



Medical Student Education Committee - MSEC

The Medical Student Education Committee of the College of Medicine met on Tuesday, June 13, 2017 for a Retreat in C-002 Classroom of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Patricia Conner, MD
Tom Ecay, PhD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Robert Schoborg, PhD
David Cooper, M2

Ex Officio Voting Members

Theresa Lura, MD
Joe Florence, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Brian Cross, PharmD, Pharmacy
David Wood, MD, Pediatrics

Academic Affairs Staff

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

Shading denotes or references MSEC ACTION ITEMS

1. Approve: Minutes of May 16, 2017

Dr. McGowen stated that Dr. Johnson had identified one typographic error on page 4 under the *Agenda Item 3. Update: IPE Activities*. This has been corrected. Dr. McGowen asked if there were any other changes and/or corrections to the minutes and none were identified.

The May 16, 2017 minutes were approved with changes

Dr. Geraci made a motion to accept the May 16, 2017 minutes and Dr. Monaco seconded the motion. MSEC unanimously voted to approve the motion.

Minutes of the May 16, 2017 meeting are found in a link at the end of these minutes.

Meeting Announcements:

Dr. McGowen made a couple of announcements:

- A Faculty Development session will be held tomorrow, Wednesday, June 14th, at 3:00 PM, with Dr. Jennifer Gibson presenting on the Entrustable Professional Activities (EPAs), evaluation of student performance using the RIME system and how they fit together. MSEC members inquired about alternating the dates of the sessions each month. Dr. McGowen will explore alternate dates of future sessions.
- The M1/M2 Review Subcommittee presentation of the Communications Skills for Health Professionals course will not be presented today and has been removed from the agenda. It will be presented at a future MSEC meeting.

2. Report: LCME Standard/Element 6.2 Required Clinical Experiences and 9.3 Clinical Supervision of Medical Students

Dr. McGowen reminded MSEC to consider two of the policies on the agenda (Documentation of Specific Required Procedures and/or Patient Types & Clinical Supervision of Medical Students) for approval, as the policies' key points are related to the LCME Elements now being presented by Dr. Olive.

Element 6.2 Required Clinical Experiences - Dr. Olive reviewed information needed to complete the LCMC Data Collection Instrument (DCI) for this element such as: the patient type/clinical condition, required procedure/skill, and clinical setting that medical students are required to encounter, along with the corresponding level(s) of student responsibility; how the list of required clinical encounters and procedures were developed and who reviews and approves the developed list. He reviewed our process that involves identification of the clinical conditions in each clerkship followed by MSEC review and approval. Orientation sessions are conducted in each clerkship with students and faculty (to include residents) where the required procedure/skills are identified. Dr. Olive provided examples of the clinical conditions and skills we have in place and noted that there has not been a problem with our students being able to complete the requirements.

MSEC Minutes June 13, 2017 Approved July 18, 2017

Monitoring of the completed procedure/skills occurs at the completion of each clerkship and again as part of the of the student's MSPE interview with Dr. Olive, at the end of the third year. If there are any of the skills not yet logged as completed then there is an opportunity identified for the student to complete them.

MSEC discussed and agreed that required procedures/skills completed in the Transition to Clinical Clerkships are required to be logged in New Innovations and should also be part of the approved required procedures and patient types list. The blood draws in Cellular and Molecular Medicine are not required to be logged in New Innovations and are considered course labs and therefore would not be added to the approved required procedures and patient types list. *See MSEC discussion and action for agenda items 3 and 4.*

Element 9.3 - Clinical Supervision of Medical Students - We need to identify the following: how students can express concerns they might have about availability of supervision and how we act upon the concerns; that the level of responsibility delegated to the student is appropriate for their level of training and experience; and that attending physician(s) who do not have a medical school faculty appointment and teach or supervise the students are appropriately prepared. We have been generally versus systematically advising students that if they have things to report they can speak with their course or clerkship director, the department chair, Associate Deans in Academic Affairs and/or Student Affairs.

