



QUILLEN
COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee

Minutes: March 20, 2018

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, March 20, 2018 in Classroom C-002 of Stanton-Gerber Hall.

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Russell Brown, PhD
Thomas Ecay, PhD
Steven Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Rob Schoborg, PhD
Amanda Stoltz, MD
Omar McCarty, M4
Hunter Bratton, M2

Ex Officio Voting Members

Joseph Florence, MD
Tom Kwasigroch, PhD
Theresa Lura, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Dr. Carlos Isaza, MD

Academic Affairs Staff

Lorena Burton
Mariela McCandless, MPH
Cathy Peeples, MPH

Shading denotes or references MSEC ACTION ITEMS

1. Approve: Minutes from February 20, 2018 Meeting

Dr. McGowen asked for comments and changes to the February 20, 2018 minutes. With none being received the minutes were accepted as presented.

Dr. Geraci made a motion to accept the February 20, 2018 minutes as presented with Dr. Monaco seconding the motion. MSEC unanimously voted to accept the February 20, 2018 minutes as presented.

Announcements:

Dr. McGowen made the following announcements/reminders:

- 2018-2019 MSEC Meeting dates are published and available on the MSEC webpage.
- The June 12, 2018 Annual MSEC meeting includes Dr. Bobby Miller, Vice Dean for Medical Student Education at Joan C. Edwards School of Medicine, Marshall University, who will speak to Marshall's curriculum change process after an LCME visit and probation status.

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- The LCME site visit dates are October 27, 2019 through October 30, 2019.

The February 20, 2018 minutes are shared with MSEC members via a One Drive document storage option.

2. Follow-Up/Discussion: COM Grading Structure

Dr. McGowen reviewed the February 20, 2018 meeting discussion of the current COM grading structure. MSEC requested a survey of the faculty and student body on their opinion of whether the COM grading structure needed to be revised. Dr. McGowen summarized the preliminary survey findings-including a sample of comments from both students and faculty and asked that further discussion and/or action follow the presentation of findings.

- The survey was open for two (2) weeks with two (2) reminders sent during this time.
- There were 169 student responses and 58 faculty responses.
- Comments came from 105 students and 36 faculty.

Dr. McGowen presented to MSEC the survey's points of agreement, disagreement, neutral response, as well as a sample of comments from both the students and faculty. Each slide/question was then reviewed with the percentage of responses for both students and faculty.

MSEC discussion included:

- Should there be additional questions asked based on preliminary findings (additional survey[s])?
- The student and faculty both responded that the grading structure needed to be reviewed.
- Whether separating the responses by student class and perceived academic readiness and/or faculty responsibilities would provide additional insight/trends.
- There was no mention in the survey of whether class rank was going to be kept as part of the grading structure. Some responses assumed that numeric scores would be kept with either a Pass/Fail or A,B,C,D,F grading system.
- Faculty need to have more background to make informed decisions about changing the grading structure.
- Students are more aware than faculty of what affects their learning environment.
- COM is in the minority of schools that do not use Pass/Fail grading in the Preclerkship phase of the curriculum.
- Responses from some did not indicate they were familiar with the background information provided with the survey and that their responses were based on immediate personal knowledge of the current grading system in place at COM. There may need to be additional education provided to both students and faculty.

Dr. McGowen asked how MSEC should proceed with action on the COM grading structure. Dr. Ecay commented that in-depth information was not available to make a decision today. The faculty need to understand and agree on the changes, probably more so than the students, as the decision made will carry consequences into future academic years. Dr. Lura commented that she had found literature about a school that used a grade of "not yet" meaning the student continued to have work to complete before passing the course/competency successfully.

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Dr. Schoborg made a motion for MSEC to form an Ad-hoc subcommittee with responsibility to look more in-depth at the survey data, review outside resources and data, and come back to MSEC with proposal(s) for the COM Grading Structure that can be discussed and voted on. Dr. Lura seconded the motion. MSEC voted fifteen (15) yes and one (1) no. The motion passed.

Dr. McGowen asked for volunteers for the Ad-hoc subcommittee. Dr. Schoborg and Hunter Bratton, M2 student representative agreed to serve. Dr. Johnson suggested that Doug Taylor, Registrar's office be asked to serve on the subcommittee as he will know the ins/outs of what is required of a grading system. Dr. McGowen asked if there are others to please contact her with their names. Dr. McGowen thanked MSEC for their good discussion of the agenda item.

The Grading Survey PowerPoint is shared with MSEC members via a One Drive document storage option.

