



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a Meeting on Tuesday, March 15, 2022 via Zoom meeting.

Attendance

<u>FACULTY MEMBERS</u>	<u>EX OFFICIO NON-VOTING MEMBERS</u>
Ivy Click, EdD, Chair	Beth Anne Fox, MD, MPH, Vice Dean
Caroline Abercrombie, MD	
Martha Bird, MD	<u>SUBCOMMITTEE CHAIRS</u>
Jean Daniels, PhD	Robert Acuff, PhD
Thomas Ecay, PhD	Keelin Roche, MD
Jennifer Hall, PhD	
Russell Hayman, PhD	<u>ACADEMIC AFFAIRS STAFF</u>
Jon Jones, MD	Kortni Dolinger, MS, Staff
T. J. Mitchell, MD	Mariela McCandless, MPH, Staff
Paul Monaco, PhD	Aneida Skeens, BSIS, CAP-OM, Staff
Jason Moore, MD	
Jerry Mullersman, MD	
Antonio Rusinol, PhD	<u>GUESTS</u>
	Patti Amadio, MD
<u>STUDENT MEMBERS</u>	Leon Dumas, MMED
RJ Black, M3	Lindsey Henson, MD
Andrew Hicks, M2	Skylar Moore, MPH, HCMC
Helen Mistler, M1	Diego Rodriguez-Gil, PhD
	Tory Street, Assistant Dean
<u>EX OFFICIO VOTING MEMBERS</u>	Doug Taylor, Associate Dean
Deidre Pierce, MD	
Robert Schoborg, PhD	
Rachel Walden, MLIS	

Meeting Minutes

1. Approve: Minutes from the MSEC February 15, 2022 Meeting.

Dr. Click opened the meeting at 3:32 p.m. and asked for comments/updates to the February 15, 2022 meeting minutes, which were distributed to MSEC members via email on Friday, March 11, 2022.

A motion was made to accept the February 15, 2022 minutes and seconded. MSEC approved the motion.

The MSEC minutes for February 15, 2022 are shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Phase Review Committee
 - Met March 2, initial reports due in April
- Tri-TRAILS proposal submitted to LCME
 - LCME will review at their June meeting
- Faculty Development
 - Inclusive Interviewing and Recruiting
 - Rachel Walden, Wednesday, March 16 at 12:15 pm
- Town Hall Meeting with Dr. Lindsey Henson
 - Monday, March 28 at 5:00 pm in the Large Auditorium
 - Will be here Monday, March 28 through Wednesday, March 30
 - Meeting with administration, course directors, and students
 - Look for emails from Sandy Greene to schedule a meeting with Dr. Henson

2. Report: LCME Status Report Findings

Dr. Click presented the determination letter we received from the LCME following their review of the status report and the Major Curricular Modification Notification Form for the TRAILS curriculum we submitted in December 2021.

The LCME voted on the following regarding the TRAILS curriculum:

- LCME Determination
 - Resources appear adequate to support the proposed changes, but additional information is required related to instructional and support staff and educational facilities.
- Required Follow-Up for the School
 - Status report is due by August 1, 2023 addressing Element 2.4 (Sufficiency of Administrative staff), Element 4.1 (Sufficiency of Faculty), and Element 5.4 (Sufficiency of Buildings and Equipment).

The LCME voted on the following regarding the status report:

- Required Follow-Up for the School
 - Status report is due by August 1, 2023 addressing Element 7.1 (Biomedical, Behavioral, Social Sciences), Element 8.1 (Curricular Management), and Element 8.3 (Curricular Design, Review, Revision/Content Monitoring).

Dr. Click stated that Element 7.1 was noted as being unsatisfactory, Elements 8.1 and 8.3 were satisfactory with monitoring, and Elements 8.4 and 9.8 were satisfactory. Dr. Click commented that Element 7.1 had been moved to satisfactory with monitoring previously and had now been moved back to unsatisfactory and felt this was due to the low ratings in Introduction to Clinical Psychiatry and Neuroscience even though Neuroscience ratings have been increasing.

Dr. Click reviewed the specific data the LCME is requesting in the status report due on August 1, 2023.

