



Medical Student Education Committee - MSEC

The Medical Student Education Committee of the College of Medicine met on Tuesday, July 18, 2017 in C-002 Classroom of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Martha Bird, MD
Russell Brown, PhD
Patricia Conner, MD
Stephen Geraci, MD
Dave Johnson, PhD
Paul Monaco, PhD
Mark Ransom, MD
Robert Schoborg, PhD
Hunter Bratton, 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

Robert Acuff, PhD
Patricia Amadio, MD
Reid Blackwelder, MD
Michelle Duffourc, PhD
David Wood, MD

Academic Affairs Staff

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

Shading denotes or references MSEC ACTION ITEMS

1. Approve: Minutes of June 13, 2017 Retreat and Annual Meetings

Dr. McGowen asked for comments and/or changes needed to the Retreat and Annual Meeting minutes which were distributed to MSEC as attachments prior to the meeting. No comments and or changes were identified.

The June 13, 2017 Retreat and Annual Meeting minutes were approved by MSEC with no changes identified.

Minutes of both the June 13, 2017 Retreat and Annual Meeting minutes are shared with MSEC members via a One Drive document storage option.

Meeting Announcements:

Dr. McGowen made several announcements:

- Two new course directors were announced for M1 courses this academic year. Dr. Jerry Mullersman, MD, Biostatistics and Epidemiology course and Dr. Carlos Isaza, MD, Lifespan Development course. Both courses will be offered in the fall semester.
- Rachel Walden, Learning Resources, announced that Matthew Carroll, Instructional Design & Technology Manager is available to assist course/clerkship directors/facilitators who want to implement/refine their course delivery method(s). He can be reached in the Department of Learning Resources by emailing carrollmo@etsu.edu or by telephone – 439-2407. Ms. Walden invited MSEC to give Mr. Carroll a call to set up an appointment time.
- Dr. McGowen identified changes to the agenda for today to include:
 - Dr. Wood, M3/M4 Review Subcommittee chairman asked to present their reports earlier in the meeting.
 - The request for a Longitudinal Elective has been added to the agenda.
 - The report on Clerkship Grade Turnaround has been postponed to the August 15th meeting. The clerkship reporting date for final grades ended on July 14, 2017.

2. Report: M1/M2 Review Subcommittee Reports

Dr. Acuff presented the M1/M2 Review Subcommittee's review of the M1 *Communication Skills for Health Professionals* course. The course is co-directed by Dr. Reid Blackwelder and Dr. Rick Hess. The course is now part of the Doctoring I course and going forward the review subcommittee may need to relook at its reporting structure when reporting on those courses now included as components of the Doctoring 1 course.

The course is an interdisciplinary course bringing together students from Medicine, Pharmacy, Nursing, and Psychology to develop and enhance communication skills between practitioner and clients/patients, as well as other health professionals.

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The review indicated the course is functioning successfully. There were no short-term or long-term recommendations for MSEC to act upon.

The students commented that the video modules should be considered for updating.

The course directors identified their biggest challenge for the course is to broaden the number of learners for the course which will create new challenges in terms of numbers of faculty, resources, and physical space needed. It will also require stronger coordination between the different colleges to meet the broad goal.

The overall student evaluation of the course was 4.4/5.0.

MSEC noted that the course meets the Masters in Public Health (MPH program) requirement for communications for those students enrolled in the MPH program. Discussion included the need to assure that academic credit for the MPH curriculum be protected when this course is combined with other doctoring courses. Dr. Olive stated that this has been addressed.

MSEC accepted the report as delivered.

Dr. Acuff presented the M1/M2 Review Subcommittee's review of the M2 *Practice of Medicine* course. The course will become part of the Doctoring II course in 2018-2019 which may change the Review Subcommittee's reporting structure for those courses included as components of the Doctoring II course.

This is a year-long course designed to integrate, review, and apply basic science pathophysiology through introduction to clinical medicine. Students use their knowledge base to build differential diagnoses and learn advance interviewing and physical exam skills.