3. Report: Administrative Reviews – M3 OSCE

Dr. McGowen presented an administrative review of the required M3 OSCE, delivered at the end of the Transition to Clinical Clerkships week. The required competency for promotion to the senior year is not a course and therefore had an administrative review completed. The review allows MSEC to review every part of the required COM curriculum. Last year, Dr. Abercrombie presented to MSEC an overview of the OSCE and there were no formal recommendations made at that time. The administrative review included OSCE structure, goals, and communication to students, assessment, outcomes, strengths and weaknesses.

The competency is recorded in the curriculum database as an assessment method for the M3 students.

Dr. Abercrombie, OSCE director, responded to the review by describing ongoing coordination with clinical skills courses and Step 2 CS expectations. She also observed that students would benefit from linking physical exams with review of systems earlier in the curriculum. She noted common patterns of performance, including issues in documenting physical exam findings and noting "normal" and not asking system or objective questions related to what they examine.

Dr. Olive thanked Dr. Abercrombie for the outstanding job she has done with the MS3 OSCE. She has tightened up the process so much that it mimics the USMLE Step 2 Clinical Examination. Much of what the students do is captured electronically. Grading and commenting of each individual student's performance is labor intensive. Dr. Abercrombie puts forth a huge amount of work to address a student's deficiency and works with them to do individual remediation sessions.

Dr. McGowen asked if there was any other discussion or recommendations regarding the Administrative review of the M3 OSCE. None was received.

It was noted that there is a lot of information received from the OSCE that can be used to address multiple areas in the curriculum.

The Administrative Review of M3 OSCE is shared with MSEC members via a One Drive document storage option.

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4. Report: Outcomes Subcommittee

Dr. McGowen presented the Outcomes Subcommittee quarterly report. Today's report covers five (5) of the identified benchmarks.

Three (3) of the benchmarks were met completely. The first one is **student ranking of satisfaction across courses and clerkships** (benchmark is a ranking of $\geq 3.0/5.0$). All fall courses and clerkships (junior and senior) reported met this benchmark.

The next benchmarks for **medical knowledge and patient care** looks at the courses that have mapped to those Institutional Educational Objectives (IEOs). The benchmark is the same for both of these benchmarks. The benchmark is set as "Ninety-five (95) 95% of students will pass the in-house exams, independently of the NBME subject exams." All the fall courses met this benchmark, both for medical knowledge and the IEOs linking to patient care.

The benchmark for **medical knowledge related to the percentage of students scoring at or above the 50% percentile on the NBME subject exam** was generally met by the fall courses and clerkships. Family Medicine Clerkship did not meet this, but this was the first full year they had been using the NBME subject exams. The **benchmark on the lower end is stated as fewer than 10% of students will score at or below the 10th percentile on the NBME subject exams**. Gross Anatomy/Embryology met the benchmark. Neuroscience and three of the Clerkships did not.

There were a few junior clerkships where the data had not yet been received back (Self-Study documents submission). These will be reported in the next Outcomes Subcommittee quarterly report.

Dr. McGowen reported that the Outcomes Subcommittee discussion/recommendations based on the above benchmark reporting included:

The Neuroscience course, though not meeting one of the benchmark standards, has shown steady improvement and the subcommittee feels that this can be monitored through the standard M1/M2 Review Subcommittee process of review.

Family Medicine Clerkship has reviewed their use of the NBME and received approval to use the Family Medicine Aquifer Assessment in 2018-2019 with the shortened clerkship period. Because of this the Outcomes Subcommittee believes the standard M3/M4 Review Subcommittee review process will provide the monitoring needed of the Family Medicine student performance against National norms -- something that Family Medicine has already stated that they plan to monitor.

In the Pediatrics Clerkship 10% of students scored at or below the 10th percentile on the NBME subject exam. There have not been any problems with the Pediatrics Clerkship in the past and the Outcomes Subcommittee feels the standard M3/M4 Review Subcommittee process of review will provide the monitoring needed.

The same holds true for the Internal Medicine Clerkship, though the clerkship has had some problems in the past, and for this benchmark (10% of students scoring at or below the 10th percentile on the NBME subject exam) the Outcomes Subcommittee feels the standard M3/M4 Review Subcommittee process of review will provide the monitoring needed.

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In other business, the report discussed the status of replacing MSEC approved deletion of the benchmarks that were tied to the previous M3 Clerkship Assessment of Student form. The new form is not yet approved and therefore how the benchmarks will be structured is not yet available. The Outcomes Subcommittee hopes to have the new benchmarks for MSEC to review in May.

Dr. McGowen asked for discussion and acceptance of the report as presented.

Dr. Abercrombie made a motion to accept the Outcomes Subcommittee Quarterly report as delivered on March 20, 2018. Dr. Geraci seconded the motion. MSEC unanimously voted to accept the Outcomes Subcommittee Quarterly report as presented.