Needed documentation asks for copies of any policies which relate to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents). The element speaks to assuring that someone who supervises is appropriately trained to do so. Today we are reviewing such a policy for approval and will need to ask ourselves if the processes in place ensure that our medical students are appropriately supervised during required clinical clerkships and other required clinical experiences that will ensure student and patient safety. MSEC was given examples where student and patient safety might be questioned, i.e., handling sharp instruments without proper instruction or interviewing a patient that may be exhibiting mental health issues (violent patient). Students performing clinical procedures should be with physicians that have a clinical/faculty appointment. The preceptorship program will be reviewed to ensure that the attending physicians supervising students have faculty appointments.

The presentation of LCME Elements 6.2 and 9.3 are found in links at the end of these minutes.

3. Approve: MSEC Policies

Dr. McGowen introduced three policies which were previously distributed and then tabled and redistributed with this meeting's documents. Two are new policies and one is a revision.

MSEC Minutes June 13, 2017 Approved July 18, 2017

The first policy is titled: Preparation of Resident and non-Faculty Instructors.

This policy contains changes identified by MSEC after its first review. One was to clearly distinguish the requirements for resident instructors from that for non-faculty instructors to include graduate students and postdoctoral fellows. LCME requires us to monitor this centrally so how this would be done for each group of instructors is specifically defined.

Dr. Johnson asked about the wording for graduate students and felt it might be vague with how they should be instructed. He felt it should be left to the course director to identify the course objectives to the non-faculty instructors and then once a year identify how the graduate students are made aware of the course needs. MSEC agreed that the preclerkship course directors could report the process they used for the training of non-faculty instructors in their annual self-studies. Dr. Olive suggested this might be a good topic for faculty development sessions and MSEC concurred.

Dr. Abercrombie made a motion to accept the Preparation of Resident and non-Faculty Instructor policy with the stipulation that the preclerkship course directors will identify in their annual self-studies how they complete the training for non-faculty instructors. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion.

The second policy is titled: Clinical Supervision of Medical Students. A draft of this policy was presented to the Clinical Chairs who asked for a couple of clarifications regarding direct clinical supervision. Those changes have been incorporated into what MSEC is reviewing today. MSEC discussed policy wording, including use of the term “credentialed” for allied healthcare providers. Dr. Olive gave an example of students in the clinic setting and working with nurses or nurse practitioners who we would want qualified to supervise the students. MSEC identified that rather than state allied healthcare providers are “credentialed” it be stated that they are “qualified”.

Dr. Abercrombie made a motion to accept the Clinical Supervision of Medical Students policy with the language change under Allied Healthcare Providers from “credentialed” to “qualified”. Dr. Bird seconded the motion. MSEC unanimously accepted the motion.

The last policy to be reviewed is titled: Documentation of Clerkship Specific Required Procedures and/or Patient Types. This existing policy includes a proposed modification under procedure stating how students will remediate any deficiencies. An individualized remediation plan will be developed by Academic Affairs and/or the relevant clerkship director for the student. Dr. Abercrombie asked about Transition to Clinical Clerkships where students are required to log procedural skills to New Innovations. Dr. Olive confirmed the procedures required for Transition to Clinical Clerkships need to be considered with approval of the policy. It was suggested that the required procedural skills be added to the Required Procedures and Patient Types listing for 2017-2018 and that the policy covers all M3 clerkships/courses.

Dr. Bird made a motion to accept the Documentation of Clerkship Specific Required Procedures and/or Patient Types policy as drafted. Dr. Abercrombie seconded the motion. MSEC unanimously voted to accept the motion.

Each policy is found in links at the end of these minutes.

MSEC Minutes June 13, 2017 Approved July 18, 2017

4. Report/Approve: Required Skill Logger Listing 2017-2018

Dr. McGowen introduced the 2017-2018 Required Procedures and Patient Types list that has been discussed and approved by the clerkship directors and is now being presented to MSEC for approval. Cathy Peebles explained how the required procedures are identified in New Innovations. Those which can be completed at any time during the third year – Global requirements, referred as QCOM, and those which must be completed during a specific clerkship rotation. Students identify their roles as consisting of Observed, Assisted or Performed, the majority requiring a Performed action. The Transition to Clinical Clerkships' required procedures are not on the list, but they will be added to the list approved by MSEC. Dr. Abercrombie asked that the subcutaneous injection simulation be assigned to the Transition to Clinical Clerkships as it is performed there. MSEC discussed the addition of any required first or second year procedures and whether they should be monitored in New Innovations and concluded that the first and second year procedures are monitored through course completion. There was confirmation that the exams performed by M3 students utilizing standardized patients for male prostrate and female gynecological exams are identified. Cathy Peebles confirmed that the two Universal Precautions Technique requirements recently approved by MSEC (April 4, 2017) are included as new Global requirements.

