Dr. McGowen called the retreat to order at 12:00 pm.

1. Approve Minutes of May 17, 2016 – Announcements
The May 17, 2016 minutes were approved as distributed.

A motion by Dr. Monaco to approve the May 17, 2016 minutes was seconded by Dr. Blackwelder and unanimously approved.

MSEC meeting dates were identified for the 2016-2017 academic year. Members were asked to note that the November and December 2016 meeting dates are scheduled for either the first or second Tuesdays due to the holiday schedule for those months. Dr. McGowen introduced new MSEC member, Dr. Stephen Geraci, Internal Medicine. She noted that there were other individuals being confirmed as MSEC members over the next couple of months and will be introduced as they come on aboard.
Chairs for Priority Implementation Group 1 and 2 have been identified and agreed to serve. Rachel Walden, Learning Resources, will lead Group 1 – Preclerkship. Tiffany Lasky, Surgery, will lead Group 2 – Clinical. If there are suggestions for Group 3 – Doctoring Thread/Course, to include yourself, please let Dr. McGowen and Dr. Olive know. The groups will begin their work in July 2016.

Dr. McGowen referenced the Annual Meeting that will follow the MSEC Retreat. Breakout groups will provide input on the priority action list and implementation groupings. Information from this input will be compiled and that will be conveyed to the implementation groups for their review and incorporation as warranted.

2. MSEC 2015-2016 Activity/Action Items Incomplete/Ongoing
Dr. McGowen reviewed activity items and actions taken by MSEC throughout the year and focused on items that have not yet been resolved.

One (1) action for 2014-2015 and three (3) actions for 2015-2016 need resolution.

**2014-2015 Actions not resolved**
In the 9/16/14 meeting, MSEC tabled the idea of implementing two (2) new student surveys to evaluate the effectiveness of the preclerkship curriculum, pending information obtained from the CBSE. Since then we have also instituted the year-end retrospective student evaluations of the curriculum and ask about preparation for STEP 1 on the M3 evaluation. MSEC discussion concluded with the decision that two (2) new surveys are not needed at this time and that the item is resolved.

**2015-2016 Actions not resolved**
8/15/15 Request by MSEC for Academic Affairs to bring back ideas for faculty development programs, especially those related to addressing the Institutional Educational Objectives.

3/15/16 Charged Outcomes subcommittee with developing a new benchmark related to tracking student performance at the lower end of NBME scores. This item is on agenda today.

4/5/16 MSEC requested administration to collect and present data that would allow us to compare QCOM curriculum hours, weeks, structure, content, etc. to data from peer schools and national benchmarks. This item is on agenda today.

MSEC discussion centered on faculty development and what had been identified thus far including the M1/M2 faculty development luncheons. Cindy Lybrand noted that the self-studies ask about faculty development needs and this information is compiled by Academic Affairs and used when preparing faculty development programs/training. Dr. McGowen confirmed this discussion will need to come back to MSEC this coming academic year for a more focused look at opportunities identified by Academic Affairs for faculty development programs.

*The Action/Activity summary counts for both academic years are made available in the MSEC Meeting Documents link.*
3. **Review of Procedures from Clerkship Directors**

Dr. Olive reviewed the 2015-2016 required clinical skills to be performed by students in each clerkship and those clinical skills which can be completed in multiple clerkships across the academic year. Each clerkship has been asked to add one required, observed patient history and physical exam with the following text: “Observed taking relevant portions of a patient history and performing a physical or mental status exam”.

A motion by Dr. Duffourc to approve the list of clinical skills to be performed by the students in clinical rotations was seconded by Dr. Blackwelder and unanimously approved.

4. **Rural Track Mission, Vision, Values**

Dr. Olive reviewed the Rural Track’s mission, vision, and values presented to MSEC in February 2016. Dr. Florence asked MSEC to review and affirm these, given ongoing developments in the rural track program.

Dr. Monaco asked about earlier discussion of providing service in underserved areas and if this was covered in the mission, vision, and values.