The Outcomes Subcommittee report is shared with MSEC members via a One Drive document storage option.

5. Discussion/Action: New M1/M2 Attendance/Leave Policy MSEC XXXX-XX

Dr. Olive presented a new policy on M1 and M2 students regarding attendance and leave. A draft of the policy was sent to M1/M2 course directors for input prior to presentation today.

Dr. Olive went through the Activities, Vacation/Discretionary Leave, Medical Leave, Unanticipated Leave, and Educational Leave sections of the policy. There is no time approved for vacation and/or discretionary leave as scheduled breaks are included in the M1/M2 academic years. The policy states that **course directors may ask for documentation of medical necessity**, without the student identifying the reason for medical leave. MSEC agreed that this same statement be used under Unanticipated Leave rather than identifying more than two (2) consecutive days or two (2) consecutive course activities/meetings will require a note from the personal healthcare provider.

The policy concludes with a section on consequences for unapproved absences or violations of the policy. The course directors will state the consequences for unapproved absences or violations in their course syllabus. A Professional form regarding the student's actions is also an option for the course director.

MSEC asked if there should be a section on *Bereavement Leave* to include what constitutes immediate family, as is identified in the MSEC QCOM Exam Administration policy, under reasons for requesting rescheduling of an exam. It was agreed that adding "immediate family" to the reasons under unanticipated absences would clarify to students that their immediate family needs are recognized as possible reasons for unanticipated absences.

Additional discussion identified a few restructuring of sentences and the need to maintain like requirements across all M1-M4 attendance policies. Dr. Olive suggested that the proposed policy been reviewed once more for possible conflicts with the QCOM Exam Administration policy and forms as well as existing M3 and M4 attendance policies and forms.

Approval of the proposed M1-M2 Attendance/Leave Policy was tabled and will be brought to MSEC with Administration making the suggested changes for MSEC review and approval at a future MSEC meeting.

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The new M1/M2 Attendance Absence Policy is shared with MSEC members via a One Drive document storage option.

6. Discussion: 2018-2019 M1 Curriculum Schedule Proposal

Dr. McGowen recognized Dr. Ecay who presented a proposal to modify the current approved M1 Curriculum schedule. Prior to the meeting, MSEC was sent a schematic of the proposal for review. Dr. Olive-presented additional information following Dr. Ecay's presentation. MSEC was provided with copies of the proposal schematic.

Dr. Ecay discussed each of the changes proposed. The changes include:

- Moving the fall break to two weeks earlier in the schedule.
- The Anatomy/Embryology course would be shortened from 14 weeks to 12 weeks.
- The Cellular and Molecular course would move to 8+ weeks only in the fall.
- The Genetics course would move to one 8+ weeks in the fall.
- There is opportunity to integrate the content in the courses-having them run parallel to each other in the fall. This also helps with the density that the students feel with multiple courses running simultaneously and having block exams from late fall through the spring.
- The Cell and Tissue Biology course would move to a spring start date in January and continue through the spring.
- The Physiology course would move to a spring start date in January and continue through the spring. This would provide opportunities to integrate the content in both courses.

Student survey results indicated that they are stressed in the present spring semester. The course directors who developed the proposal noted that curriculum density for basic science courses in the fall and spring semesters could be leveled somewhat with the proposed changes.

M1 Class Officers conducted a survey to the M1 class in February of this year to gather overall satisfaction of the class regarding the present schedule. There were both positive and negative comments given, but more negativity to the density and having to cover multiple material and take block exams in a period of time causes them to forget good study habits and revert to cramming for exams. There were conflicts with the Doctoring I course and studying for exams in other courses. Stress and mental well-being was cited as the most noticeable concern in the week before or after exams.

Dr. Ecay presented comparison data on student evaluation of courses and student grade means thus far in the academic year. The results reflect that every course evaluated received a lower rating than last academic year. Student grades are lower and failure rates higher than previous years.

Dr. McGowen asked how this proposal affected integration of basic science content. Dr. Ecay responded that integration is possible; it will be difficult, but not impossible. The disciplines do not lend themselves to integration as hoped. It is proposed that some of the biochemistry and genetics would be brought back into integrated sessions in the spring, Dr. Abercrombie asked if other than aligning the schedules, what integration of content between the courses has been done thus far, i.e., session integration, course faculty meeting one-on-one, etc.?

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Dr. Olive presented information on 2017-2018, M1 curriculum and density based on time allotted on the M1 fall and spring course and exam schedule.