Dr. Bird made a motion to accept the Required Procedures and Patient Types Listing for 2017-2018 to include the Transition to Clinical Clerkships required procedure skills. Dr. Abercrombie seconded the motion. MSEC unanimously voted to accept the motion.

The Required Procedures and Patient Types Listing is found in a link at the end of these minutes.

5. Follow Up: Interprofessional Education (IPE) Activities

Dr. McGowen introduced Dr. Brian Cross, Director of Interprofessional Education & Research, who presented a follow up to the IPE discussion that occurred at the May 16, 2017 MSEC meeting. Dr. Olive apologized to MSEC that he had not kept MSEC updated with the on-going discussions between IPE and College of Medicine in planning dates for this upcoming academic year. MSEC has been widely supportive of the IPE concept thus far. The presentation by Dr. Cross clarifies plans for 2017-2018 and the next phases for 2018-2019. Dr. Cross provided a Power Point presentation that covered the four core IPE competency domains, accreditation standards, importance for having the program, the 5-year (2015-2020) strategic plan, lessons learned, and past, current, and planned next phases. Dr. Cross emphasized the importance of students learning to participate in a team environment and being able to replicate this in patient care activities within the community. For the 2017-2018 academic year the students will participate as follows:

- Increase to two ½ day experiences per semester (*excused absences*) ~ 15-20% of student body.
- Cohort 2 (M2) will complete competency days in fall & two ½ day experiences of community engagement in spring
- Cohort 3 (M1) will complete all competency days in first year (fall 2017/spring 2018) & then have four ½ day experiences of community engagement in 2nd year

MSEC Minutes June 13, 2017 Approved July 18, 2017

All ½ day experiences will be mapped to the individual curriculum program so as to not duplicate material delivered. In 2018-2019 the goal is participation by all students.

Dr. McGowen said the IPE Steering committee continues to work towards development of student assessment within their team as well as how the team performed. Dr. McGowen asked for any other questions or discussion about what Dr. Cross presented. Cindy Lybrand asked that when the planning for 2018-2019 is finalized that MSEC be advised. Dr. Cross agreed MSEC would be kept updated.

The Interprofessional Education Power Point is found in a link at the end of these minutes.

6. Approve: Global Healthcare: Disease Treatment & Prevention Elective

Dr. Wood presented an optional, on-line elective titled: *Global Healthcare - Disease Treatment & Prevention*, with course director, Dr. Emily Flores, COP. The interprofessional course seeks to introduce the student to a wide variety of global healthcare related to disease and treatment and prevention while acknowledging there are differences in low and high resources settings. It is a 3 credit hour course and students will likely spend 3-6 hours on this course each week. The course is intended to become a required course for the Interprofessional Global Health Certificate that is in development.

Dr. Johnson made a motion to accept the Global Healthcare: Disease Treatment & Prevention Elective. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion.

7. Report: M3/M4 Review Curriculum Subcommittee reports

Dr. Wood presented two clerkship reports: Internal Medicine and Family Medicine

The **Family Medicine Clerkship** is directed by Dr. Jason Moore. The objectives and content of the clerkship appear to be appropriate. There are multiple instructional methodologies used. A variety of activities make up the graded components for the clerkship, including four assignments for reports on EBM, a home visit, preventive medicine, and behavioral health. MSEC minutes from the 2015-2016 review show three items to be reviewed/followed up on and each have been addressed in this year's review. It is noted that the clerkship has met with MSEC regarding its waiver to have the NBME grade component to remain at 15% for the 2017-2018 year. There are no short-term or long-term recommendations for MSEC.

