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, January 17, 2017 for a Retreat 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
Tom Ecay, PhD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Robert Schoborg, PhD
Jessica English, M4
Omar McCarty, M3
David Cooper, M2
Hunter Bratton, M1

Ex Officio Voting Members
Joe Florence, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Rachel Walden, MLIS

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

Non-Voting Members & Guests
Robert Acuff, PhD
John Schweitzer, MD
Brian Cross, Pharm D
Academic Affairs Staff
Cindy Lybrand, MEd
Mariela McCandless, MPH
Cathy Peeples, MPH
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approve Minutes of December 6, 2016 – Announcements
The December 6, 2016 minutes were approved as drafted with the understanding that there is one pending minor wording change describing the goal of a new elective ("leave the program" to "complete the program"). The course director has been consulted and the change will be made if approved.

Announcements by Dr. McGowen included the newest four members of MSEC to be: Tom Ecay, Biomedical Sciences; Russell Brown, Biomedical Sciences, Mark Ransom, OB/Gyn Clerkship, and Patricia Conner, Family Medicine Clerkship, Bristol. Three of the new members (Drs. Brown, Ransom, and Conner) were not able to be present due to other scheduled prior obligations. In addition, Dr. McGowen identified Dr. Beth Fox, Family Medicine, as the new Chair of the M3/M4 Review Subcommittee.

Dr. McGowen reminded MSEC that the next meeting on Tuesday, February 21st will be devoted to the Implementation Group reports and there could be MSEC actions needed based on the recommendations from the reports delivered. Meeting date reminders included the cancellation of the tentative MSEC date of Tuesday, February 7, 2017 and the change in date of the Annual June Meeting to Tuesday, June 13, 2017.

Dr. Schoborg made a motion to approve the December 6, 2016 minutes as presented. Dr. Geraci seconded the motion. MSEC unanimously approved the motion.

Minutes of the December 6, 2016 meeting are found in a link at the end of these minutes.

2. Report: Outcomes Subcommittee
Dr. McGowen, Outcomes Subcommittee chair, presented the subcommittee's quarterly report to include eleven benchmarks for this quarter and an additional six benchmarks that were deferred from last quarter due to information not being readily available in a reportable format. Only one benchmark was not met and it was very close to the benchmark. The difference is less than one person percentage below the benchmark.

Interpersonal and Communication Skills 1: 95% of students will pass performance based assessments on the first attempt	**Measure Not Met**: 94.37% of students passed the M3 OSCE (4 of 71 students did not pass)

The subcommittee consulted Dr. Abercrombie, faculty responsible for delivery of the M3 OSCE, for assistance in determining how to best interpret the measure. The Outcomes subcommittee concluded that the measure did not reflect a curriculum problem and any students identified with gaps in knowledge or skills were being watched closely and mentored appropriately.

The subcommittee also reviewed the NBME 2015-2016 academic year-end summary reports for clerkships, where College of Medicine (COM) results are compared with the national results.

The Surgery Clerkship had the greatest difference but it was noted this report was based on the previous year, when the clerkship was six weeks in length versus the now eight-week rotation. The subcommittee suggested that the clerkships reevaluate the method used to convert NBME scores to clerkship scores for the 2017-2018 year.

Clerkship	Quillen Mean	National Mean	Difference
Internal Medicine	71.6	74.7	-3.1
OB/GYN	75.5	77.5	-2.0
Pediatrics	74.0	76.6	-2.6
Psychiatry	77.6	79.8	-2.2
Surgery	68.8	73.4	-4.6

The subcommittee reviewed the new Graduation Questionnaire report with ETSU responses compared to the national reported means. Discussion focused on the Personal Experiences with Negative Behaviors question, where COM student responses fell below the 50 percentile. The subcommittee recommended that the Mistreatment Policy and Reporting Process be verbally presented during orientation for each clerkship period and students encouraged to report any occurrence. A written reminder will be presented to the Clerkship Directors during the January Clerkship Director's meeting.

