



**QUILLEN
COLLEGE of MEDICINE**

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a Retreat on Tuesday, June 15, 2021 via Zoom meeting.

Attendance

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Martha Bird, MD	
Thomas Ecay, PhD	<u>Subcommittee Chairs</u>
Russell Hayman, PhD	David Wood, MD
Jon Jones, MD	Robert Acuff, PhD
Paul Monaco, PhD	
Jason Moore, MD	
Antonio Rusinol, PhD	
Robert Schoborg, PhD	<u>Academic Affairs Staff</u>
	Kortni Lindsay, MS, Staff
<u>Student Members</u>	Mariela McCandless, MPH, Staff
	<u>Guests</u>
<u>Ex Officio Voting Members</u>	Alicia Billington, MD
Deidre Pierce, MD	Lindsey Henson, MD, PhD
Amanda Stoltz, MD	Tom Kincer, MD, AD
Rachel Walden, MLIS	Tory Street, AD

Meeting Minutes

1. **Approve: Minutes from May 18, 2021 Meeting.**

Dr. Click opened the meeting at 12:35 p.m. and asked for comments/updates to the May 18, 2021 meeting minutes, which were distributed with the MSEC meeting reminder. Dr. Olive noted there were

a couple of minor typos that needed to be corrected and would send those to Dr. Click and Kortni Lindsay for correction.

Dr. Monaco made a motion to accept the May 18, 2021 minutes pending the minor corrections being made. Dr. Schoborg seconded the motion. MSEC approved the motion.

The MSEC minutes for May 18, 2021 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development
 - June 16, 3:30 pm – Educational Journal Club – Drs. Amy Johnson & Alicia Williams (Article was sent out by Dr. Click earlier this month with a reminder sent yesterday)
 - August 4, 3:30 pm – Writing Exam Items and Use of Patient Characteristics – Dr. Ken Olive
 - Session will be aimed at those writing multiple choice questions
 - Will review guidelines from the NBME regarding when patient characteristics such as age, race, gender, ethnicity, etc. are appropriate to include
 - Brief presentation primarily with people bringing their questions and dividing into small groups and looking at questions
- Book Club
 - Summer Selection – *This is Going to Hurt* by Adam Kay
 - Discussion Date: June 23 at 4:30 pm
 - Fall Selection – *What the Best College Teachers Do* by Ken Bain
 - Discussion Date: August 18 at 4:30 pm
- CMS work group update
 - The work group has made a recommendation to purchase Leo by DaVinci Education as the new curriculum management system to replace New Innovations.
 - The purchase process has begun
 - Will begin implementing this fall
 - Will go live for clerkships in May 2022
 - Will go live for courses in July 2022
 - Questions were asked regarding the new CMS:
 - Would this replace D2L? Dr. Click noted that it does have a learning management system similar to D2L, but this would need to be determined, as a college, on whether to use Leo rather than D2L. One advantage would be having a single system for everything. For interprofessional courses, would probably still need to use D2L.
 - Would there be an option to export from the current system into the new system or would we need to do everything manually? Dr. Click noted that some things can be imported. All information from Banner can be imported. It does have an exam system so would need to discuss using the exam portion instead of ExamSoft and could import questions.
 - Will ITS support this? For local, we will need to train some super users. One advantage to DaVinci is they have a lot more support (24/7) from their side than what we have from New Innovations.
 - Will bring back for further discussion in July 2021
- Other Announcements

- M2 year will be one week shorter in 2021-22
 - Pharmacology removed a speaker
 - Pathology moved an exam
- Meeting with Admissions Committee about TRAILS curriculum
 - Training will take place in August
 - Website being developed
- Call for Pre-Clerkships Course Directors
 - Still taking applications

2. Report: M3/M4 Review Subcommittee 2020-21

Note: Please see the individual M3/M4 Review Subcommittee Reports for additional data

Internal Medicine

Dr. Wood presented a clerkship review for Internal Medicine. Dr. Blair Reece is the clerkship director. The reviewers were Dr. Keelin Flannery Roche and Isaac Weintraub, M4.

- Goals, Outcomes, and Objectives: Clerkship objectives and assessments met expectations. The session-level mapping to clerkship objectives has not been done and was rated below expectations.
- Content, Delivery, and Environment: Met or exceeded expectations with the exception of resources at each site support an effective learning environment and this was noted as below expectations (see Weaknesses by Students). The course director also noted there is some off-loading to State of Franklin Healthcare Associates (SOFHA), but this is limited due to the cost. It was noted that the clerkship director is responding to this.
- Assessment, Feedback, and Grading: Exceeded or met expectations.
- Educational Outcomes: Pass/fail rate met expectations. The NBME exam performance was below expectations with 26% of students scoring at or above the national mean and 14% scoring at or below the 5th percentile.
- Student Feedback: Exceeded or met expectations.
- Previous Reviews: There were no prior reviews to address.