The review indicated the course is functioning successfully. There were no short-term or long-term recommendations for MSEC or the course director to act upon.

The course is well received by the students receiving an overall evaluation of 4.72/5.00 which is an increase from last year's overall evaluation of 4.24/5.00.

The course director identified that because of the time commitment in the course it has been difficult to recruit and train faculty. The course director has developed a Power Point presentation to be delivered to several clinical practices to give an overview of the course and explain the time commitment and faculty responsibilities for participating in the course. The course director identified that the contribution by the Standardized Patients adds a unique strength to the course.

MSEC accepted the report as delivered.

Both of the M1/M2 Review Subcommittee reports and Substantiating Documentation reports are shared with MSEC members via a One Drive document storage option.

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3. Report: M3/M4 Review Subcommittee Reports

Dr. Wood submitted the M3/M4 Review Subcommittee's review of the *Surgery Clerkship*. The clerkship director is Dr. Tiffany Lasky. The clerkship is now an eight (8) week clerkship with students being able to select a sub-specialty rotation the last two (2) weeks of the rotation. Students have the opportunity to rotate through two (2) of three (3) different hospital systems (MSHA, HVMC, VAMC) working with multiple surgical groups and different patient populations to include both inpatient and outpatient services.

The clerkship utilizes the National Board of Medical Examiners (NBME) subject exam and an internal paper exam. The 2016-2017 NBME mean score for the College of Medicine (COM) clerkship periods (1-3) was 71.4%. This is in comparison to the 2015-2016 NBME mean score for like comparison groups (8 weeks) of 73.1%. **MSEC noted the increase in NBME scores since the clerkship went to eight (8) weeks in length compared to the clerkship at six (6) weeks in length.**

Short-term recommendations to the clerkship director included: 1) Consolidating the didactic lectures as presenter schedules permit to maximize clinical continuity for the students. 2) Outline specific objectives or topic areas for each quiz that will help students focus their studying and adequately test their knowledge base.

There were no long-term recommendations for MSEC or the clerkship director to act upon.

Overall the students view the clerkship favorably; citing several residents and attendings as role models for their future careers as physicians in any specialty. The course received an overall evaluation of 4.45/5.00 for all rotations for 2016-2017. This is slightly lower than the 2015-2016 overall of 4.58/5.00.

MSEC accepted the report as delivered.

Dr. Wood presented the M3/M4 Review Subcommittee's review of the *Community Medicine Clerkship*. The clerkship director is Dr. William Fry. The clerkship lasts six (6) weeks and includes one (1) week devoted to a rural community health fair. Learning activities take place in the Sevierville community with students getting exposure to treating patients in the context of the community while living in the community.

Short-term recommendations to the clerkship director included: 1) Maintenance of showers in the residence rooms to ensure all have hot water available. 2) Final exam content limited to what was presented to students via lectures or assigned readings and relevant to clerkship objectives. 3) Improved communication with preceptors advising them of the students and their rotation dates so the preceptors are prepared to receive the students. Dr. Wood reviewed responses to the recommendations that Dr. Fry submitted.

Long-term recommendations for MSEC consideration included shortening the clerkship and re-allocating student rotations to another discipline. MSEC discussion included the financial support received for the clerkship from the Sevierville community along with the ETSU Administration support for the program.

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The College of Medicine has been working extremely hard with the community faculty to deliver relevant content, aligned with the clerkship objectives and the Health Fair component and is well received by both the students and the community patient populations.

The 2016-2017 student evaluation of the course was 3.79/5.00 which is an increase from the 2015-2016 evaluation of the course which was 3.54/5.00.

Based on subsequent discussion of the merits of the clerkship MSEC did not adopt the long-term recommendation.

MSEC accepted the report, with no action on the long term recommendation.

Both of the M3/M4 Review Subcommittee reports are shared with MSEC members via a One Drive document storage option.