The vision statements cover service in underserved areas in several places: “to be a catalyst for curricular improvement, community and campus partnership” and “demonstrate skills in communication, community relationships and population health as well as medical clinic procedures common to rural community practice” and “to effectively work with individual patients and communities to improve health status”. Dr. McGowen reminded MSEC that as the priority action items are discussed in the Annual meeting it will be important to remember that the RPCT track is part of the curriculum and include consideration of RPCT needs. Rural track has been an important part of the curriculum and there are courses such as *Communication Skills for the Health Professional* and *Preceptorship* that originated in the RPCT track before being adopted by the generalist track.

A motion by Dr. Johnson to endorse the Rural Track Mission, Vision, Values was seconded by Dr. Geraci and unanimously approved.

*The full RPCT presentation of mission, vision, values is made available in the MSEC Meeting Documents link.*

5. **Courses Falling Across Two Semesters – Fall and Spring**

Dr. Olive identified courses that are held in both the fall and spring and currently identified with two (2) separate course numbers. Some are pass/fail and others are graded A-B-C-D-F. He asked for consideration of identifying these courses as a single, two-semester course with one (1) course number.

The courses in the Generalist Track are: *Case Oriented Learning I & II (M1)*, *Profession of Medicine I & II (M1)* and *The Practice of Medicine I & II (M2).*

The courses in the Rural Primary Care Track are: *Rural Case Oriented Learning & Preceptorship I & II (M1)* and *The Practice of Rural Medicine I & II (M2).*
Generalist Track:

<table>
<thead>
<tr>
<th>Year</th>
<th>Course Name</th>
<th>Course #</th>
<th>Grading System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Profession of Medicine I</td>
<td>PRMD-1121</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>1</td>
<td>Case Oriented Learning I</td>
<td>CAOL-1121</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>1</td>
<td>Career Exploration I</td>
<td>MEDU-1314</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>1</td>
<td>The Profession of Medicine II</td>
<td>PRMD-1122</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>1</td>
<td>Case Oriented Learning II</td>
<td>CAOL-1122</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>2</td>
<td>Medical Pathology I</td>
<td>PATH-2311</td>
<td>(A, B, C, D, F)</td>
</tr>
<tr>
<td>2</td>
<td>Career Exploration II</td>
<td>MEDU-2314</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>2</td>
<td>Medical Microbiology</td>
<td>MCRO-2311</td>
<td>(A, B, C, D, F)</td>
</tr>
<tr>
<td>2</td>
<td>The Practice of Medicine</td>
<td>PRMD-2122</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>2</td>
<td>Medical Pathology II</td>
<td>PATH-2312</td>
<td>(A, B, C, D, F)</td>
</tr>
</tbody>
</table>

Rural Primary Care Track:

<table>
<thead>
<tr>
<th>Year</th>
<th>Course Name</th>
<th>Course #</th>
<th>Grading System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rural Case Oriented Learning Precept I</td>
<td>IDMD-1921</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>1</td>
<td>Rural Case Oriented Learning Precept II</td>
<td>IDMD-1922</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>2</td>
<td>The Practice of Rural Medicine I</td>
<td>IDMD-2122</td>
<td>Pass / Fail</td>
</tr>
<tr>
<td>2</td>
<td>The Practice of Rural Medicine II</td>
<td>IDMD-2123</td>
<td>Pass / Fail</td>
</tr>
</tbody>
</table>

If changed to a single, two-semester course, this will reduce the requirements for the identified courses in producing/managing only one (1) evaluation of the course, course syllabus, course number, D2L site, and student grade. The combining will aid the M1/M2 Review Subcommittee with consolidation of efforts. Student failure of the Pass/Fail course will require retaking the full year course.

Discussion resulted in a motion to retain two course numbers for courses identified with a letter grade scale and held in both the fall and spring semesters. This applies to Pathology I & II.

Medical Microbiology is a single numbered, graded course that begins in the fall semester and finishes in the first weeks of the spring semester. Career Exploration covers multiple student classes (M1-M3), at different times of the year, and will continue to be delivered as structured. Both of these courses remain unchanged by the recommendation.