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

Recommendations to the Clerkship Director:

- NBME passing issues
 - Require minimum number of UWORLD in place of quizzes
 - Clerkship director plan
 - Remove quizzes and review the questions previously given in quizzes in person during didactics
 - Replace quizzes with a required number of UWORLD questions per week
 - Practice shelf at week 4 before mid-clerkship reviews
 - CD to attend more didactics in person.
- Overcrowding
 - Limit the overlap of MS3 and MS4 on site at a time

- Consider limiting number of students per shift, days vs. nights
- Clerkship director plan
 - No more than 3 MS3 at one site at a time
 - Continue to off-load with SOFHA attendings as needed

Recommendations for MSEC:

- Requiring a Quality Improvement Plan
- Educational Outcomes – Three items do not meet expectations
 - <50% of students scored at or above national NBME mean
 - >10% of students scored at or below NBME 5th percentile
 - Resources at each site support an effective learning environment (overcrowding)
 - Making sure that the transition from quizzes to a required number of UWORLD questions per week is accomplished

Additional discussion: Dr. Click noted they would follow up with Dr. Reece to make sure she had the CQI template and understands what it means to complete the CQI Plan. Clerkship directors have not previously met the criteria of three or more below expectations and being required to complete the CQI Plan by the M3/M4 Review Subcommittee. Dr. Olive noted that this would need to be required by MSEC and a motion be made.

Dr. Bird commented that we should be systematic and consistent in noting that all the courses being reviewed today should say “below expectations” for session level mapping since none of them are meeting that expectation. Dr. Bird noted that there was a discrepancy in the report versions that MSEC was given to review prior to the meeting than the report that was used by Dr. Wood during the meeting. Dr. Wood apologized to the committee for the confusion.

Dr. Click noted that in previous discussions if courses have done session-level mapping in the past and nothing has changed, then the expectation is that it is still up to date and that is fine. She noted that this has been lagging in clerkships. If a clerkship has done session-level mapping in the past, and they note it is still up-to-date, then that meets the expectation.

Dr. Wood noted that all the clerkships being presented today should be below expectations in session-level mapping, and Dr. Click will make that change and be sure the official record reflects the change as well as the minutes.

Dr. Jon Jones made a motion requiring the Internal Medicine Clerkship complete a Clerkship CQI Plan. MSEC discussed and approved the motion.

Dr. Russ Hayman made a motion to accept the Internal Medicine Annual Clerkship Review 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.

Rural Primary Care Track Clerkship

Dr. Wood presented a clerkship review for Rural Primary Care Track Clerkship. Dr. Joseph Florence and Dr. Paige Gilbert-Green are the clerkship directors. The reviewers were Dr. David Wood and Nancy Claire Smith, M3.

Dr. Wood noted that there is a major redesign of this clerkship in process, and a lot of the issues raised by this review are currently being reviewed and addressed.

- Goals, Outcomes, and Objectives: Met or below expectations. The session-level mapping to clerkship objectives has not been done. This has been addressed with the new leadership team.
- Content, Delivery, and Environment: Met expectations.
- Assessment, Feedback, and Grading: Met expectations. One student commented that they would have liked to receive more feedback from preceptors. It was noted that the syllabus for 2021-22 has been updated and that three evaluations will serve as the requirement for the RPCT Clerkship.
- Educational Outcomes: Exceeded or met expectations.
- Student Feedback: Exceeded or below expectations. 100% of students were satisfied with overall clerkship quality. Clerkship organization and quality of resident teaching were below expectations. Students noted dissatisfaction with organization, the giving or receiving of a patient handover to transition care responsibilities, and with documentation of a clinical encounter in the EMR. Students are now receiving detailed schedules prior to the beginning of their clerkship and with the expansion of clinical rotation offerings within the RPCT Clerkship, the hope is to increase student utilization of EMR.
- Previous Reviews: Some students had requested to do extra weeks in Family Medicine and these are being offered as an additional two weeks. Additional clinical rotation offerings have been created also. RPCT Clerkship students will continue to be integrated into Family Medicine and Community Medicine Didactics.