Dr. McGowen reported that the Outcomes Subcommittee has not had a student member, but Hunter Bratton, M1, has now been appointed as a member beginning with the next Outcomes Subcommittee meeting.

Dr. Geraci made a motion to accept the Outcomes Review Subcommittee report as delivered and Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

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

3. Update: Course Directors Curriculum Planning Meeting of December 20, 2016
Dr. Olive gave a brief summary of the December 20, 2016 course director curriculum planning meeting held at Valley Brook. The meeting was well attended by the course directors and also included Dr. Theo Hagg, Chair, Biomedical Sciences. Course directors not able to attend either sent representatives or were spoken to by Drs. Olive and/or McGowen prior to the meeting in an effort to gather their thoughts and suggestions related to curriculum changes. Dr. Schoborg attended the meeting via SKYPE. The Academic Affairs staff support were in attendance. Prior to this meeting course faculty and MSEC student members were invited to share their thoughts in a faculty forum held the week prior to the course director planning meeting and these discussions were summarized prior to the discussion beginning. The conversations were collegial and meaningful, leading to a consensus of the course directors for forward planning and placement of M1/M2 courses in the curriculum.

Rachel, Walden, Implementation Group I Chair, added that some of the benefits of the meeting were the possibilities for decompression of the present schedules and integration of course content and exams.

MSEC reviewed a schematic of both the M1 and M2 curriculums, with changes to each that emerged from the meeting. They also received a draft proposal by Drs. Johnson and Robinson, for content that could be included in a Molecular Foundations course (to include Genetics as well as the Biochemistry Metabolism topics for Biochemistry that best correlate with Cell and Tissue and Physiology). MSEC discussion of the documents included:

- Question about foundational pieces related to Genetics and coverage of Clinical Genetics
- A recommendation to add Patient to the Doctoring course name
- Question about student feedback being included in the consensus to adopt the proposed schedules
- RPCT schedules needing to be taken into consideration with the scheduling of Generalist Track exams that will allow exam study time for RPCT students and if decompressing of the course schedule would ease the exam scheduling enough to allow Friday or Monday exams to be scheduled
- Consideration of possible dilution of quality if a course is extended over too long a period
- Amount of time the Doctoring course will need and how it could fluctuate
- Confirmation that CBSEs will be scheduled at the end of the spring semesters for both M1 and M2 classes
- How best to split the Immunology course between the M1 and M2 curriculums considering the eight-week break between the curriculums
- Subsequent planning meetings to regarding the M1 curriculum changes are scheduled with course directors beginning in February

Dr. McGowen reminded MSEC that the Implementation Groups will have their final reports in February and that MSEC will vote for on the proposed M1/M2 curriculum schedules so that planning can occur for the changes effective with the 2017-2018 academic year. She encouraged discussion of concerns or issues as early as possible.

The Proposed M1/M2 Curriculum Schedule and a draft of the Molecular Foundations of Medicine and Biochemistry/Metabolism course topics can be found in links at the end of these minutes.

4. Demonstration/Discussion: Exam Soft Reports for Students
Dr. Hayman and Dr. Monaco presented several different reports Exam Soft can provide for both course and curriculum review as well as student feedback.

Dr. Hayman discussed reporting features of Exam Soft and provided an example of each:

- **Summary Report:** exam specific statistics that provides critical information related to the exam such as score average, high and low scores, an assessment score reliability graph and question specific data tied to the learning outcomes (category performance) and course objectives. The summary report is for course directors and faculty review.

- **Strength and Opportunities Report:** student specific – students gain benefit from determining where their strengths and weakness are for the exam questions. Student scores are broken down by question with an overall percentage and then by an average identifying "needs review" and "needs improvement".

- **Longitudinal Report:** allows for a broad or narrow analysis of data. One can select filters for including student specific data, all students in a course versus the entire student body data for a course, or all students in a course versus all student courses within the curriculum/institution.

