



**Medical Student Education Committee - MSEC**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, November 8, 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  
Jennifer Hall, PhD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Robert Schoborg, PhD  
Omar McCarty, M3  
David Cooper, M2  
Hunter Bratton, M1

**Ex Officio Voting Members**

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

**Ex Officio Non-Voting Member**

Kenneth Olive, MD, EAD

**Non-Voting Members & Guests**

Robert Acuff, PhD  
Daniel Gouger, M4  
Tiffany Lasky, DO (conference call)  
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 October 18, 2016 – Announcements:**

The October 18, 2016 minutes were approved as drafted and distributed with the MSEC meeting reminder.

**The minutes were unanimously approved as drafted.**

*MSEC meeting minutes of October 18, 2016 are found in a link at the end of these minutes.*

**2. Approve Revised Periodic and Comprehensive Evaluation of Curriculum Policy**

MSEC discussed the revised policy based on MSEC's October 18<sup>th</sup> discussion on including the specifics of our phase review processes in the policy. The revised policy uses the terms preclerkship and clinical to identify phases. The proposed policy stipulates timing of the phase report early in Year 4 of the curriculum review to allow inclusion of the comprehensive reviews and still be able to complete the overall review of the curriculum as a whole. In October, MSEC considered phase reviews occurring in the 3<sup>rd</sup> year of our curriculum review cycle, but this timing would prohibit inclusion of comprehensive reviews of courses and clerkships in the phase report process.

**Dr. Geraci made a motion to accept the revised Periodic and Comprehensive Evaluation of Curriculum Policy as presented. The motion was seconded by Dr. Abercrombie and unanimously approved.**

*The Periodic and Comprehensive Evaluation of Curriculum Policy is found in a link at the end of these minutes.*

**3. Follow Up/Discussion/Approve Program Evaluation–Implementation Groups 1, 2, & 3 Preliminary Reports and Recommendations:**

Dr. McGowen reminded MSEC that today's focus is to make decisions on calendar time proposals after considering feedback from faculty, course directors, clerkship directors and department chairs during a curriculum open forum and received individually by E-mail and in one-on-one meetings with Administration.

Feedback received identified that it was confusing to have Implementation Group 1 recommendations presented without a better understanding of the impetus that came from Implementation Group 2 proposed recommendations. There was some discussion about some of the rationales which we have tried to address in follow up communication. There were discussions about the strengths and weaknesses of the specific options offered.

Administration received a formal response from the Chair of Biomedical Sciences and his letter was distributed to MSEC prior to this meeting. Comments were received from the Vice Chairs and Clerkship Directors. Everyone has been invested in the review of the Implementation Groups recommendations.

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The feedback centered on four specific topics:

- 1) Issues that hadn't been specifically identified, i.e., Physical Therapy students enrolled in the Neuroscience course and whether they would be able to continue with a change in the delivery time of the course
- 2) Availability of remediation options for students in preclerkship courses
- 3) Impact on faculty schedules, both in terms of what happens to the summer breaks and also in terms of teaching in the graduate program
- 4) Questions about the rationale for proposing the curriculum and the pace at which the changes are being proposed, leaving faculty stressed.

Feedback was also received that identified additional proposals to some of the specific feedback topics and as those topics come up we may be discussing the additional options, i.e., using integrated exams within the preclerkship courses. Clerkship Directors adopted supported changes but expressed concerns about the "Transition Year" where clerkships lengths would be cut by one week. There was concern about the risks of making the changes without knowing how all the changes will affect our curriculum and student exam scores.

To help MSEC understand the recommendations from Implementation Group 1, Dr. McGowen asked MSEC to discuss the recommendations for the 4<sup>th</sup> year and 3<sup>rd</sup> year to better understand why changes to the M1 and M2 years are being requested and how adopting or not adopting the changes in the 4<sup>th</sup> year will affect recommendations in the 3<sup>rd</sup> year, 2<sup>nd</sup> year and 1<sup>st</sup> year. Dr. Tiffany Lasky, Implementation Group 1 Chair, via telephone, and Cathy Peebles offered an explanation of what is needed to complete scheduling of the 4<sup>th</sup> year.

MSEC reviewed important considerations for the M4 year, including: start/stop dates beginning with the Transition to Clinical Clerkships course; the 6-week and 8-week M3 clerkships; and placement of 4<sup>th</sup> year students who are off-cycle (allowing them to step right into the 4<sup>th</sup> year without losing 4<sup>th</sup> year time); the desired outcomes (including competitiveness in residency applications and securing appropriate residency positions).