Strengths and Weaknesses of the Clerkship were discussed. Please see the M3/M4 Review Subcommittee Rural Primary Care Track Clerkship Report for further details.

Dr. Wood noted that the below comments were listed at the end of the Clerkship Director's Self-Study:

- "The 2021-2022 Academic year will bring major changes to the RPCT Rural Primary Care Clerkship. The administrative structure of the RPCT has changed with the addition of Dr. Tom Kincer as the new Associate Dean of Rural and Community Programs in February 1, 2021. Dr. Florence retires May 31, 2021; Carolyn Sliger retired January 31, 2021 and Skylar Moore has taken over her responsibilities as Rural and Community Programs Manager. Her previous position as Coordinator is being changed to a facilitator position and is yet to be hired. Dr. Dalle-Ave, a long-term community faculty in Rogersville, will retire prior to the 2021-2022 academic year. Dr. Amanda Stoltz will start as Rural Programs Director June 1, 2021. She will be responsible for directing this course.
- At this point, there are many "moving parts" that need to be worked through regarding the implementation of the 3rd year RPCT Curriculum. Dr. Kincer is working to finalize faculty positions who will be responsible for the curriculum.
- Main issues being worked on are:

- Ensuring that there are enough clinical experiences in Mountain City (will require identification of additional community resources or the reopening of resources closed by COVID e.g., nursing home clinical site, EMS clinical experiences).
- Resolving scheduling conflicts within Family Medicine Residency Program clinical and hospital sites for RPCT Students.
- Need new staffing to complete objective and content mapping for the RPCT experiences.
- Clarification of the ability for ETSU Health community clinics to provide clinical experiences for COM RPCT students.
- Identification of additional clinical sites for RPCT clinical educational experiences.
- D2L site is being revised to become the key repository for documentation of student's efforts. This includes a drop box for each required document. The grading rubrics will be housed within the D2L site.
- Rural Programs has begun to utilize Microsoft Teams as a document repository for staff and faculty.

Recommended changes to the Clerkship Director:

1. Work on course mapping is underway, but given all the changes that may be coming, mapping should occur after these changes are put into effect.
2. Consistent with the above changes, we recommend that additional community resources are identified for rural track experiences. As the COVID19 pandemic unfolds, all resource closed during COVID19 need to be re-evaluated and as determined, re-opened. This is being addressed by the new team.
3. When seeing patients, they should have access to the EMR and the internet to access resources. Students should have access to personal hotspots in rural communities where access to the EMR is not available through Wifi. This is in addition to having access to Wifi in their residence for didactics. Some of the EMR work can be conducted afterhours, but they should have access to the EMR during clinic
4. Coordinate days for RPCT students to be able to attend didactic sessions from the general ETSU Family Medicine faculty—this is addressed in the new syllabus and by the new team.

Recommendations for MSEC: None.

Additional discussion: Dr. Click noted that a lot of the concerns are being addressed with the changes that are happening.

Dr. Kincer updated MSEC on some of the changes that have already taken place. They have been working very diligently and are meeting with Cherokee Health to establish more sites in Morristown and in Sevier County. The Health Wagon in Southwest Virginia has been obtained as a site for students to go as well as the VA Clinics in Rogersville and Norton, Virginia. He has a meeting at the end of the month with Rural Medical Services. The future of the Rural Primary Care Track, and hopefully with the approval of MSEC, the new underserved medicine, you will find we are no longer relegated to two places. We will use the entire region to educate. They have brought back to campus central learning. Starting with the new academic year, every student will be given a schedule so they will know where they are going for the month ahead. For the Family Medicine week, they were using two of the three residency sites and will now be using all three so this will help to disperse the students out more. For those students who

want to do a Family Medicine Residency, they can complete two more weeks in the Family Medicine Residency during their 12-week experience. The Health Fairs are live again.

Dr. Russ Hayman made a motion to accept the Rural Primary Care Track Annual Clerkship Review as presented. MSEC discussed and approved the motion.

The presented Rural Primary Care Track Annual Course Review document is shared with MSEC Members via Microsoft Teams document storage.

Surgery

Dr. Wood presented a clerkship review for Surgery. Dr. Trevy Ramos is the clerkship director. The reviewers were Dr. Jessica Murphy and Alex Hwang, M4.

