



QUILLEN  
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, September 21, 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>
Jennifer Hall, PhD	Robert Acuff, PhD
Russell Hayman, PhD	
Paul Monaco, PhD	<u>Academic Affairs Staff</u>
Jason Moore, MD	Kortni Lindsay, MS, Staff
Keelin Roche, MD	Mariela McCandless, MPH, Staff
Antonio Rusinol, PhD	Aneida Skeens, BSIS, CAP-OM, Staff
<u>Student Members</u>	<u>Guests</u>
RJ Black, M3	
Andrew Hicks, M2	Leon Dumas, MMED
Helen Mistler, M1	Tom Kwasigroch, PhD
	Lindsey Henson, MD
<u>Ex Officio Voting Members</u>	Skylar Moore, HCMC, BSPH
Robert Schoborg, PhD	Jerry Mullersman, MD
Amanda Stoltz, MD	Diego Rodriguez-Gil, PhD
Rachel Walden, MLIS	Tory Street, AD
	Doug Taylor, AD
	Wendy Williams, BS

Meeting Minutes

1. Approve: Minutes from August 17, 2021 Meeting.

Dr. Click opened the meeting at 3:35 p.m. and asked for comments/updates to the August 17, 2021 meeting minutes, which were distributed with the MSEC meeting reminder.

A motion was made to accept the August 17, 2021 minutes and seconded. MSEC approved the motion.

*The MSEC minutes for August 17, 2021 are shared with MSEC Members via Microsoft Teams document storage.*

**Announcements:**

- Online MedEd Faculty Overview – October 20, 3:30 pm
  - Representatives from MedEd will review content, features, and how faculty can use as a resource
- Pediatrics – Pandemic Preparedness Elective approved electronically
- Welcome to new M1 representative – Helen Mistler

**Other Announcements:**

- October Retreat
  - October 19, 2021 – 12:00 pm to 5:00 pm
  - Held by Zoom
  - Amy Wilson-Delfosse, PhD from Case Western Reserve University will present *Sciences and Art of Medicine Integrated: Successful Integration of Basic and Health Systems Science with Clinical Medicine During Core Clerkships* from 12:10 pm to 1:30 pm

**2. Report: M1/M2 Review Subcommittee 2020-21**

*Please see the individual M1/M2 Review Subcommittee report for additional data.*

Doctoring I

Dr. Acuff presented a course review for Doctoring I. Dr. Jerald Mullersman is the course director. The reviewers were Dr. Brad Feltis and Alex Crockett, M3.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Exceeded or met expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Exceeded expectations. There is no NBME exam for this course
- Student Feedback: Exceeded expectations.
- Previous Reviews: Met expectations.

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

Recommended Changes to the Course Director: Variation between CBL leaders seemed to significantly affect a student's ability to receive timely and constructive feedback and created discrepancies in material discussed during team-based learning sessions. The course director's efforts to standardized grading seemed to help with this issue, but they may explore other opportunities to ensure CBL leaders provide similar learning experiences across groups, such as discussion guides for CBL leaders that contain key concepts and learning objectives for each session.

Recommendations for MSEC: No significant issues within the Doctoring I course were identified during this course review. The reviewers would suggest combining Rural Track and Generalist Track responses into one data set and standardizing the data format across course evaluations and data extracts (i.e. reporting data in a 4.0-point scale versus raw percentages) to help in the review process.

**A motion was made to accept the M1/M2 Review Subcommittee Doctoring I report as presented. MSEC discussed and approved the motion.**

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

### 3. Discussion/Approve – Course CQI Plan

*Please see the Neuroscience Course CQI Plan for additional data.*

#### Neuroscience

Dr. Click reviewed the Neuroscience Course CQI Plan that Dr. Rodriguez-Gil submitted in 2020 and noted that he had made great improvements to the course since the previous annual review. Dr. Click noted that on the 2020 CQI Plan, under the Current CQI Focus section, that roughly 65% of students reported dissatisfaction with course organization. Dr. Rodriguez-Gil stated during the 2020 presentation that their short-term goal was to have the student dissatisfaction at 40% or lower with a long-term goal of 15%. The Post Intervention Data showed that the percentage of student dissatisfaction had dropped to 23.5% from 65%. Other Post Intervention Data showed the student dissatisfaction with quality of teaching dropping from 69.70% to 35.3% and student dissatisfaction with overall course quality dropping to 25.5%. Dr. Click noted this was a huge improvement from where the levels were before.