4. Report: Outcomes Subcommittee Quarterly Report

Dr. McGowen reviewed nine (9) outcome benchmarks for the spring 2017 quarter, all of which were met. For the benchmark related to the number of graduates going into primary care, concern was noted regarding the lower number of College of Medicine (COM) students/percentage entering Internal Medicine this year, but also noted that there were a larger number of COM students/percentage entering Family Medicine.

Dr. McGowen reported that the previously requested Rural Track benchmark had been delayed until now because the database for medical school rural programs has not been fully functional, but should be by next year (2017-2018). The data to be tracked in the database for rural programs was identified and early pilot data identified that nationally, 65% of rural track graduates went into primary care residencies (Family Medicine, Internal Medicine, Pediatrics and OB-GYN). The Outcomes Subcommittee recommends adoption of a Rural Track benchmark based on the number of rural track graduates entering primary care.

MSEC discussed the importance of setting outcomes for Rural Track as the COM mission hinges on Rural Primary Care. It was identified that there are twenty (20) rural programs available to students nationally.

Dr. Lura made a motion to accept the Outcomes Subcommittee recommendation for a Rural Track benchmark for COM Rural Track Graduates, stated as: The percentage of COM Rural Track graduates entering primary care residencies will be at or above the national average of all rural program graduates entering primary care residencies. Dr. Monaco seconded the motion. MSEC unanimously voted to accept the motion.

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

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5. Report: Administrative Reviews – Integrated Grand Rounds - Dr. McGowen presented a summary report on the Integrated Grand Rounds (IGRs) held in 2016-2017. Co-chairs of the Steering Committee are Dr. Duffourc and Dr. Blackwelder. The IGRs are required for the M1 and M2 students with the M3 and M4 students participating as mentors on an optional basis. IGR allows M3 and M4 mentors to be trained/serve as instructors and permits them to review basic science content.

Dr. Duffourc stated that the sessions are well received. There are good comments from the students and positive comments from the instructors. The pre-tests and post-tests show improvement in the student knowledge base. Students' concerns are few, but themes include the three (3) hour continuous delivery block of time and the noise created by the activity in the room during the sessions. Overall, the beneficial aspects (interactive nature of the sessions, M3 and M4 student involvement, plus the patient presentations and basic science content) out-weigh the concerns.

MSEC discussion focused on concerns about M3 absences from clerkships created by participation in IGR sessions. Dr. Duffourc suggested a letter go to the clerkship directors explaining that the granting of a student absence is a clerkship director decision and M3 students are not required to attend the sessions. Dr. Monaco asked about the amount of advance notice given to the students, which would allow them to seek advance permission from the clerkship director for an absence related to an IGR session. Other MSEC members identified that there may be additional COM activities asking for M3 and M4 assistance/attendance and that IGR may not be the only activity students are asking for permission to attend.

Jr. Clinical Experiences - Dr. Olive presented a summary report on the Jr. Clinical Experiences for 2016-2017. With the reformatting of the Internal Medicine and Surgery clerkships to an eight (8) week duration **the M3 scheduling calendar had to be modified to adopt both six (6) and eight (8) week blocks of time. A two (2) week specialty rotation, titled Jr. Clinical Experiences was placed after each six (6) week Community Medicine clerkship rotation to form an eight (8) week block of time needed in the M3/M4 calendar. The Jr. Clinical Experiences are not a part of the Community Medicine Clerkship, but rather a stand-alone rotation that enables the M3 students to select a specialty rotation in which they are interested in experiencing.**

The overall student evaluations of the Jr. Clinical Experiences was 4.7/5.0. There were no concerning narrative comments received from the students.

Both Administrative Review summary reports are shared with MSEC members via a One Drive document storage option.

6. Report: Clerkship Duty Hours

Cathy Peebles presented a summary report on the reported duty hours for M3 students during the 2016-2017 academic year. There were no clerkships out of compliance. Two (2) of the clerkships had one (1) student report an average of 80 hours for one week of the rotation.