- Goals, Outcomes, and Objectives: Met or below expectations. The session-level mapping to clerkship objectives has not been done.
- Content, Delivery, and Environment: Met or exceeded expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Pass/fail rate exceeded expectations. NBME performance was below expectations. There were 36% of students who did not score at or above the national mean on NBME per the self-study. There were 10.65% of students who scored below the 5th percentile on the NBME per the self-study.
- Student Feedback: Met or exceeded expectations.
- Previous Reviews: There was a concern on previous reviews of the use of Board Vital cases. Students had reviewed these negatively and the clerkship has changed these to AMBoss.

Strengths and Weaknesses of the Clerkship were discussed. Please see the M3/M4 Review Subcommittee Surgery Clerkship Report for further details.

Recommended Changes to the Clerkship Director:

1. The subcommittee acknowledged that Dr. Ramos has addressed many issues brought up by the clerkship students. Depending on the return to in-person activities as permitted by the College of Medicine, the subcommittee recommended returning to SIM/cadaver lab experiences as soon as possible.
2. It appears that the students have had relatively different experiences at different sites while still managing to meet the clerkship requirements; Dr. Ramos could consider increasing the number of sites the students rotate through – although this would sacrifice continuity with residents and faculty, it may make the students feel they are receiving a more consistent experience (relative to each other).
3. Regarding front loading all didactics – though it appears only a vocal minority of students did not appreciate this style, it may be worth reviewing NBME and academic performance for students with the 2-week “on ramp” style didactics vs previous years when didactics may have been more spread out over the clerkship.
4. Session level mapping to course objectives needs to be completed with a goal of completion before the next course review.

Recommendations for MSEC: The subcommittee recommended that MSEC explore solutions to improve

the quality of the experiences at BRMC and HVMC. Specifically, the issue of Ballad allowing DO/PA students at HVMC and BRMC should be addressed. Dr. Click commented that this has been noted through several clerkships and that the dean would be attending the annual meeting this afternoon to address clinical resources and this could be addressed at that time. Dr. Olive suggested that, in terms of accepting this report, that the first sentence of MSEC actions be accepted and the second sentence not as we do not have the ability to eliminate students from other disciplines in the Ballad facilities. Dr. Jones noted that all the students are individually contracted and surgeons are being paid by the schools to have students there. Dr. Click noted she agreed with Dr. Olive in that we cannot address the DO/PA aspect specifically other than to request that upper administration negotiate with Ballad. Dr. Jones noted there would no longer be surgery residents present at HVMC after August due to poor review. Dr. Jones noted that Dr. Ramos will continue finding substitutions. The medical students have a good rapport with the residents and we want to maintain the medical students wherever there is resident exposure and not have them where there would be too many students and not have an adequate experience. Dr. Olive noted that there is currently a working group from Ballad and ETSU looking at clinical resources. It will not solve all the problems, but it alleviates the level of concern about these problems to the Ballad leadership. This workgroup will report their findings to a larger workgroup between Ballad and ETSU in the near future. Dr. Olive noted that PA students, DO students, and MP students are not going away.

Dr. Jason Moore made a motion to accept the Surgery Clerkship Review report with the exception of the recommendation to MSEC to address Ballad allowing DO/PA students at HVMC and BRMC. MSEC discussed and approved the motion.

The presented Surgery Clerkship Annual Course Review document is shared with MSEC Members via Microsoft Teams document storage.

Family Medicine

Dr. Hayman presented a clerkship review for Family Medicine. Dr. Jason Moore is the clerkship director. The reviewers were Dr. Russ Hayman and Vidiya Sathananthan, M4.

- Goals, Outcomes, and Objectives: Met or below expectations. Not all session-level mapping to clerkship objectives has been done. It was noted that clerkship objectives are tied to educational lectures given each week of the clerkship and that the objectives for other sessions are in process and ongoing.
- Content, Delivery, and Environment: Met expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Exceeded or met expectations.
- Student Feedback: Exceeded or met expectations.
- Previous Reviews: Met expectations.

Strengths and Weaknesses of the Clerkship were discussed. Please see the M3/M4 Review Subcommittee Family Medicine Clerkship Report for further details.

Recommended changes to the Clerkship Director:

1. Work on condensing the didactics to protect clinical time as addressed in the self-study

2. Consider expanding out-patient experience and reducing in-patient experience

Recommendations for MSEC: None.

Additional Comments: Dr. Moore commented regarding the inpatient versus outpatient experience that the time was split equally and did not feel there was an imbalance. He noted there was an imbalance in the third year because most the rotations in the third year are mostly hospital based. Dr. Moore noted he would be open to talking with students about this but felt this was an isolated comment.