He identified the course placement changes that occurred in 2017-2018, and spoke to components of the Doctoring I course that affect the density of the fall semester, i.e., Communication Skills and Clinical and Community Experiences. This year, the Doctoring I course content was scheduled after all other course schedules were developed. This resulted in many Doctoring I events occurring in weeks before an exam for basic science courses.

Discussion included the following topics:

- Efforts at integration within the existing schedule and the conclusion by the course directors who offered the proposal that some material is foundational and better taught separately from other content;
- Whether sufficient time and work has been expended on content integration (rather than mostly alignment) to justify changing the schedule;
- Revisiting use of clinical cases to integrate basic science content;
- Whether the four distinct courses should be combined to create two (2) courses, one comprised of genetics and CMM and the other comprised of physiology and CTB ;
- Student perceptions and preferences for reorganizing the schedule in a way similar to the proposed modification;
- The cognitive load students experience across the academic year and student perception that it is heavier after the first block;
- The need to not increase contact hours and possibility of reducing content by 10% in major courses to facilitate a reduction in needed schedule time;
- The potential benefit of students receiving additional course grades before winter break;
- Student stress and wellness concerns related to course scheduling;
- Concerns about addressing one problem by potentially creating a different problem or by reverting back to the schedule that was changed when it was determined that Anatomy and Embryology was too compressed
- Alternative ways to address the problem of simultaneous basic science courses, such as retaining the current length of Embryology and Anatomy block but starting Genetics and CMM before those courses end or having the Genetics and CMM courses start after those courses end, but continue into January rather than ending at winter break;
- Comments about the best timing for curriculum revision and some members of MSEC viewing the proposed change as continuous quality improved while others viewed it as premature to modify this year's curriculum;
- The pressing need to adopt a schedule for the upcoming academic year.

Dr. Abercrombie made a motion to change nothing in the current proposed 2018-2019, M1 Curriculum Schedule and go forward with implementation. This does not preclude the course directors from moving their start and stops dates within the identified blocks. Ms. Walden seconded the motion. MSEC voted four (4) to approve the motion with nine (9) disapproving the motion. **The motion failed.**

Dr. Monaco made a motion to adopt the proposed change to the 2018-2019, M1 curriculum schedule as presented to MSEC. Dr. Ecay seconded the motion.

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MSEC discussed needing more time to review the proposal after hearing the lengthy discussion we have had over Proposal I; another meeting to discuss options further; and MSEC members asking to review the student survey data.

Dr. McGowen suggested that the motion could come back to MSEC in a specially called meeting so it could be further discussed, along with the other proposals that came out of our discussion today.

Dr. Lura made a motion to table Dr. Monaco's motion and that all proposals discussed today be sent to MSEC members for review prior to the specially called meeting. Dr. Abercrombie seconded the motion. MSEC voted fifteen (15) to table the motion, one (1) opposed, and two (2) abstained. **The motion was tabled.**

A special meeting has been called for MSEC on April 3rd at 3:30 pm to complete discussion on Proposal 1.

The M1 Proposal I PowerPoint is shared with MSEC members via a One Drive document storage option.

The M1 Density Calculation document is shared with MSEC members via a One Drive document storage option.

7. Report: Curriculum Content Query: Acute Care/LCME Element 7.2

Tabled to the April 17, 2018 meeting.

8. Report: LCME Standards-Element Review: 7.1 Biomedical, Behavioral, Social Sciences

Tabled to the April 17, 2018 meeting.

9. Report: Match Results – This will be emailed to the MSEC members following the meeting.

10. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates

None were identified.

The meeting adjourned at 5:47 p.m.

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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

Select the “**new sign-in experience**” option and enter your ETSU email address and password.

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** –

April 3, 2018 – 3:30-6:00 pm – <i>special meeting</i>	Room C002
April 17, 2018 – 3:30-6:00 pm	Room C002
May 15, 2018 – 3:30-6:00 pm	Room C002
June 12, 2018 Retreat 12:00-3:00 pm	Room C003
June 12, 2018 Annual Meeting 3:30-5:00 pm *	Large Auditorium

Academic Year 2018-2019 – Location to be determined

July 10, 2018 – 3:30-6:00 pm*

August 21 – 3:30-6:00 pm

September 18 – 3:30-6:00 pm

October 16 – Retreat – 11:30 am-5:00 pm

November 13 – 3:30-6:00 pm*

December 11 – 3:30-6:00 pm*

January 15, 2019 – Retreat – 11:30 am-5:00 pm

February 19 – 3:30-6:00 pm

March 19 – 3:30-6:00 pm

April 16 – 3:30-6:00 pm

May 21 – 3:30-6:00 pm

June 11– Retreat 11:30 am-3:30 pm*

June 11 - Annual Meeting - 3:30-5:00 pm*