MSEC accepted the report as delivered.

The **Internal Medicine Clerkship** is directed by Drs. Aaysha Kapila and Rupal Shah. The clerkship has implemented a number of changes over the past year. The clerkship had a goal of increasing the amount of time in didactic lectures/conferences and this was achieved when the clerkship duration increased from 6-weeks to 8-weeks. Night float has been re-implemented and simulation labs introduced to the clerkship. There is continued effort to provide outpatient experiences in the future. Instruction and assessment methods are appropriate.

MSEC Minutes June 13, 2017 Approved July 18, 2017

Many of the concerns from last year's review have been addressed. An outpatient experience should be implemented as a means to improve exposure to chronic disease management in the outpatient setting.

Short-term recommendations include adding a lecture addressing end-of-life topics; providing a list of medical student responsibilities/expectations in regards to daily tasks and work hours; and continuing to increase student experience in the admissions process.

Long-term recommendations include enhancing the outpatient experience through lectures and patient exposure to chronic conditions; endorsing the use of the block scheduling to free students for outpatient experiences; consideration of implementing a limited number of clinic half-days where students work one-on-one with an attending/resident.

Overall the Internal Medicine clerkship is receiving high praises, but it could be furthered by adding didactic topics on end-of-life care; proving direction for residents on the role of medical students at each rotation site; the addition of an outpatient experience; and striving for improvement for the NBME scores (ranking 34th percentile nationally). The subcommittee will continue to follow the clerkship's NBME scores.

Dr. McGowen asked if the short term recommendation to add the end-of-life care topics was directed to MSEC to direct the course director to add the content or a recommendation to the course director. MSEC discussion on the short term recommendation identified that a content report that will identify where end-of-life topics are included is being developed by the Curriculum Integration Subcommittee (CIS). It may be that the students who identified this gap may not have had the end-of-life topics offered in other clerkships. MSEC agreed that a recommendation for end-of-life care topics should come after a more comprehensive review of this topic in the curriculum. The short term recommendation should be intended for the course director as a suggestion with no MSEC action requested.

MSEC accepted the report as delivered.

The M3/M4 Review Subcommittee reports for the Internal Medicine and Family Medicine clerkships are found in a link at the end of these minutes.

MSEC broke for 10-minute break

8. Report: Administrative Reviews

Dr. McGowen opened the reviews by stating that the M1/M2 and M3/M4 Review Subcommittees complete the reviews of most required components of the curriculum, but there are some courses/events within our curriculum that do not fit with this format and Administrative reviews/summaries are conducted ensuring they are functioning as intended. The senior selective and electives are some of these. Once a year MSEC receives a summary review to include overall rating, number of students enrolled in each, and the strengths and weaknesses of each.

MSEC Minutes June 13, 2017 Approved July 18, 2017

Senior Selectives – The summary grouped the selectives into:

- Category A – Intensive Care will an overall rating ranging from 3.67 to 5.0/5.0
 - Category B – Subinternships will an overall rating ranging from 4.24 to 4.59/5.0
 - Category C – Ambulatory with an overall rating ranging from 4.0 to 5.0/5.0.
- Strengths included strong faculty, variety of teaching, exposure to clinic and ER
- Weaknesses included lack of access to EHR, low census, more clarification of expectations.

Dr. McGowen pointed out that if any significant concerns are identified they are immediately addressed with the course director.

Senior Electives – There were 57 different electives taken with a participation range of 1-69 students (majority of time there are 5-12 students per elective). The overall rating ranging from 3.4 to 5.0/5.0. The most frequently taken electives:

- Medical Humanities – 69 students (distance learning course primarily taken by students while on away rotations with all course communications done electronically)
 - Anatomical CT & Cross-Sectional – 63 students (distance learning course primarily taken by students while on away rotations with all course communications done electronically)
 - Anatomy-Ultrasound – 36 students
 - Advanced Physical Diagnosis – 28 students
- Strengths - narrative comments were uniformly positive with no themes.
- Weaknesses - no significant problems/themes identified.

In summary, Quillen students have a broad range of high quality electives to individualize their M4 education.