He suggested the keys to success for any of the reports and allow review of data for both the student and curriculum are:

- **Implementation Plan:** a clear timeline and clear stable objectives and suggested they should remain in place for a period such as five years.

- **Faculty Training:** provided to the faculty who request it.

- **Faculty Buy-In:** all faculty and courses should participate to allow data to be obtained for the entire student body and all courses within the curriculum/institution. Currently Exam Soft is used within the Preclerkship years and is not used in the Clerkship years of the curriculum.

MSEC needs to decide on the categories to be used in Exam Soft "Category Framework" that allow each of the reporting features to be fully functional and allow both students and institutional stakeholders to see how they are performing against identified measures. Course faculty will need to begin tagging their exam questions to the categories and this will be time consuming. Current categories available in Exam Soft are:

Category Framework
- Blooms 2016
    - Application & Critical Thinking
    - Recognition & Recall
- Institutional Educational Objectives 2016
- Operational
    - Course specific identifiers
- Plus List 2016
- USMLE 2016

Dr. Monaco presented the ability to integrate exams in Exam Soft using an example of the summary report for Cell and Tissue Biology and Physiology courses. The most important step is to identify the categories that must be tagged for each question, especially when you know that you want to integrate course questions with another course so that course specific grades can be identified from the combined exam.

Integrated exams allow identification of the exam results for each student per the individual course names included in the exam and results for each student based on the combined course name.

Dr. Monaco included an example of the student feedback function in Exam Soft that when enabled allows students to identify a specific question and provide feedback, i.e. why the student feels the answer provided is right or wrong or if they had difficulty selecting an answer. The feedback must be done at the time the student is taking the exam. The feedback can be identified by the course taker's ID. Time must be allotted for the exam to allow feedback to be performed. The course director is then able to provide responses to the feedback.

MSEC discussion included:

- The need to identify and maintain tagging categories and not change each year
- What level of the USMLE tagging is needed to provide sufficient data regarding the curriculum and provide the student with the depth of knowledge for study to prepare for exams, i.e., CBSEs
- Multiple systems can each capture data based on identified needs
- The ability to extract reports and export to Excel for filtering
- Which courses currently provide the Strengths and Opportunities reports to their students
- Feedback provides the course director with information to improve the question response options used in the exam
- Faculty training needs to be provided when requested
- The strength of providing individual course grades to the students versus a combined block of courses
- Ability to combine exams (integrated exams) when courses run in parallel in the curriculum, balanced against divergent needs for the frequency of the exams and amount of material to be covered.
- Combining course exams opens days for other courses, i.e., Rural Track Program
- COM Library offered assistance in initial tagging of exam questions for a course

Presentations on Exam Soft can be found in links at the end of these minutes.

5. Demonstration/Participation/Discussion: New Innovations Query of Content
Cindy Lybrand introduced the New Innovations Curriculum Database and provided instructions for an exercise to allow MSEC members to practice using it. MSEC divided into three (3) groups for this agenda item and were assisted by staff in exploring the curriculum database. After the breakout MSEC came back together for discussion of their findings to include:

- Curriculum database privileges for users not tied to Academic Affairs
- Searching of the term *Translational Research* produced a negative response, but searching the term *Research* produced a long list to include Translational Research, Medical Research, Scientific Research, etc.

- Performing a content search would require using related terms as well as the specific term
- Attached documents for a course (syllabus or didactic notes) are searchable after opening and completing a "find" search of the document
- The Curriculum module does contain a "course materials" folder that would enable course/clerkship files to be stored and accessed by faculty and students
- USMLE tagging may require several levels of identification
- Specific instruction for searching of terms/keywords is needed

Academic Affairs will continue to populate the curriculum database with course/clerkship data as received. Dr. McGowen asked MSEC to email any specific issues not identified in the discussion.