The Duty Hours report is shared with MSEC members via a One Drive document storage option.

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7. Discussion/Action: Concept of Credit for Longitudinal Electives

Cathy Peebles provided the rotation elective requirements for the M4 year, which are eighteen (18) weeks of electives with no more than eight (8) weeks of non-clinical electives. The recently approved Global Health Science: Disease Treatment & Prevention, course number INDP 8960, is an example of a non-clinical elective. The course is delivered over a three (3) month span. A request has been received to consider this course as an M4 longitudinal elective, which would be a new format for an M4 elective. Discussion with the registrar's office determined the amount of work in the elective equates to a two (2) week clinical elective.

Dr. McGowen asked for discussion from MSEC on the concept of giving credit for longitudinal electives which may meet the criteria for a 2 (two) week elective. MSEC noted that there has been ongoing discussion about adding interprofessional and global content to the curriculum. The elective example would provide this content. Students need to determine how to manage their time in the M4 year and would need to decide if their course schedule would allow participation and successful completion of any elective added to their M4 schedule.

Dr. Schoborg made a motion to accept the concept of credit for Longitudinal Electives in the M4 year. Dr. Monaco seconded the motion. MSEC unanimously voted to accept the motion.

Dr. Schoborg asked that there be several processes developed for evaluating a longitudinal course before it is identified for credit to include:

- 1) Developing a process for evaluating the course to ensure it is appropriate for the College of Medicine (COM) curriculum and that it is placed appropriately in the COM curriculum.
- 2) Developing a process for evaluating the course hours and their equivalent to credit hours.
- 3) Developing a process to determine if the course hinders completion by students of core requirements for the M4 curriculum.

8. Report: LCME Standard-Element 1.1 – Strategic Planning and Continuous Quality Improvement

Dr. Olive reviewed the LCME Element, the narrative response, and supporting documentation that will be submitted to LCME in the College of Medicine (COM) Self-Study. He also covered what the LCME survey team will need to comment on with specific findings that reflect compliance with the LCME Element. MSEC discussed implications of this element.

The Standard-Element 1.1 presentation is shared with MSEC members via a One Drive document storage option.

9. Report: College of Medicine Continuous Quality Improvement (CQI) Plan

Dr. Olive presented the College of Medicine (COM) Continuous Quality Improvement (CQI) plan for review in 2017-2018. It includes review of resource data and activities/processes as they relate to LCME Standards/Elements compliance.

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The COM CQI Plan is shared with MSEC members via a One Drive document storage option.

10. Update: Doctoring I Course

Dr. Olive offered updates on the structure and implementation of the Doctoring I course which will began Wednesday, July 19th. An orientation session with the M1 students occurred with both Dr. Means and Dr. Olive giving introductions to the concept and course specifics. Students will participate in a physical exam boot camp followed by additional physical exam training and simulation sessions, receive instruction in communication, ethics/professionalism, basic sciences, and career considerations / decisions as well as participate in clinical experiences.

The course accounts for a large portion of the student's contact hours in the M1 year and therefore will have both a Pass/Fail grade and an associated numeric grade submitted for each student, which contributes to class rank.

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

Dr. McGowen reminded MSEC there will be a faculty development workshop on Tuesday, August 8th at 4 pm. This is a change from the Wednesday afternoon at 3:00 pm start time. It is hoped the change will allow faculty who have not been able to attend to have the opportunity to do so.

Dr. Lura inquired about the Turning Point access for the new M1 students and Ms. Walden stated she is working on notification to the students of the need to purchase access. This will also include notification to the M2 students regarding the need to renew their subscription.

The meeting adjourned at 5:45 p.m.

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 July 18, 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

Upcoming MSEC Meetings

*Note not on the 3rd Tuesday of the month due to holiday scheduling – all meetings are held in C-001 until further notification.

- 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

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- 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