A motion was made by Dr. Geraci to convert the identified two (2) semester courses with a Pass/Fail grade into one (1) course with one (1) course number; and to keep the identified two (2) semester courses with a numeric letter grade scale (A-F) as two courses with course numbers for each (fall and spring). The motion was seconded by Dr. Abercrombie and unanimously approved.

6. Administrative Reviews – 2015-2016 Fall and Spring Courses

During the program evaluation this year administrative reviews are being conducted by Dr. McGowen and Dr. Olive, rather than annual or comprehensive reviews by the Review Subcommittees. This allows the members of the Review Subcommittees to participate in the program evaluation.

Cell and Tissue – Dr. Paul Monaco, Course Director

Objectives are appropriate and mapped to the Institutional Educational Objectives. Last year’s review included a long term recommendation to consider moving the course out of a block schedule and restructure it to run concurrently with other M1 courses. This
recommendation has been referred to *Implementation Group 1 – Preclerkship*. One student failed the course and another obtained a D. All other students passed the course. 62% of students scored above the national mean on the NBME subject exam. Overall evaluation by the students was 4.4/5.0. There are no significant issues for MSEC attention.

**Microbiology – Dr. James Hayman, Course Director**
Objectives are appropriate and mapped to the Institutional Educational Objectives. MSEC action on the 2014-2015 course recommended continued refinement of TBL sessions, which was accomplished and is an ongoing area of course development. 85.9% of students scored above the national mean on the NBME exam. There are no significant issues for MSEC attention, but the course director-commented that ExamSoft was not being used to its potential and identified that system-wide tagging categories would be beneficial. Student evaluations were 4.92/5.0.

**Rural Track M2 Community Health Projects – Dr. Joe Florence, Course Director**
The course objectives have not been mapped to the Institutional Educational Objectives in the syllabus. There are not previous course reviews as the course was previously monitored through the Interprofessional Curriculum Committee. Student evaluations of the course are generally positive 3.3-4.9/5.0. The course is a Pass/Fail and all students have passed the course. MSEC attention will need to focus on the interprofessional nature of the course as it will change this next year and the impact of this change is not yet clear.

**Rural Programs Clerkship – Dr. Joe Florence, Course Director**
Objectives are appropriate, but are not mapped to Institutional Educational Objectives in the syllabus, but mapping is recorded administratively. There were no follow up items from last year’s report to be considered. The clerkship has been using a multiple choice exam derived from fmCASES test bank, but plans to use the NBME FM Modular exam beginning in 2016-2017. There are no significant issues for MSEC attention. Overall student evaluations were 4.4/5.0.

MSEC accepted all administrative reviews as presented.

Each Administrative report is made available in the MSEC Meeting Documents links.

7. **LCME Elements 8.1 and 8.2**
Dr. Olive presented LCME Elements 8.1 Curricular Management and 8.2 Use of Medical Educational Program Objectives. The two elements have been identified by LCME as very important elements for review and attention. The elements were areas that COM has had problems with in the past and will be reviewed for continued progress during our next site visit in 2019-2020.

Element 8.1 (formerly ED 33) states: *A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.*
The Data Collection Instrument (DCI) requests specific detailed supporting documents regarding the faculty committee’s primary responsibility, member and chair selection, meeting frequency, subcommittee composition, charge, role, and meeting frequency. Also required are examples of the curriculum committee’s and subcommittees’ participation in development and review of educational program objectives, horizontal and vertical integration, overall quality and outcomes monitoring, outcomes of the curriculum as a whole and providing examples of where problems were identified and the steps taken by the curriculum committee and subcommittees to address the problems, with results achieved.

Element 8.2 (formerly ED1) states: *The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, review and revise the curriculum, and establish the basis for evaluating programmatic effectiveness. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.*

The Data Collection Instrument (DCI) requires a description of how educational program objectives are used to guide selection and placement of curriculum content, the evaluation of curriculum outcomes and the roles and activities of faculty, curriculum committee and its subcommittees in ensuring learning objectives are linked to Institutional Objectives. We have some deficiencies where courses and/or clerkships have yet to map their course learning objectives to the Institutional Objectives but are working to correct these occurrences. ExamSoft tagging has been suggested as a method for linkage of program evaluation and content selection.