No voting action required.

The presented LCME Letter of Determination document is shared with MSEC Members via Microsoft Teams document storage.

3. Report: M1/M2 Review Subcommittee 2021-2022

Genetics

Please see the Genetics Annual Review Report for additional data.

Dr. Acuff presented a review for the Genetics course. Dr. Acuff noted that this course will be phased out this year as the new TRAILS curriculum will begin this coming academic year (2022-23). Dr. Paul Monaco is the course director. The reviewers were Dr. Michael Kruppa and Abbey Johnson, M1.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Exceeded expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Grade breakdown exceeded expectations. There is no NBME exam for this course.
- Student Feedback: All exceeded expectations except for course instructors receiving an overall satisfaction score of $\geq 3.0/4.0$ and this met expectations with all being 3.5/4.0 or above.
- Previous Reviews: Not applicable.

Strengths and weaknesses of the course were discussed. Please see the M1/M2 Review Subcommittee Genetics report for further details.

Comments from Clerkship Director: Dr. Monaco noted that a CMM exam was held at the same time that one of the clinical genetics sessions was scheduled to meet. He did not have input regarding this conflict and had to reschedule the session at a last-minute notice.

Recommended changes to the Clerkship Director: None as this was the final year for this course as it will become integrated with the new TRAILS curriculum.

Recommendations for MSEC: None.

A motion was made to accept the M1/M2 Review Subcommittee Genetics Course report as presented and seconded. MSEC discussed and approved the motion.

The presented Genetics Annual Course review document is shared with MSEC Members via Microsoft Teams document storage.

4. Discussion/Approval: Policy Discussion

Student Transfer Between Generalist and RPCT Tracks

Dr. Click presented the Student Transfer Between Generalist and Rural Primary Care Tracks (RPCT) policy. Dr. Click noted that in the past, the policy allowed students to transfer from one track to the other at the end of the academic year pending approval. Due to several issues with this process, Dr. Kincer requested the following changes be made to the current policy:

- Transferring from the Generalist track to the RPCT
 - Students in the Generalist track may transfer to the RPCT at the end of a semester during the pre-clerkship phase of the curriculum.

- Transfers from the Generalist track to RPCT are not permitted during the clinical phase of the curriculum.
- Transferring from the RPCT to the Generalist Track
 - Students in the RPCT may transfer to the Generalist track at the end of a semester during the pre-clerkship phase of the curriculum.
 - Transfers from the RPCT to the Generalist track during the clinical phase of the curriculum would only be permitted under extenuating circumstances and approved by the Associate Dean for Rural and Community Programs and the Vice Dean for Academic Affairs.

Discussion ensued regarding the timeframe for switching from the rural track to the generalist track.

After much discussion, Dr. Mullersman made an amendment to the motion of excluding the first semester from the motion that will allow the student to transfer at the end of each semester to allowing the student to transfer any point during the first semester.

A motion was made to amend the motion to exclude the first semester from the motion that will allow the student to transfer at the end of each semester to allowing the student to transfer at any point during the first semester and the motion was seconded. MSEC discussed and approved the amendment.

A motion was made to approve the transfer from RPCT to generalist track at the end of the semester during the pre-clerkship excluding the first semester and the motion was seconded. MSEC discussed and approved the motion.

The presented Student Transfer Between Generalist and Rural Primary Care Tracks (RPCT) Policy documents are shared with MSEC Members via Microsoft Teams document storage.

Documentation of Clerkship Specific Required Procedures and/or Patient Types Policy and M3 Clerkship Exam and Grading Policy

Kortni Dolinger presented the Documentation of Clerkship Specific Required Procedures and/or Patient Types Policy and the M3 Clerkship Exam and Grading Policy noting that the current process for documenting procedures and patient types requires students to complete the requirements by the end of the clerkship and if not completed, 5% is deducted off their final grade. Leo, the new curriculum management system, has a gradebook feature and they are trying to get away from manual calculations. It is being proposed that instead of deducting 5% that this component be made 5% of the overall grade. Currently 35% of the overall clerkship grade is derived from a clerkship final exam (such as the NBME or other clerkship-specific exam). The remaining 65% include all other clerkship assessments, such as clinical performance ratings, quizzes, simulation, projects, and other activities. With this proposal, completing and logging required clinical experiences would be included as 5% of the 65% of clerkship assessments. This is to reduce the chance of human error with manual deductions of the overall grade.