The M4 students have a compressed schedule during which they must:

- 1) Take time off for Step 2 study (there is no designated time for Step 2)
- 2) Complete 2 to 3 away electives (away electives do not always line up with College of Medicine's schedule) and come back to complete requirements here
- 3) Complete our requirement here for a selective in the fall semester (we cannot accommodate all of the M4 students here in the spring semester and thus the requirement for the fall semester)

Extending the M4 calendar year through an earlier date decompresses the year and gives

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students an additional block to complete all the requirements. The M4 students have expressed a desire to complete more electives in preparation of their residency interviews, but this is difficult and in some cases not available given the present fall semester timeframe.

Ms. Peebles presented two proposals, the first being the M3 curriculum calendar in 2018-2019 (known as a Transitional Year) and then the M4 curriculum calendar in 2019-2020 moving the M4 start date to mid-May. Dr. Lasky pointed out that the M4 year is where all the student's study over the past years is cumulating into their ability to go out on a rotation in the field of study they want to pursue. She asked that MSEC remember this in their discussion of changing the M4 curriculum calendar. MSEC discussion began at this point.

Ms. Peebles confirmed that a minimum of 6 weeks is needed to accommodate the proposed changes to the M3 M4 curriculum calendars. MSEC identified that the 4<sup>th</sup> year curriculum calendar has not changed significantly for a number of years, but the application process for residency across the country has changed. We need to be able to prepare our students so they are able to compete for the available slots.

Dr. Abercrombie spoke about the on-going work of Implementation Group 2 and their plans to:

- 1) Implement EPAs in the M3 M4 academic years
- 2) Revisit the basic science curriculum in a clinical context in the M3 M4 academic years

MSEC agreed that a balance of changing the curriculum in each year must be taken into account – what are the costs to other academic years in making changes to certain academic years. Changes to the M4 curriculum calendar does affect the M3, M2, and M1 curriculum calendars and careful consideration of anticipated outcomes must occur.

Dr. Olive advised MSEC that our students who have not secured residency slots is primarily because of academic performance which did not make them competitive for residency. Dr. Lasky restated that everyone is having problems with the M4 scheduling. Decompressing the M4 year would be helpful to the students. Changing the M4 curriculum calendar will help a student to better schedule M4 rotations to prepare for the specialty they want to pursue rather than what is available.

MSEC considered the effect of the proposed changes on new faculty in the M1 M2 curriculum who will feel the effect of the changes proposed for the basic sciences as they begin to take over the teaching for faculty that are retiring and are still required to maintain their research/grant requirements.

MSEC student members commented that pursuing a specialty that is not available in the College of Medicine requires completing away rotations.

The outcome measures, i.e. matching in residency slots and having good Step scores are all good, but knowing that the student is able to perform successfully in an educational

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program is most important. MSEC agreed that everyone wants to do what is best for the students and the students confirmed that six-weeks of Step 1 study time is needed. MSEC students also confirmed that patient care is the goal that must be kept in mind while in training. Impact on faculty is an important consideration, but ultimately the student's needs should be considered foremost.

It was suggested that decisions be made beginning with the M4 academic year and work backwards to the M1 academic year, giving and taking from each academic year. Dr. McGowen asked that the decision about what is going to be done with the M4 curriculum calendar be made first. Regardless of the decisions made on each Implementation Group's recommendations today the work that was done was very important to help MSEC work through their decisions and will carry forward to additional decisions that need to be made in implementing any changes to the curriculum.

MSEC voted on the changes to the M4 curriculum in two separate motions.

**Dr. Moore made a motion to lengthen the M4 curriculum calendar by moving the start date to an earlier date, effective in academic year 2018-2019. Dr. Abercrombie seconded the motion. MSEC voted ten (10) approved to three (3) opposed. The motion passed.**

**Dr. Lura made a motion to adopt the M4 curriculum calendar utilizing the Option 1 recommendation with a start date of May 15<sup>th</sup> or equivalent each calendar year with the Transition to Clinical Clerkship course beginning one week earlier or approximately May 8<sup>th</sup> or equivalent each calendar year. Dr. Moore seconded the motion. MSEC voted eleven (11) approved to one (1) opposed with one (1) abstention. The motion passed.**

Dr. McGowen summarized the remaining recommendations from Implementation Group 2 which require MSEC approval:

1. Implementation of Entrustable Professional Activities (EPAs) as the frame work for teaching and assessments in the M3 and M4 rotations in the upcoming 2017-2018 academic year.
2. Permit M4 students to participate in up to three (3) away electives without seeking prior approval while maintaining the requirement for one required selective to be completed in the fall semester, effective in the upcoming 2017-2018 academic year.
3. Permit M4 students to participate in up to twelve (12) weeks of electives in the same specialty, versus the current eight (8) weeks, effective in the upcoming 2017-2018 academic year.