9. Report: MSEC Action/Activity Report 2015-2016 & 2016-2017

Dr. McGowen provided a summary report of the MSEC action/activity table maintained by Sharon Smith. At the conclusion of each academic year MSEC reviews those actions taken and/or remaining for follow-up action. The actions in the summary review are grouped according to routine, substantive and major actions.

2016-2017 – there was a total activity of 78 actions, with 38 being routine and 40 being substantive and major actions. The actions not yet resolved are the approval of three policies which are on the agenda today.

2015-2016 – there was a total activity of 88 actions, with 41 being routine, 19 being substantive, and 4 being major actions. All actions not resolved in 2015-2016 were resolved in 2016-2017.

MSEC discussed the importance of maintaining this on-going action report and appreciated knowing that the report is available as a resource. MSEC viewed the report as a possible resource during the LCME visit.

MSEC Minutes June 13, 2017 Approved July 18, 2017

Access to the report for all MSEC members was discussed and following the meeting the report will be sent to each member. It was also noted that the minutes of the MSEC meetings are sent by email on a quarterly basis to College of Medicine faculty and students.

The Senior Selective/Elective report is found in a link at the end of these minutes.

10. Report: Program Director and PGY1-Survey Results

LCME Element 8.4 Program Evaluation, requires that we obtain outcome data/comments on our graduates and thus each year we send a survey request to program directors and the PGY1 residents who are Quillen graduates. In 2016, after a low response rate MSEC asked that the survey process include 1) A copy of the signed waiver from the student be included in each individualized survey request. 2) Requests be sent electronically as well as a paper copy be mailed to the program director with a return envelope enclosed.

Dr. Olive presented the results of our 2017 Program Director survey. This year we had a 76% response rate (compared to the 36% and 63% response rates in 2016 and 2015) with a good majority of the responses received from program directors utilizing the paper copy and return envelope. The overall performance of our graduates (PGY1s) relative to other PGY1s in the program was 96% average, better or much better expectations. The survey questions were based on the Entrustable Professional Activities, EPAs. There were no EPAs where our graduates were consistently identified as being below expectations.

The same EPA formatted questions were used with our survey sent to the 2016 Quillen graduates, asking them to comment on their first year as a PGY-1 resident. The graduates' response rate was very low – 16% compared to the 35% and 45% rate in 2016 and 2015. The survey was sent electronically to a forwarding email provided by the graduate during their Keystone course. Postings to social media (*Class of 2016 Quillen* Facebook page) were also done to try to increase response rate, with minimal response. Of the 16% who responded to the resident survey, 100% identified that the medical school did prepare them for residency. Overall, the residents rated themselves lower on the EPA based questions than the program directors rated them. Areas within the curriculum where the residents commented about needing preparation/training are: order entry; clinical decision making; required ER time; and OB-GYN, Pediatrics and Surgery sub-internships. We have implemented a Pediatrics sub-internship in the spring of 2017.

MSEC discussed a number of ways to increase the resident response rate 1) Send an incentive gift when we ask for a response and/or when they respond. 2) Involve the residency program coordinator in the request and ask them to forward to the resident. 3) Contact the ETSU Alumni Association for resident contact information. MSEC inquired on a number of the questions and the individual percentages for each response (below, met, exceeded). Following the meeting the individually reported responses for each question were sent to all MSEC members.

The Program Director and PGY1 Survey Summary PowerPoint are found in a link at the end of these minutes.

MSEC Minutes June 13, 2017 Approved July 18, 2017

11. Follow-up: Portfolio Pilot Project

Dr. Olive reported on the Portfolio Pilot project. The evaluation of the curriculum as a whole identified that several of our Institutional Educational Objectives needed better assessment. Portfolios were identified as a means to do this and a pilot project managed in Desire 2 Learn (D2L) under the Career Exploration D2L site ran from January to April 2017.