Dr. Click noted that Aquifer is planning to end their summative assessment next year and asked Dr. Moore if he had plans for replacing it. He said they would look at other options in the near future. Dr. Click asked course directors if the NBME customized assessment service might include enough clinical content for clerkships to use the system. Dr. Rusinol noted that when they asked that question to NBME, they were told the content was increasing.

Dr. Paul Monaco made a motion to accept the Family Medicine Clerkship Review report as presented. MSEC discussed and approved the motion.

The presented Family Medicine Clerkship Annual Course Review document is shared with MSEC Members via Microsoft Teams document storage.

Psychiatry

Dr. Hayman presented a clerkship review for Psychiatry. Dr. Martha Bird is the clerkship director. The reviewers were Dr. Russ Hayman and Merkle Moore, M3.

- Goals, Outcomes, and Objectives: Met or below expectations. Session-level mapping to clerkship objectives have been started but are not complete due to COVID changes and personnel changes.
- Content, Delivery, and Environment: Met or exceeded expectations.
- Assessment, Feedback, and Grading: Exceeded or met expectations.
- Educational Outcomes: Exceeded or met expectations.
- Student Feedback: Exceeded or met expectations.
- Previous Reviews: Met expectations.

Strengths and Weaknesses of the Clerkship were discussed. Please see the M3/M4 Review Subcommittee Psychiatry Clerkship Report for further details.

Comments from Clerkship Director:

1. Re: changes in content coverage. "We are no longer able to go to Overmountain Recovery the last 3-clerkship periods because the attending there is now supervising an Addiction Medicine fellow and also NP students. The (new) attending was not willing to continue to educate medical students. I am looking to try and find a suitable alternative for next academic year."
2. Re: Personnel. "Our department continues to struggle with low numbers of core faculty members. Teaching expertise and track record for same has not been a primary objective in hiring likely due to our extremely low numbers." "This clerkship has had 3-variously involved

clerkship coordinators in the last academic year. That has been challenging.... The current clerkship coordinator is fairly new, but hard-working... I am optimistic this issue will improve over time.”

Comments from Reviewers: It is evident from this review that the clerkship is running smoothly despite the issues with COVID and with personnel. Such scores are reflective of a strong clerkship director. As new faculty come aboard (as referenced above with the new attending) in the educational program, we would request that faculty are encouraged to allow students a more active role in patient care and the educational process.

Recommended changes to the Clerkship Director: Continue mapping to clerkship objectives and/or session content delivered with goal of completion before next course review.

Recommendations for MSEC: None.

Dr. Jon Jones made a motion to accept the Psychiatry Clerkship Review report as presented. MSEC discussed and approved the motion.

The presented Psychiatry Clerkship Annual Course Review document is shared with MSEC Members via Microsoft Teams document storage.

3. Discussion: Resuming In-Person Meetings

Dr. Click opened the floor for discussion regarding resuming in-person MSEC meetings and what the committee’s thoughts were. After much discussion, the committee felt that keeping the meetings via Zoom would be more beneficial than having them in-person. Dr. Click noted that some committees, who have chosen to remain virtual, have decided that an occasional in-person meeting might be beneficial, such as quarterly. Dr. Click suggested that the retreat meetings be held as in-person meetings as they are longer and often involve small breakout groups. MSEC members agreed that the longer retreat meetings could be conducted in-person. Dr. Click will have Aneida send out updated calendar appointments with Zoom links and will plan on having the July meeting via Zoom.

No motion or voting required.

4. Report: M1/M2 Review Subcommittee 2020-2021

Dr. Acuff presented a course review for Pharmacology. Dr. Richard Kostrzewa is the course director. The reviewers were Dr. Brad Feltis and Alex Crockett, M3.

- Goals, Outcomes, and Objectives: Met or below expectations. Session-level mapping to course objectives has not been completed.
- Content, Delivery, and Environment: Met or exceeded expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Exceeded or met expectations.
- Student Feedback: Mostly exceeded or met expectations with the exception of one faculty member scoring 2.93/4.0 resulting in a below expectation rating.
- Previous Reviews: Met expectations.

Strengths and Weaknesses of the Clerkship were discussed. Please see the M1/M2 Review Subcommittee Medical Pharmacology Report for further details.