Dr. Henson asked if a student stated they completed 80% of the procedures and patient types would they receive 4%? Dr. Click and Kortni both stated that it would be all or nothing. Dr. Henson noted we need to be sure the policy is written to reflect this.

Dr. Mitchell asked if this was a common issue with students not documenting their procedures and patient types. Kortni stated that there are one or two students every clerkship period who do not document their procedures and patient types by the end of the clerkship. Kortni commented this is even after several reminders not only from the clerkship level but from Academic Affairs as well.

Kortni stated that it is hoped students will be more inclined to complete this requirement with this change as it will be a bigger part of their grade.

A motion was made to change the Documentation of Clerkship Specific Required Procedures and/or Patient Types Policy and the M3 Clerkship Exam and Grading Policy from deducting 5% of the final grade if the required procedures and patient types are not completed by the end of the clerkship to making it 5% part of the overall grade component and seconded. MSEC discussed and approved the motion.

The presented Documentation of Clerkship Specific Required Procedures and/or Patient Types Policy and the M3 Clerkship Exam and Grading Policy documents are shared with MSEC Members via Microsoft Teams document storage.

5. Discussion/Approval: Clerkship Grades

Dr. Pierce gave a presentation on the change of USMLE Step 1 going to a pass/fail grade from the numeric score grade and what that means for our students when applying to residency programs. Dr. Pierce stated that while attending an AAMC/ACGME program directors' seminar recently, more than 500 program directors voted on the top five things that they would be looking at now that Step 1 was moving to a pass/fail.

1. Step 2
2. Visiting students at their programs
3. Grade received in the clerkship closest to whatever residency trying to match in
4. Clerkship narrative from that rotation
5. Letters of recommendation

During the seminar, this sparked a lot of conversation about moving back to an honors/pass/fail to help distinguish people in the clerkship years so program directors would know how they were performing.

Dr. Pierce stated she is here advocating on the part of our students to make sure we can have them be as competitive as we possibly can. An interesting note was the program directors voted class rank at the very bottom of the list. According to the general discussion surrounding this, everybody does it differently and some do not do it at all so they stopped paying attention to it. Dr. Pierce said she is asking MSEC to consider an honors/pass/fail during the clerkship years and then to consider, at a later time, an overall honors for the pre-clerkship years that would include Doctoring and everything holistically as an approach to helping distinguish the students.

Dr. Pierce noted that on the current graph that goes with the MSPE that it will just show Pass and Fail and this would not distinguish high performers.

Dr. Pierce proposed the following changes to grading:

- Pre-clerkship courses
 - Keep as pass/fail
 - Consider overall pre-clerkship honors designation
- Core clerkships
 - Change to honors/pass/fail
 - Criteria for honors (must meet all)
 - Top quarter in the class per clerkship
 - NBME above 50th percentile
 - All course requirements submitted on time
 - No professionalism issues

- Pass/fail remains the same
- M4 Selectives/Sub-I
 - Keep as pass/fail
- M4 Electives
 - Keep as pass/fail
- Specifics
 - Pass/fail given throughout the year
 - Honors grades are assigned for each clerkship and students notified at the end of the final clerkship period
 - Students who are off cycle will not be eligible for honors grades for clerkships performed in the subsequent academic year
- Future Consideration
 - Criteria for overall honors designation for pre-clerkship phase

RJ Black commented on a concern of her class (Class of 2023) having heard different things regarding what was pass and what was fail and what they will see for their grading. RJ stated they have not been getting consistent messaging and now, there is talk of making a change to the M3 grading. RJ asked how this will apply to the current M3s. Dr. Click noted there would not be a change to the current M3 class and that this would apply to the rising M3 class (Class of 2024).