6. Discussion/Development: Policies:

Dr. McGowen introduced this agenda item by stating that the LCME standards identify several issues for which we must have policies in place to document how we address processes and/or procedures. We also must be able to determine whether the policies are effective in accomplishing their intended purpose. MSEC is being asked to review three (3) current and/or draft policies (see below list) and assist with the initial drafting of two (2) new policies. MSEC broke out into their working discussion groups and began their review/writing of policies. The current policies with changes and the newly drafted policies will come back to MSEC for final approval in the near future.

- Group 1 was asked to review the current *Preclerkship Medical Student Scheduled Time and Workload Policy* which addresses *LCME Elements 6.3 Self-Directed and Life-Long Learning and 8.8 Monitoring Student Time* as well as a draft policy titled *Fair and Timely Summative Assessment* which addresses *LCME Element 9.8*

- Group 2 was asked to draft a policy that would address *LCME Element 9.1 Preparation of Resident and Non-Faculty Instructors*

- Group 3 was asked to draft a policy that would address *LCME Element 9.3 Clinical Supervision of Medical Students*

7. Approval: Updated M4 Attendance/Leave Policy

Cathy Peeples presented an updated M4 Attendance/Leave policy to now include language related to medical leave and identify the LCME Element 12.4 Student Access to Health Care that the policy addresses. There was a question from MSEC about including language regarding bereavement leave and a question regarding "justifiable requests" and whether this needed to be defined in the policy. Ms. Peeples stated that the ETSU policy on bereavement leave has been followed in the past and will continue to be applicable to COM students. The policy does contain language for unanticipated absences for illness or emergency which could be referenced for bereavement leave.

Dr. Olive confirmed that in the past any questions about whether a leave request is justified has been handled at the course director level and elevated to Academic Affairs Administration and this process will be continued to be followed.

Dr. Schoborg made a motion to approve the updated M4 Attendance/Leave Policy with reference to LCME Element 12.4 Student Access to Health Care. Dr. Geraci seconded the motion. MSEC unanimously approved the motion.

The M4 Attendance/Leave Policy is found in a link at the end of these minutes.

8. Update: Portfolio Implementation

Dr. Olive provided an update on the Portfolio implementation pilot which began this semester with the M3 class. Each student is assigned to complete two (2) Portfolio assignments. The Career Exploration III D2L site was selected to house the pilot setup and documents. The students have two deadline dates, February 2017 and April 2017. This will allow review and assessment of the process before fulling implementing the Portfolio as an assessment method with the upcoming M3 class for 2017-2018. Mariela McCandless, Academic Affairs, has been monitoring the implementation pilot and reported additional student responses were received today, with one comment from a student asking if the field response area could be increased to allow more text.

9. Update: Physical Therapy Students and Neuroscience Course

Dr. Olive has spoken with both Dr. Beaumont, Neuroscience course director and the Dean of Clinical and Rehabilitation Sciences about COM's plan to change the schedule with respect to the M2 academic year and the Neuroscience course beginning earlier in the academic year. The Dean's response was that they are dependent on COM teaching the course for Clinical and Rehabilitated Sciences and will accommodate any changes in delivery that are needed. Dr. Schoborg stated that he had spoken to Dr. Beaumont about using on-line content that would allow the Physical Therapy students to work through the course without having to report earlier than normally scheduled. Dr. Olive identified that in his conversation with Dr. Beaumont another option discussed was to have a medical student specific component at the first of the course and then a more generic component that would apply to both Medical and Physical Therapy students a little later into the course.

10. Report/Approval: Curriculum Integration Subcommittee: Recommendations for Two Additional Skill Procedures

The Curriculum Integration Subcommittee had been asked by MSEC to review the QCOM required procedures list in light of recommended procedures by AAMC and other authoritative bodies and present findings and recommendations to MSEC. Dr. Schweitzer stated the current required patient types and procedures were viewed against the Entrustable Professional Activities, EPAs, #3 (recommend and interpret common diagnostic and screening tests) and #12 (perform general procedures of a physician), along with the *AAMC Clinical Procedures, 2008 Appendix #7, for Undergraduate Medical Education.* Based on their reviews the subcommittee is recommending two (2) additional skill procedures be included for M3/M4 students where applicable to a rotation.