Recommended changes to the Clerkship Director: Reviewers want to acknowledge the work put in by the course director and faculty in addressing issues addressed in past course reviews and creating and implementing CQI plan. The course made strides in organizing the course to better align with content covered in other courses, but we encourage more work on identifying opportunities to identifying how course organization can best complement material learned within and between courses as it relates to pharmacology. If unable to do this for entire course, cardio and antibiotics seem to be the two blocks most requested for this to happen with. May be helpful to provide dedicated review section after an exam so students can ask more questions of professors regarding why certain answers were correct/incorrect and help students identifies opportunities for growth. Regarding handouts, it may be difficult to provide a single standardized form for lecturers to adapt to, but it may be more amenable to have specific information such as drug mechanism of action, common side effects and interactions, indications, and other high yield facts that must be in all handouts for course lectures and ensure lecturers know to look for this information within their handouts.

Recommendations for MSEC: None.

Additional Discussion: Dr. Olive asked Dr. Acuff to clarify whether Dr. Kostrzewa needs to develop a new CQI Plan or to continue doing what they are doing. Dr. Acuff noted that they did not need to develop a new CQI Plan but need to complete some of the elements in the current CQI Plan such as session mapping and making sure they are improving their effort to have the teaching become the stellar component as it should be for pharmacology. Dr. Schoborg noted that pharmacology has had NBME shelf performance either at or significantly greater than what they have had this year consistently for as long as he can remember.

Dr. Paul Monaco made a motion to accept the Pharmacology Course Review report as presented. MSEC discussed and approved the motion.

The presented Pharmacology Annual Course Review document is shared with MSEC Members via Microsoft Teams document storage.

5. Discussion/Action: Curriculum Transformation

Community Medicine

Dr. Kincer presented an overview of the Underserved Medicine Clerkship that he hopes to establish by the 2022-23 academic year. This would replace the current Community Medicine clerkship. Please see the Underserved Medicine Clerkship Syllabus for detailed information on what will be required of students participating in this clerkship. Dr. Kincer noted that he would probably be coming back to MSEC within the year to discuss the changes with rural primary care trying to align with this as well. Dr. Click noted that one thing that was not addressed and will need to be addressed is patient procedure types and diagnoses that will be required for this clerkship. This will probably need to be addressed at the same time as rural primary care since there will be an overlap there. Health fair recommendations will also need to be included.

Dr. Click commented that Dr. Kincer mentioned reducing from a six-week to four-week rotation and noted this will have multiple implications. These two weeks are not currently taken and are on hold for

now. One option would be to make this an official elective time. This may be a clerkship director-initiated discussion with thoughts regarding the time.

Dr. Jason Moore made a motion to approve the Underserved Medicine four-week Clerkship experience as presented. Dr. Paul Monaco seconded the motion. MSEC discussed and approved the motion.

6. Discussion/Action: Re-Engineering Medical Misinformation – Surgery Elective

Dr. Alicia Billington presented a new elective that she would like to establish beginning in August 2021. Dr. Billington noted that she would like for this to be a multidisciplinary course that would include medical students in addition to other students from the Colleges of Business and Public Health as well as other applicable fields. The primary goal would be to create leaders in medicine that can understand medical issues and help to critically analyze and teach it to other people. Please see the M4 Selective/Elective Application Packet for details of the elective and the requirements for students. Dr. Moore asked if this would be considered the equivalent of a two-week or four-week elective. Dr. Olive noted that the Registrar's Office has usually determined the amount of credit that would be assigned based on the activities of the course. Dr. Billington stated she was open to adjusting the time in order to make it work for the medical students. Dr. Hayman asked if the number of students accepted (15) on the application were just medical students or if it included students from other professions. Dr. Billington noted that included students from all professions. Dr. Billington stated she was open to taking on three times as many students as noted, depending on the number interested.

Dr. Jason Moore made a motion to approve the Re-Engineering Medical Misinformation Elective as presented. Dr. Paul Monaco seconded the motion. MSEC discussed and approved the motion.

The MSEC meeting adjourned at 3:00 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 2020-2021:

May 18 – 3:30-6:00 pm - Zoom meeting
June 15 – **Retreat** 11:30 am-3:00 pm – Zoom meeting
June 15 - **Annual Meeting** - 3:30-5:00 pm – Zoom meeting

MSEC Meeting Dates 2021-2022: (Location TBD)

July 20, 2021 – 3:30 – 6:00 pm
August 17 – 3:30-6:00 pm
September 21 – 3:30-6:00 pm
October 19 – Retreat – 11:30 am-5:00 pm

November 2 – 3:30 – 5:00 pm*
November 16 – 3:30-6:00 pm
December 14 – 3:30-6:00 pm*
January 18, 2022 Retreat – 11:30 am-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
June 21 - Annual Meeting - 3:30-5:00 pm