Doug Taylor commented that a grade change from the departments would need to be done when changing the grades for students who go from a pass to an honor pass at the end of the academic year. Doug also asked if clerkship directors would know what students are not progressing regularly and would therefore not be eligible for the honors pass. Doug commented that there needs to be some way of making sure clerkship directors are aware of this. Dr. Click noted that this is an excellent point.

Much discussion ensued regarding where the cutoff should be (25% versus 10%), how to work out details to make it fair to those students who are off cycle, and how it would look from a previous class.

Dr. Click commented that a lot of people seem to support a working group look at this and bring back to MSEC for further discussion. Dr. Click noted that the group would need to work fast because if the change is going to be made, it would have to take place in April 2022 in order to be able to make an impact for the rising M3s who will not have step scores but only a pass/fail.

Dr. Click commented that also on the recommendation from Dr. Pierce was an overall honors designation for the pre-clerkship grading. Dr. Click noted there should be a separate working group to look at this for a future consideration.

A motion was made to form a working group to provide recommendations to MSEC at the April meeting on adding honors or high pass to clerkship grading and seconded. MSEC discussed and approved the motion.

The presentation for Clerkship Grades document is shared with MSEC Members via Microsoft Teams document storage.

6. Discussion/Approval: OSCE for Rising M4 Students

Dr. Click commented that this came up during the phase review of the curriculum. Dr. Click noted that Dr. Olive, who is chair of the Phase Review Subcommittee, is out of town but sent an email that Dr. Click shared with MSEC members. The email stated that in the past, we have relied on the

USMLE Step 2 Clinical Skills (CS) to serve the purpose of a clinical skills evaluation for the M4 students. There is no longer a Step 2 CS exam. The results of this exam were used for a number of Outcomes Subcommittee benchmarks and for the SACS student learning outcomes. The current M3 students did not have a normal M3 OSCE due to COVID-19 and will not be able to take Step 2 CS since it no longer exist. As chair of the Phase Review Subcommittee, Dr. Olive is formally recommending we implement a required clinical skills OSCE for the Class of 2023, who is the rising M4 class, for the reasons that we need something for Outcomes and, in particular, that this class did not have a normal in-person OSCE because of COVID-19.

Dr. Click noted she would let Dr. Abercrombie comment on this as she knows the most about this particular class and this would impact her directly if it were to be implemented. Dr. Abercrombie noted that this class only had three virtual cases and were not able to assess in-person interactions, physical exam skills, and techniques. Dr. Abercrombie noted that these students were also very restricted throughout their second year as well. Dr. Abercrombie stated that since Step 2 CS no longer exists, in addition to the COVID-19 adjustments that were made, she feels what we are doing is what other schools are doing to ensure students are at the level they need to be for clinical skills.

Dr. Henson asked Dr. Abercrombie if a week-long extravaganza was being visualized or if Dr. Abercrombie thought about doing a less demanding model where it would need to be done before they walked across the stage. Dr. Abercrombie commented that in order for this to be feasible, it would need to be scheduled multiple times throughout the fourth year. Dr. Abercrombie noted that it would probably need to be done before the middle of the fourth year in case of failures where they would have time to remediate.

Dr. Click noted that the recommendation is to implement a required clinical skills OSCE for the Class of 2023. Dr. Click commented that an additional consideration is to continue an M4 OSCE beyond that. Dr. Click also noted that there is an OSCE policy and if the M4 OSCE continues in the future, we would need to revisit the policy.

A motion was made to implement a required clinical skills OSCE for the Class of 2023 and seconded. MSEC discussed and approved the motion.

7. Discussion/Approval: Percent Ambulatory

Dr. Click presented the percentages of required ambulatory time for students. Dr. Click noted that these percentages are presented annually to MSEC for review and approval. Dr. Click reminded MSEC that last year during the review of ambulatory time, questions were brought up specifically around internal medicine not having required ambulatory and Dr. Blair Reece came and addressed MSEC regarding the reasoning behind that.

A motion was made to accept the presented required ambulatory percentages as being satisfactory and seconded. MSEC discussed and approved the motion.

The presented Required Ambulatory Time document is shared with MSEC Members via Microsoft Teams document storage.

8. Report: M3/M4 Review Subcommittee 2021 – 2022

Pediatrics

Please see the Pediatrics Annual Review Report for additional data.