MSEC asked if the three additional recommendations would make it more difficult in the "transition year" for M3 and M4 students and Cathy Peeples confirmed it would not.

**Dr. Geraci made a motion to adopt in one motion all three (3) recommendations (implement EPAs, permit three away-electives, and twelve weeks versus eight weeks**

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**of electives in the same specialty), effective with the 2017-2018 academic year. Dr. Abercrombie seconded the motion. MSEC unanimously approved the motion.**

MSEC identified that a decision on the Preceptorship weeks needs to be made before Implementation Group 1 can bring back M1 and M2 academic calendars for approval. Dr. Olive presented Implementation Group 3's recommendations which address Preceptorships.

Adoption of a 4-year longitudinal "Doctoring" course (to be named at a later date) to start in the M1 year, with the 2017-2018 academic year. The course would combine content from courses to include: Profession of Medicine, Case Oriented Learning, Introduction to Physical Exam Skills, Communication Skills for Health Professionals, Career Exploration I and Clinical Preceptorship I.

Dr. Olive stated this will take a lot of work to have this all in place by the start of the 2017-2018 academic year. Dr. Olive added that Implementation Group 3 also discussed the Clinical Preceptorship.

In the M1 year the Preceptorship includes two components; the week-long preceptorship and the longitudinal preceptorship that is a ½ day per week for 10 weeks, both of which occur in the spring semester. In the M2 year there is a week-long preceptorship only, that occurs in the fall semester. Implementation Group 3's recommendation is to eliminate the week-long preceptorships and develop a longitudinal preceptorship where students would go to clinical settings to include both physician offices and community clinical settings. Dr. Olive stated that at this time MSEC cannot be assured that the resources exist to implement longitudinal experiences every week in both the M1 and M2 years. MSEC asked if there might be modifications to the requirement, moving it to every other week, or a ½ day experience every month, or some similar variation. Dr. Olive responded that this is what Implementation Group 3 is working through now – the specifics of a longitudinal experience for both M1 and M2 academic calendars. Dr. Moore asked about the Belize week-long preceptorship and what would happen with this experience. Dr. Olive confirmed this could no longer be offered as an alternative placement for the week-long Preceptorship.

Dr. Olive added that there is a third piece of this proposal that needs to be thought about and that is to add sessions in the M3 curriculum where students would meet in small groups as a cohort continuous over the course of the year. The discussions would include preceptors and students discussing topics that have been identified for addition to the curriculum. The start date could be in the next academic year or it could be held until after the "Transitional Year" for the M3 curriculum.

Dr. Olive submitted three (3) recommendations from Implementation Group 3 for MSEC vote today:

- Adoption of the 4-year "Doctoring" curriculum beginning in the M1 academic year.

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- Elimination of the week-long Preceptorships in the M1 and M2 academic years.
- Adoption of the M3 small groups (preceptors and students) with details to come at a later date and confirmation of when to begin the formation of the M3 small groups.

Dr. McGowen asked for discussion on the three recommendations. MSEC felt that it would be better to wait on the M3 small group until after the “Transitional Year” is completed as the implementation will require more time and the “Transitional Year” is shorter in length as it is without adding more to the curriculum. Elimination of the preceptorship weeks in the M1 and M2 curriculum would make it easier to implement the changes being proposed already to both academic calendars.

**Dr. Lura made a motion to move the M3 small group details to after the “Transitional Year”. Dr. Geraci seconded the motion with MSEC unanimously approving the motion.**

MSEC acknowledged that the longitudinal preceptorship details are not confirmed, but that it would be easier to plan the M1 and M2 academic calendars if they knew the week-long preceptorships were eliminated. MSEC discussed that the longitudinal preceptorship rotations may need to be organized according to an already formed student grouping used by other courses falling under the “Doctoring” course umbrella, i.e. Communications course.

