheduling

QCOM Faculty Meetings:

January 25, 2017 at 5:00 pm – large auditorium

TIME LINE: Program Evaluation to LCME Visit

- 2015-16 Review of the entire medical education program
- 2016-17 Implementation planning of identified curricular changes
- 2017-18 Academic Year reported on in Self-study Summary Report and DCI
- 2018-19 Complete Self-study Summary Report and DCI based on academic year 2017-18 data; begin process in March 2018
- 2019-20 Self-study Summary Report and DCI due to LCME spring 2019 with site visit fall 2019