Dr. Roche presented a review for the Pediatrics Clerkship. Dr. Jennifer Gibson is the clerkship director. The reviewers were Dr. Gigi Miranda and Nelly Grigorian, M4.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Student satisfaction with educational methods, faculty and residents time and availability to teach, and students satisfied with learning environment exceeded expectations. Student satisfaction with resources at each site to support an effective learning environment met expectations.
- Assessment, Feedback, and Grading: Student satisfaction with feedback exceeded expectations. Student satisfaction with receiving mid-clerkship formative assessment, grade transparent and fair, and timeliness of grades met expectations.
- Educational Outcomes: Student satisfaction with grade breakdown exceeded expectations in terms of 96% of students passing the clerkship. NBME exam performance was below expectations with 48.6% of students scoring at or above the national mean. The percentage of students scoring at or below the 5th percentile on the NBME (2.91%) exceeded expectations.
- Student Feedback: Exceeded expectations.
- Previous Reviews: Met expectations.

Strengths and weaknesses of the course were discussed. Please see the M3/M4 Review Subcommittee Pediatrics Clerkship report for further details.

Comments from Clerkship Director: Overcrowding at the hospital and outpatient clinic continues to be a challenge as there is only one dedicated clinic site available at each setting (Niswonger's Children's Hospital and ETSU Health Pediatric Outpatient Clinic). Additionally, many of the subspecialties prefer to only work with one learner at a time. As well, COVID continues to provide restriction challenges in the group setting as in rounding and handoffs. The clerkship director also recognizes that faculty are stretched thin and sometimes must cancel lectures at the last minute due to clinical emergencies.

Regarding the below average NBME results: I ask each student individually if they have challenges with standardized tests as well as about their study strategies at the mid-clerkship review, and we discuss helpful resources that are available to the students--both online and in book form. I also offer myself to help with specific resources on a topic of confusion at any time as they are preparing for the exam. The scores are improved from last year and seem to be fairly consistent with what I've seen over several years, the final statistic for the year is likely to be a higher percentage than I was able to document at the time of the review, and that we are moving in the right direction with the changes we have been able to implement this year now that COVID restrictions have been relaxed. If/when it's allowed again, I would also like to audit the NBME again to ensure that there are no gaps in our coverage.

Recommended changes to the Clerkship Director:

1. Consider allowing interns to evaluate students. The clerkship director has mentioned she is already considering this idea and would allow interns to start evaluating students after six months or in January of the academic year (as interns would not be ready to evaluate students in the first few months of residency).
2. Continue to address the overcrowding at the clinical sites; however, new faculty have been hired at the outpatient clinic and should offset overcrowding at that site.
3. Continue making D2L accessible orientation videos for all clinical sites and sub-rotations.
4. Ensure feedback is given on notes in Allscripts and Epic.

5. Consider Inpatient nights starting at 5pm with shift change. Clerkship director to verify preferred student start time with the hospitalist team at the beginning of each academic year.
6. Consider moving the Death and Dying lecture to earlier in the didactic schedule.

Recommendations for MSEC: Clarification regarding MSEC policy of clinical requirements the Wednesday prior to the NBME exam.

Dr. Click addressed the question asked by the M3/M4 Review Subcommittee regarding MSEC policy on whether students are given time off from clinical requirements the Wednesday prior to the NBME exam. Dr. Click stated that she was not aware of a policy regarding this. Dr. Bird commented that in Psychiatry, they allow students to work until noon on Wednesday and have all day off on Thursday so they can prepare for the NBME exam. Dr. Bird believes some of the other clerkships do something similar and this may translate, in some students' minds, into a requirement versus an option. Dr. Bird commented that it would help if MSEC had a policy to clarify whether this time is given or not. Dr. Click stated this would be an issue requiring MSEC action and could be followed up with clerkship directors to clarify what the requirements are around this and have a discussion. Dr. Click noted MSEC could clarify to Dr. Gibson that there is not a policy with a second piece being to have a discussion with the clerkship directors at the next clerkship directors' meeting.