These specific details would come in the final report delivered by Implementation Group 3 in February 2017. MSEC student members stated they felt the idea of being with a preceptor over a longer period of time was better. It allowed for a stronger relationship to be built between the preceptor and the student and allows the preceptor to identify and trust the student’s abilities and thus allow the student to more actively participate in patient care. The potential to add more clinical time exists with the change to a longer longitudinal preceptorship.

**Dr. Geraci made a motion to eliminate the week-long preceptorship in the M1 and M2 academic curriculums with Implementation Group 3 to bring back detailed plans for implementation of the longitudinal preceptorship in the final “Doctoring” course report to MSEC due in February 2017. Dr. Bird seconded the motion. MSEC adopted the motion with one opposed vote.**

The intent with the longitudinal preceptorship would be to keep the students with the same preceptor throughout the experience and this would be based on preceptor availability.

There were continued questions about how the “Doctoring” course would be graded and the Dr. Olive stated that this will come back in their group’s final report. The Implementation Group saw the grouping of the courses under one umbrella with one grade, but the specifics of each course within the “Doctoring” course had yet to be finalized.

The group had discussed competencies and that each competency would have to be accomplished before the student would move on to the next competency.

**Dr. Abercrombie made a motion to approve the formation of a 4-year “Doctoring” course with courses from the M1, M2, M3, and M4 curriculum; beginning in the 2017-2018 academic year with the M1 courses identified as: Profession of Medicine, Case Oriented Learning, Introduction to Physical Exam Skills, Communication Skills for Health Professionals, Career Exploration I and Clinical Preceptorship I. Dr. Geraci seconded the motion with MSEC unanimously approving the motion.**

Before voting on the implementation of Group 1’s recommendations for the M1 M2 calendars, MSEC members wanted to see the exact calendar dates for the M1 M2 changes that would result from approval of the M3 M4 calendar changes. The consensus was that a vote on the calendar could occur by E-mail in the next few days. On Thursday, November 10, 2016 an E-mail with calendar attachments and supporting documentation and the following motion was sent to MSEC voting members asking them to return, via email, their vote of **yes, no, or abstain**, no later than Monday, November 14, 2016.

**A motion by Dr. Abercrombie to approve adoption of the 2017-2018 M1 curriculum calendar to start July 17, 2017 and end May 11, 2018 and adoption of the 2018-2019 M2 curriculum calendar to start July 9, 2018 and end March 29, 2019 was seconded by Dr. Geraci. The MSEC votes received via email were twelve (12) approved, zero (0) opposed with two (2) abstained. The motion passed.**

The M1 year has a total of 39 weeks curriculum time. The M1 calendar will include a 1-week fall, 1-week spring, a winter break and an 8-week summer break prior to the start of the M2 curriculum. The M2 year has a total of 36 weeks curriculum time.

The M2 calendar will include a 2-day fall break, a winter break, and a 6-week Step 1 Study Time prior to the start of the M3 Transition to Clinical Clerkships course and M3 OSCE.

*Academic Calendar proposals are found in links at the end of these minutes.*

**4. Standing Agenda Item:** Subcommittees, Implementation Groups & Technology Updates – no discussion identified.

The meeting adjourned at 5:50 pm.

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### MSEC Meeting Documents

Window users will connect to the files in the Shared T Drive at:<T:\Shared\Curriculum>



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[Management\MSEC Meetings; Membership;Subcommittees\MSEC Minutes; Documents](#)

For MAC users you will need to connect to the ETSUFS2 server and then navigate to the T:\Shared folder and then navigate through to the Curriculum Management\MSEC Meetings; Membership;Subcommittees\MSEC Minutes; Documents

1. [October 18, 2016 MSEC Minutes](#)
2. [The Periodic and Comprehensive Evaluation of Curriculum Policy](#)
3. [M3-M4 Year Needs and Calendar Options](#)
4. [Proposed M1M2 Calendar](#)

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### Upcoming MSEC Meetings

Tuesday, December 6 – 3:30-6:00 pm\*

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 20, 2017 – **Retreat** 11:30-3:30 pm/**Annual Meeting** 3:30-5:30 pm

\*Note not on the 3<sup>rd</sup> Tuesday of the month due to holiday scheduling

### QCOM Faculty Meetings:

December 14, 2016 at 5:00 pm – large auditorium

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### 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