Requirement	Description	Proposed Curriculum Level and Assessment
Correctly adhere to universal precaution technique	Demonstrates ability to correctly adhere to universal precaution technique, including: • Disposal of biohazards and sharps • Use gowns, gloves, appropriate masks, and safety goggles when indicated	Observed M3 Internal Medicine Clerkship* Assessment via Quiz
Within required labs, interpret: • HIV Antibodies • HIV Viral Load	Demonstrates ability to interpret • Lab Interpretation	Interpret M4 (within one of these): IM Sub-Internship FM Sub-Internship PED Sub-Internship Assessment via Quiz

MSEC discussed the proposed curriculum level and assessment and whether all course and clerkship students would have access to performing the two new requirements. Dr. Olive identified that it would have to be intentional for the courses and clerkships to offer the student an opportunity to demonstrate correct gown and gloving techniques as well as disposal of biohazards and sharps and the HIV lab interpretations. Dr. Hayman stated that students between the M1 and M2 years have a requirement to be trained by the ETSU Department of Environmental Health and Safety on *Universal Precautions.* Possible obstacles identified concerning the HIV related procedures include that they are primarily done in an outpatient environment and then it is usually a specialty setting rather than a general setting. MSEC students agreed that the exposure would not be available to all students. MSEC felt this requirement would have to be part of an intentional didactic session (case presentation) where students are reviewing and interpreting labs.

MSEC identified that the Internal Medicine (IM) Clerkship would be an acceptable location to place a case presentation (as part of a didactic session) where students are asked to interpret HIV lab results and the clerkship director identifying the assessment of the student's proficiency to do so.

Dr. Moore made a motion to approve the two additional skill procedures with the HIV requirement to be placed in the IM Clerkship didactic session(s) with the assessment to be identified by the IM Clerkship Director and the Universal Precautions to be a 3rd year QCOM requirement. Dr. Abercrombie asked that the Universal Precaution Technique requirements be identified as two (2) separate QCOM requirements for the M3 students. Dr. Geraci seconded the motion with the request to make the Universal Precaution Technique requirements two separate requirements. MSEC unanimously approved the motion.

The additional skills will be effective with the 2017-2018 academic year.

11. Discussion/Development: Competency/Program Objectives/Outcome Measure(s) – LCME 6.1-1 Table

Dr. McGowen introduced the agenda item by providing background and instructions to MSEC. One of the requirements for the COM accreditation process is to identify an outcome measure or measures for students on every Institutional Educational Objective (IEO) we have adopted.

We need to identify how our students are able to accomplish our medical education program objective(s). The Data Collection Instrument (DCI), Table 6.1-1 Competencies, Program Objectives, and Outcome Measures was given to groups of MSEC members. Each group was given a set of IEOs to review and identify given Outcome Measure(s) as either specifically addressing the objective and/or identify new and/or additional measures.

Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures   Source: School-reported

List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) specifically used to assess students' attainment of each related objective and competency. Add rows as needed.		
General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective
Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health	1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice	Certification of completion of required procedures by clerkship directors on clerkship assessment form
Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care	7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust	

MSEC came back together to identify their confirmation and/or additional measures for the set of IEOs assigned to them. Academic Affairs Administration will compile all responses and produce a finalized table to be used in our response to the DCI.

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

The meeting adjourned at 5:10 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. MSEC Minutes of December 6, 2016
2. Outcomes Subcommittee Report
3. Proposed M1/M2 Curriculum Schedule and Draft Molecular Foundations of Medicine and Biochemistry /Metabolism Course Outline
4. Power Point presentation on Exam Soft – Dr. Hayman – Dr. Monaco
5. M4 Attendance / Leave Policy

Upcoming MSEC Meetings

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

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