8. **AAMC Medical School Year Two Questionnaire – deferred from May 2016 meeting**

Dr. McGowen presented the Year Two Questionnaire with school specific data. The survey was taken in the October-December time frame of year 2. The survey explores issues related to medical student well-being, aligns with other AAMC surveys, and places an emphasis on student stress, wellness, adjustment, career plans and learning environment. COM specific results were provided for: diversity, marital status and dependents, satisfaction with medical education, interprofessional education experiences, preclerkship course and lecture resources, mistreatment, areas of similar reporting to national samples (feelings, values, biases, respect, sleep, non-educational activities, paid work, exercise, etc.), learning environment, tolerance for ambiguity, quality of life, perceived stress, career plans, values and attitudes.

*The full text of the AAMC Year 2 Survey 2015-2016 presentation is made available in the MSEC Meeting Documents link.*

9. **Introduction to Diagnostic Imaging – M3 Elective for Approval**

Dr. Olive presented a request for MSEC approval of a new M3 elective titled *Introduction to Diagnostic Imaging*. The elective will be located in Sevierville at the LeConte Medical Center and includes both ambulatory and inpatient care. The goal of the elective is to acquaint the medical student with the modalities and broad field of Diagnostic Radiology and Radiation Therapy and Cardiac Imaging.
M3 students (one student per rotation) will have the elective available to them during the six, two-week elective blocks in the third year. The course objectives have been mapped to the Institutional Educational Objectives with educational and assessment methods identified.

A motion by Dr. Geraci to approve the Introduction to Diagnostic Imaging Elective for M3 students was seconded by Dr. Abercrombie and unanimously approved.

10. Community Medicine Course Review Update – deferred from the May 2016 meeting
Dr. Olive presented trends in Community Medicine clerkship student course evaluations. The overall student ratings for the course have gone from 2.62 in 2011-2012 to 3.78 in 2015-2016. The clerkship has mapped its course objectives to the Institutional Educational Objectives and is working with community faculty to hold faculty development sessions. MSEC discussion of the clerkship as a clinical experience or a community related learning experience identified it is both by providing patient care in a community setting.

11. Outcomes Subcommittee Quarterly Report
Dr. McGowen presented the quarterly Outcomes Subcommittee report. Each quarter the Outcomes Subcommittee reports to MSEC on a set of benchmarks. There has been a correction to last quarter’s report. The benchmark related to medical knowledge that states “50% of students will score at above the nation mean on NBME subject exams” was corrected to reflect that 76% of students in CMM scored above the national mean on the NBME subject exam. This was mistakenly reported as 48% in the last quarter report.

The following benchmarks were presented to and discussed by MSEC:

**Indicators used by school to evaluate educational program effectiveness (Outcome Measures-Institutional)**

**May 2016**

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Benchmark met: 100% of students matched into a residency slot</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. 95% of the graduating class participating in a match program will obtain a PGY1 position with a residency program (to include the SOAP process)</td>
<td></td>
</tr>
<tr>
<td>6. In order to address primary care needs of the public, QCOM graduates will obtain PGY 1 residency positions in Family Medicine, Internal Medicine, Pediatrics and OB/GYN above the annually reported national match rates for each specialty</td>
<td><strong>Benchmark not completely met:</strong> Family Med &amp; IM below the national rate and Peds and OB above the national rate-see grid below</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td><strong>Benchmark met:</strong> 100% of students passed the Communication &amp; Interpersonal Skills based on July 1, 2015-Jan 30, 2016 Interim Report. Final report to be issued in Oct 2016</td>
</tr>
</tbody>
</table>
MSEC Retreat Minutes Approval July 19, 2016

| Medical Knowledge | 50% of students will score at or above the national mean on NBME subject exams | Benchmark met: All M1/2 spring courses exceeded the benchmark. Micro=86%; Path=54%; Pharm=71%, Behavior Health=90%; Cell & Tissue=62% and Phys=56%. Correction to Feb report Cellular and Molecular was 76% not 48% |
| Medical Knowledge | 3. 90% of students will pass the USMLE Step 1, Step 2 CK and Step 2 CS exams on the first attempt; | Benchmark met: Step 1=93%; Step 2 CK=94%; Step 2 CS=98% |
| Patient Care | 3. 95% of students will pass the USMLE Step 2 CS on the first attempt | Benchmark met: Step 2 CS=98% |