Dr. Rodriguez-Gil presented the 2021-22 Neuroscience Course CQI Plan. Dr. Rodriguez-Gil noted that the changes they made to the Neuroscience course last year showed an improvement in student satisfaction with the course. Dr. Rodriguez-Gil commented that the changes were kept in addition to a few more changes without disrupting a lot of the course. Dr. Rodriguez-Gil noted that student feedback on the extra exam was positive as it split the content more uniformly. Dr. Rodriguez-Gil stated that his hope is to lower the student dissatisfaction rate to less than 20% in all categories.

Dr. Click reminded MSEC that Neuroscience would have an additional iteration before the TRAILS curriculum begins because it is an M2 course.

**A motion was made to accept the CQI Plan for Neuroscience as presented. MSEC discussed and approved the motion.**

*The presented Neuroscience CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.*

### 4. Report – AAMC Resident Readiness Surveys

Dr. Click presented the 2021 (Class of 2020) AAMC Resident Readiness Survey and the Resident Program Directors Summary Report. Dr. Click noted that the AAMC piloted the Resident Readiness

Survey last year for program directors to complete on interns. The questions used in the AAMC survey were matched to our graduate survey so we could compare how our students rated themselves as first-year residents versus how the program directors rated them as we have done in the past.

Overall, around 97% of the program directors felt our students exceeded or met performance expectations with around 93% of our students feeling they exceeded or met performance expectations.

Dr. Acuff noted the low rating of 84.85% for item #2 under Professionalism, (considered religious, ethnic, gender, educational and other differences in interacting with patients and other members of the health care team) and asked if program directors felt that our students were not meeting a particular category within that item. Dr. Olive commented that the material can be taught to the medical students, but there is not an incredibly diverse patient population that our students interact with to practice these skills. Dr. Click noted that it was worth watching this data to see if the trend continues. Dr. Ecay asked if this was a continuing trend where would it be addressed in the curriculum. Dr. Click noted it could be addressed in the doctoring courses, clinical rotations through modeling and behavior or specific didactic topics, standardized patient cases, or problem-based learning cases if psychosocial elements were added. Dr. Ecay commented that we should begin looking at ways to address this now instead of waiting for it to become a more significant problem. Dr. Click noted there are a number of threads that we monitor and could consider adding this as a thread. Dr. Click suggested that we come back to this topic during a future meeting so MSEC could discuss how this category might be monitored and what to specifically monitor. Dr. Henson suggested doing an analysis of what the program directors said about a specific resident versus what the residents said about himself / herself on this specific category to assist in the planning during the discussion. Dr. Click noted they will look at past data and bring back to MSEC for discussion.

*Please see the 2021 (Class of 2020) Residency Program Directors Summary Report document for additional data.*

**No voting action required.**

*The presented 2021 (Class of 2020) Residency Program Directors Summary Report document is shared with MSEC Members via Microsoft Teams document storage.*

**5. Report/Approval: RPCT Rural Research and Community Based Project Courses**

Dr. Amanda Stoltz gave a presentation on the M1/M2 RPCT research courses. In the spring semester of the M1 year, rural track students participate in a course called Rural Health Research Practice with a goal of allowing students to develop an understanding of rural health issues using community-based participatory research activities to assess health priorities and develop plans to address identified needs. Dr. Stoltz noted that this course is also open to other health science colleges. During the fall semester, the rural track students complete the second course, Rural Community Health Projects, where student and faculty teams partner with communities to develop an intervention for the community problem identified during the spring semester research component. Students present the results of their community-based health project in the form of a poster and paper to members of the community and our faculty.

Dr. Stoltz noted that currently, these courses are required for all RPCT students and is asking for MSEC's approval to change these two courses to electives and noted that M1/M2 RPCT students could elect to participate in these courses outside of designated Doctoring days.

Dr. Click noted she spoke to Dr. Kincer and Dr. Stoltz about this previously and stated that because these are required courses in the RPCT program, MSEC would need to approve that they be changed to elective courses. If approved, they would go into effect for the M1 spring semester. Dr. Click also asked if there had been discussion as to how many students would be accepted into each course if approved and Dr. Stoltz stated that they had polled the current RPCT students and about half of the students noted they would take the courses as electives.