Mariela McCandless, Academic Affairs, set up the processes, monitored and reviewed the responses for completeness and produced a student survey of the overall pilot project. Each student was assigned two specific objectives for written submission in the four-month period. An interactive form was sent to the students for their responses with examples of acceptable reflections. All students submitted their assignments. Most submissions were of an acceptable quality and students understood what was being asked of them. The student survey responses identified four (4) favorable, eight (8) unfavorable, and fifteen (15) undecided evaluations of the process. The Portfolio Project will continue with the third year students participating over an eighteen (18) month period beginning in 2017-2018 and running through the first six months of 2018-2019 (fourth year). Each student will submit eight (8) submissions to be completed by January 2019. A brief introduction of the project will be made to the students in the Transition to Clinical Clerkship course, followed by an email to the students with project specifics.

MSEC discussed the use of the project in the first and second year students. Dr. Olive responded that originally when structuring the pilot, objectives were set up for all years of the curriculum, but it was determined that it would be overwhelming to manage. One of the objectives for the pilot was to have the students be able to learn how to write reflections, but students commented that they have a lot of opportunities for writing reflections in first and second year. MSEC inquired about student feedback on their submissions and how is this being done. Initial screening/response is done by Mariela and the responses that were in question were forwarded to Dr. Olive for student feedback. MSEC discussed whether fourth year students could review and provide feedback. MSEC inquired about what would be the consequences for not completing all eight (8) submissions in the required timeframe. Discussion centered on whether the project was to be a graduation requirement with Promotions Committee being notified of any student not completing the project.

Dr. Abercrombie made a motion to have the Portfolio Project submissions beginning in 2017-2018 become a graduation requirement for the class of 2019 and each graduation class thereafter. Any student not completing all required Portfolio Project submissions will have their name submitted by Academic Affairs to the College of Medicine Promotions Committee for non-completion of graduate requirements. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion.

The Portfolio Project PowerPoint is found in a link at the end of these minutes.

12. Discussion: Setting of Exams – Rural Track and Generalist Track Needs

Dr. McGowen asked for an open-ended discussion on what needs we must consider when trying to set established exam dates for first and second year courses.

MSEC Minutes June 13, 2017 Approved July 18, 2017

The Rural Track Self-Study identified that care needed to be taken when scheduling course exams so they did not conflict with Rural Track scheduled days. Discussion revealed that the problems with scheduling exam dates was broader than the needs of Rural Track and that the discussion needed to come back to MSEC for further discussion.

Dr. Schoborg stated that that course directors in the Biomedical Sciences courses had begun discussing how they might produce a schedule of the first year courses that would allow examinations in a block format – integrated in that there will be questions for more than one course in the exam(s). A long-term goal is to build fully integrated exams, where the exam(s) will contain questions built on multiple course material. Dr. Olive asked that structural requirements coming out of MSEC be considered. Dr. Schoborg noted that Mondays appear to be best for the block exams which should not interfere with Rural Track or the Anatomy courses. Dr. Schoborg agreed there may need to be adjustments in course schedules to accommodate exams, but no course director should be eliminating course material as the student is responsible for the material. Dr. Florence noted in the course self-study that the Rural Track students have a separate set of demands from that in Generalist Track. MSEC student representative, David Cooper, felt that most students would prefer to have block exams rather than individual exams for each course. It becomes challenging to study for multiple exams over a period of time, while trying to attend classes, rather than have classes and a set block of time for all exams and be done with the exams for a period of time. Dr. Monaco commented that the College of Medicine Library basement might be a location for giving exams. Rachel Walden stated that the Library location does have some network upgrades to be done, but anyone is welcome to request the location for their exam.

Dr. McGowen thanked MSEC for the good discussion on setting of exams and it sounds like we are making progress towards the setting of exam dates.

13. Update: Narrative Assessment: Review of courses requiring Summative Narrative Assessment

Dr. Olive reviewed the courses that MSEC has identified for narrative assessment and reviewed the method used this past fall and spring to submit their narrative assessment of students. With 2017-2018 all submissions will migrate to New Innovations which will enable the narrative to be available for the MSPE letters. Workshops will be set up for faculty to ease their migration to New Innovations.