A motion was made to accept the M3/M4 Review Subcommittee Pediatrics Clerkship report as presented. MSEC discussed and approved the motion.

The presented Pediatrics Annual Clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

Internal Medicine

Please see the Internal Medicine Annual Review Report for additional data.

Dr. Roche presented a review for the Internal Medicine Clerkship. Dr. Blair Reece is the clerkship director. The reviewers were Dr. Ben Yarger and Stephen "Alex" Crockett, M3.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Student satisfaction with educational methods exceeded expectations. Student satisfaction with resources at each site supporting an effective learning environment, faculty and resident teaching, and satisfaction with the learning environment met expectations.
- Assessment, Feedback, and Grading: Student satisfaction with feedback exceeded expectations. Student satisfaction with receiving mid-clerkship formative assessment, grade transparency and fairness, and timeliness of grades met expectations.
- Educational Outcomes: Grade breakdown and percent (2.9%) of students scoring at or below the 5th percentile exceeded expectations. Percent (55.9%) of students scoring at or above the national mean met expectations, which is a significant improvement from last year.
- Student Feedback: Student satisfaction with clerkship quality and clerkship organization exceeded expectations. Student satisfaction with teaching quality met expectations. There were 94.4% of students satisfied with quality of attending teaching, which exceeded expectations.
- Previous Reviews: Met expectations.

Strengths and weaknesses of the course were discussed. Please see the M3/M4 Review Subcommittee Internal Medicine Clerkship report for further details.

Comments from Clerkship Director: The VA and SoFHA are very inconsistent. At times, students get incredible experiences (especially if they are with good SoFHA MDs). But other times the experience is quite lacking. I am currently working with my department and academic affairs to try to rewrite our contract with SoFHA to include some quality measures on our end. I have also worked this year to expand our rotation options so we don't have to use SoFHA and the VA as much. However, at this time, we are not going to be able to exclude those sites completely. I'm so happy the students are enjoying the didactics, but I still think they have some room for improvement.

Recommended changes to the Clerkship Director: It seems like changes made based on previous years' clerkship reviews have improved student experience on the internal medicine clerkship. It seems like the weekly didactics/practice question sessions have been very beneficial for students. While it is difficult to control the experience on non-ETSU inpatient services, we recognize the opportunity to establish other inpatient rotation sites outside the VA and SOFHA that may provide more consistent and engaging learning environments based on student comments. It is concerning that average NBME scores seem to be dropping year-to-year. While there may not be a significant difference in average scores between years, the percentage scoring at or above the national average seems quite low (55.9% so far in the 2021-2022 academic year). It may not be an alarming finding at this point but a metric to watch over the remainder of this academic year and into the 2022-2023 term before recommending any specific changes in clerkship organization.

**After discussing this review with the clerkship director, NBME scores have improved so far this year with only one failure to date on the internal medicine shelf exam. The Internal Medicine clerkship faculty are closely watching the NBME score trends for the clerkship as well and waiting for complete data for this academic year before trying to make determinations of the overall trend. (2/28/2022)*

Recommendations for MSEC: None.

Dr. Roche stated Internal Medicine has met the goals of the previous CQI Plan.

A motion was made to accept the M3/M4 Review Subcommittee Internal Medicine Clerkship report as presented. MSEC discussed and approved the motion.

The presented Internal Medicine Annual Clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 6:05 p.m.

MSEC Meeting Documents

MSEC Members have access to the meeting documents identified above through the shared Microsoft Teams document storage option made available with their ETSU Email account and login.

If you are unable to access Microsoft Teams MSEC Team please contact: Aneida Skeens at: skeensal@etsu.edu. Telephone contact is: 423-439-6233.

MSEC Meeting Dates 2021-2022: (Zoom meetings unless noted)

January 18, 2022 Retreat – 12:00-5:00 pm

February 15 – 3:30-6:00 pm

March 15 – 3:30-6:00 pm

April 19 – 3:30-6:00 pm

May 17 – 3:30-6:00 pm

June 21 - Retreat -11:30 am-3:00 pm (In-person meeting)

MSEC Minutes – March 15, 2022

June 21 - Annual Meeting - 3:30-5:00 pm (In-person meeting)