Dr. Olive noted these courses include learning objectives over and above what the generalist track students are required to do so this change would not take away any requirements.

Dr. Ecay asked if credit hours were associated with the two courses and if so, would transitioning the courses into electives impact the credit hours that students would accumulate in the RPCT? Dr. Click noted that these courses are more than what the generalist track students are required to do so they would still be able to meet the requirements for graduation. Dr. Stoltz noted that these same credit hours can be obtained the same way students in the generalist track obtain them if someone wanted to pursue their MPH degree but did not want to do through these electives.

Dr. Click asked if these courses become electives, would a generalist track student be able to take the electives or would this be for RPCT students only? Dr. Olive stated they could be limited to the RPCT students but is not sure that needs to be done. Dr. Stoltz commented that would be the preference of those who teach the courses. Dr. Click noted that one of the concerns is that there is a limited number of faculty to teach and if a sudden influx of generalist track students elected to take the courses, it might defeat the purpose of making them an elective.

Dr. Click also asked if students would be required to take both electives. After discussion, it was noted that the spring course could be a pre-requisite to taking the fall course so students would not just take the second course.

**A motion was made to approve changing the Rural Health Research Practice and Rural Community Health Project courses from required courses to elective courses effective in the spring of the 2021-22 academic year. MSEC discussed and approved the motion.**

*The presented PowerPoint Rural Health Research Practice and Rural Community Health Project document is shared with MSEC Members via Microsoft Teams document storage.*

## 6. Discussion: Curriculum Transformation

*Please see the Curriculum Transformation PowerPoint presentation slides for additional information.*

### Clerkship Discussion

Dr. Click gave an update of the accomplishments the Curriculum Transformation Committee have made regarding the calendar for preclerkship, preclerkship courses, instruction and assessment, and some clerkship changes. Dr. Click noted that discussion had just begun about clerkship changes and MSEC had approved four weeks of advanced basic science during the clinical phase of the

curriculum and had approved a new clerkship, Underserved Medicine, but there has not been much discussion about changes to clerkships.

Dr. Click noted that one of the things MSEC needs to be thinking about is a framework for basic science in clerkships and to seriously consider a design of clerkships. Dr. Click stated there are several ways in which clerkships might be designed: Status Quo, Clustering, Different lengths, or Longitudinal Integrated Clerkships. Something to consider is what works best for us and meets the guiding principles we have approved for the TRAILS Curriculum.

Dr. Click gave a list of suggestions of how a clerkship model might be approached:

- Plan for advanced basic science has to work with clerkship model
  - These two things are tied together
- Need working group to make recommendations for clerkships

Dr. Click stated that she would like to have a working group that could meet a few times before meeting with clerkship and be able to present recommendations to the clerkship directors prior to coming back to MSEC with those recommendations. Dr. Click commented that Dr. Pierce has a lot of knowledge regarding the Longitudinal Integrated Clerkships from her time at the Medical College of Georgia and was going to ask Dr. Pierce to be on this group as well as Dr. Stoltz as a rural track perspective. Dr. Click stated she would put out a call to get other clerkship directors and a basic science faculty member to work in the group as well.

Dr. Bird asked the question about whether it would be good to change the clerkship all at once or to gradually make changes. After much discussion, Dr. Click noted that the curriculum change will affect the entering class in 2022 and that we would have a couple of years before a clerkship change would go into effect. Dr. Click stated she would rather have people thinking about changes now than waiting until the year before and felt it would take that amount of time to be thoughtful and systematic on how changes to the clerkship would work.

**No voting action required.**

*The Curriculum Transformation PowerPoint presentation document is shared with MSEC Members via Microsoft Teams document storage.*

**7. Report: LCME Standard/Element Review – Elements 7.1 and 8.1**

*Please see the presentation slides for Element 7.1 and Element 8.1 for additional data.*

Dr. Olive presented a report on Element 7.1 Biomedical, Behavioral, Social Sciences and Element 8.1 Curricular Management. Dr. Olive reviewed the requirements of the Elements and the data we submitted to LCME for these Elements during our 2019 survey visit and the results of the survey visit.