New benchmarks:

| Benchmark: new | 95% of students will pass the USMLE Step 3 exam on the first attempt | Benchmark met: Step 3=96% for class of 2012; reported in June 2015 |
| Benchmark: new | 90% of students will report being at least adequately prepared to recognize and address personal stressor and/or academic challenges during medical school | Benchmark met: 95.15% Well prepared=43.55% Adequately prepared=51.60% |

Benchmarks that were not met:

| Benchmark: | 4. 95% of matriculating students will complete the curriculum within 5 years | Benchmark not met: 93.94% of matriculating student between 2005 and 2009 completed the curriculum within 5 years. 2 died; 2 dismissed; 11 withdrew; 2 are still here after 6 years; and 3 graduated but took longer than 5 years |
| Professionalism | 1. <20% of students will receive professionalism incident reports in years 1 & 2 | Moved to Aug. data-won’t be reported until June 1 Student Promotions Committee meeting |
| Professionalism | 2. <10% of students will receive professionalism incident reports in years 3 & 4 | Moved to Aug. data-won’t be reported until June 1 Student Promotions Committee meeting |

MSEC discussion centered on Benchmark 6 that was partially met: In order to address primary care needs of the public, QCOM graduates will obtain PGY 1 residency positions in Family Medicine, Internal Medicine, Pediatrics and OB/GYN above the annually reported national match rates for each specialty. The current class of 2016 match results as well as trends over time for COM graduate residency matches were provided for MSEC review. MSEC-discussed to what extent the percentage of students going into primary care is determined by curriculum. Dr. McGowen suggested the discussion be a future MSEC agenda item as it is identified as part of our mission.

Outcomes Subcommittee Recommendations of new benchmark:

1. Proposed new benchmark oriented to tracking student performances on the lower end of NBME scores
   a. Fewer than 10% of students will score at or below the 10th percentile on any NBME end of course exam.
The rationale for setting the benchmark this way is to be consistent with the method used for converting NBME exams into course grades (10th percentile is set as equivalent to 70, or passing) and to phrase the benchmark in a similar way to other NBME-based benchmarks. The subcommittee discussed alternatives and also noted that more than one level of NBME performance is tracked administratively and will continue to be monitored.

MSEC accepted the Outcomes Subcommittee Quarterly report as presented.

12. Comparison Data and Instruction Hours Update
Cindy Lybrand updated MSEC on Administration’s effort to gather comparison data and instruction hours from COM’s peer schools. Efforts continue to obtain the information. It is hoped that by the July MSEC meeting, the data will be made available.

13. Standing Agenda Item: Subcommittee, Working Group Groups & Technology
There were no items presented for discussion or consideration by MSEC.

The meeting was adjourned at 3:00 pm., with members asked to reconvene at 3:30 for the Annual Meeting.

MSEC Meeting Documents
1. Meeting Minutes – May 17, 2016
2. Action/Activity Summary presentation
3. Rural Track Mission, Vision, Values presentation
4. Administrative reviews – Cell and Tissue, Microbiology – Rural Track M2 Community Health Projects – Rural Programs Clerkship
5. LCME Elements 8.1 and 8.2 presentation
6. AAMC Year 2 Survey presentation
7. Introduction to Diagnostic Imaging – M3 Elective
8. Outcomes Subcommittee Quarterly report

Upcoming MSEC Meetings
Tuesday, July 19 – 3:30-6:00 pm
Tuesday, August 16 – 3:30-6:00 pm
Tuesday, September 20 – 3:30-6:00 pm
Tuesday, October 18 – Retreat – 11:30-6:00 pm
Tuesday, November 8 – 3:30-6:00 pm
Tuesday, December 6 – 3:30-6:00 pm
Tuesday, January 17, 2017 – Retreat – 11:30-6:00 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 3:30-6:00 pm
*Note not on the 3rd Tuesday of the month due to holiday scheduling
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