MSEC Minutes June 13, 2017 Approved July 18, 2017

Course	Term	Status
Anatomy and Embryology	M1 Fall	Student Self-assessment = Submitted to D2L Faculty Response = Done (paper)
Introduction to Physical Exam	M1 Fall	Student Self-assessment = Submitted to D2L Response = <i>OSCE Checklist with comments</i>
Communications Skills for Health Professionals	M1 Fall	Faculty Response = Done (Paper)
Case Oriented Learning	M1 Fall / Spring	Faculty Response = Migrated to New Innovations (NI)
Clinical Preceptorship I	M1 Spring	Faculty Response = Done (Paper)
Medical Microbiology - Lab	M2 Fall / Spring	Student Self-assessment = Submitted to D2L Faculty Response = Done
Clinical Preceptorship II	M2 Fall	Faculty Response = Done (Paper)
Practice of Medicine	M2 Fall / Spring	Faculty Response = Done (Paper) + end of fall in NI
Rural Primary Care Tract (RPCT) - pending		

14. Follow Up: Anatomy Lab Faculty

Dr. McGowen reported as a follow-up to the Anatomy course review where it was reported that there was a concern about the number of available teaching faculty for the course. Dr. Hagg has responded that two (2) new faculty members, one research assistant professor and one tenure track assistant professor have joined the Anatomy course and they are being trained according to a plan by Dr. Kwasigroch. The new faculty will be able to participate in the lab and lectures in the third year.

15. Update: Learning Resources: Technical Support position status

Rachel Walden reported that the new position of Educational Technology and Instructional Design in the Department of Learning Resources has been filled. Matthew Carroll has signed a contract to come on board in the very near future. Ms. Walden is preparing a list of projects for the position and asks if anyone has a specific need they contact her with the information. Initially when Mr. Carroll comes on board he will be meeting with all College of Medicine departments to understand what their needs are related to educational technology. He will begin work in two (2) weeks.

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

Rachel Walden reported that over the past year there have been 26,204 practice questions taken by College of Medicine students in *BoardVitals* with 2,184 total hours spent taking/responding to questions, including 484 hours spent on Step 1 practice.

The meeting adjourned at 3:08 pm to the large auditorium for the MSEC Annual Meeting with course and clerkship directors. Dr. McGowen asked MSEC members to sign in for the Annual Meeting.

MSEC Minutes June 13, 2017 Approved July 18, 2017

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

1. [Minutes from May 16, 2017](#)
2. LCME Standard/Element [6.2 Required Clinical Experiences](#) and [9.3 Clinical Supervision of Medical Students](#)
3. MSEC Polices: [Preparation of Resident and non-Faculty Instructors – New Policy – MSEC 0617-18](#)
[Clinical Supervision of Medical Students – New Policy – MSEC 0617-19](#)
[Documentation of Specific Required Procedures and/or Patient Types MSEC - 0313-4](#)
4. Required [Skill Logger Listing 2017-2018](#)
5. [IPE Discussion/Presentation](#)
6. [Global Healthcare: Disease Treatment and Prevention Elective – INDP 8960](#)
7. M3M4 Review Subcommittee reports: [Internal Medicine clerkship](#); [Family Medicine clerkship](#)
8. Administrative Reviews: [Senior Electives and Selectives](#)
9. MSEC Action/Activity [Report 2015-2016; 2016-2017](#)
10. [Program Director and PGY-1 Survey results](#)
11. [Portfolio Pilot Presentation](#)
13. Narrative Assessment – [Summative Narrative Assessment required listing](#)

Upcoming MSEC Meetings

Note not on the 3rd Tuesday of the month due to holiday scheduling

Tuesday, July 18, 2017 –3:30-6:00 pm – C002/Stanton Gerber

August 15 – 3:30-6:00 pm

September 19 – 3:30-6:00 pm

October 17 – Retreat – 11:30 am-5:00 pm

November 14 – 3:30-6:00 pm*

December 12 – 3:30-6:00 pm*

January 16, 2018 – Retreat – 11:30 am-5:00 pm

February 20 – 3:30-6:00 pm

March 20 – 3:30-6:00 pm

April 17 – 3:30-6:00 pm

May 15 – 3:30-6:00 pm

June 19 – Retreat 11:30 am-3:30 pm

June 19 - Annual Meeting - 3:30-5:00 pm

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