**Element 7.1**

- LCME found as satisfactory with monitoring
  - The Independent Student Analysis (ISA) indicated there was a student dissatisfaction with the organization and quality of preclerkship courses with some improvement in satisfaction by the time of the survey visit. Monitoring was required to ensure that

improvements were implemented and sustainable student satisfaction had been achieved.

- Status report submitted to LCME in December 2020 still resulted in the satisfactory with monitoring rating in March 2021.
- The goal to reduce the number of students who were dissatisfied with the organization in the M1 year of the curriculum was achieved in May 2021.
- Student dissatisfaction with coordination and integration within the preclerkship phase of the curriculum has markedly improved but is not at our goal of less than 15%.
- There are continued efforts to achieve our goal, especially for the M2 year.
- Another status report is due to LCME by December 1, 2021.

#### Element 8.1

- LCME found as unsatisfactory.
  - The LCME stated there was not consistent evidence that the duties of MSEC were being fulfilled. Evidence from the ISA, which was supported during discussions with current students during the survey visit, reflected continued dissatisfaction with coordination and integration within and between first and second years of the curriculum.
- Status report submitted to LCME in December 2020 resulted in receiving a satisfactory with monitoring status in March 2021.
- The goal to reduce the number of students who were dissatisfied with the coordination and integration of content in the M1 year of the curriculum was achieved in May 2021.
- The goal to reduce the number of students who were dissatisfied with the coordination and integration of content in the M2 year has not been achieved but is markedly improved. Work is continuing in order to reach a goal of less than 15% dissatisfaction.
- Another status report is due to LCME by December 1, 2021 with the following questions to be answered
  1. Summarize the action taken and approved by MSEC based on the results of the new reporting rubric that were directed at enhancing course quality and addressing student concerns with courses in years one and two of the curriculum. Provide relevant excerpts from MSEC minutes that illustrate the committee's deliberations and decisions related to the data
  2. Referring to the results of course evaluations included in #1 above, summarize any additional changes that are needed and provide a timeline for implementation

#### **No voting action required.**

*The presentation slides for Elements 7.1 and 8.1 documents are shared with MSEC Members via Microsoft Teams document storage.*

### **8. Report: M3/M4 Review Subcommittee 2020-21**

*Please see the Community Medicine Clerkship Review Report for additional data.*

#### Community Medicine

Dr. Hayman presented a clerkship review for Community Medicine. Dr. William Fry is the clerkship director. The reviewer was Dr. David Wood.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Met expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Met expectations. There is no NBME exam for this clerkship.
- Student Feedback: Below or met expectations. Students noted the following:
  - It is quite uneven
  - COVID pandemic made completing all the activities of the clerkship very difficult
  - Scheduling was made more complicated by the reliable availability of faculty
- Previous Review Recommendations: Not met.

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

Comments from Clerkship Director:

- COVID-19 related issues were the biggest issue this year – in particular reduced preceptor availability
- Beyond COVID-19 administrative organization was the biggest problem. A concerted effort needs to be made ensure that student schedules are finalized and provided to students prior to the beginning of each clerkship period.

Recommended changes to the Clerkship Director: These were recommendations to the clerkship director from MSEC based on the 2019-2020 review.

- Improve recruitment of faculty so there are more sites to precept students – Greeneville has been added as a site for 2021-2022
- Develop a plan for faculty development of existing faculty
- Evaluate the educational value received by QCOM medical students at sites that have many other learners, such as PA students or LMU medical students.

Dr. Fry responded that COVID-19 related issues adversely impacted the ability to do all of the above.

It was noted that the Community Clerkship is being redesigned by Dr. Tom Kincer and a committee. Beginning in 2022, the clerkship will be called “Underserved Medicine.”

Dr. Click commented that some of the scheduling concerns from last year have been the focus of the current group. Dr. Click asked Skylar Moore to comment on some of the changes that have been made. Skylar stated that Morgan Murray, who was recently hired, has been assisting Susan Austin with placing some students in Greeneville as well as Sevierville. Skylar noted that the feedback they have received thus far has been very positive. Students have been receiving their schedules ahead of time. Skylar also noted that Morgan has been making a positive effort to expand the rotation locations in Greeneville.

Recommendations for MSEC:

- Consider monitoring the number of students at any one time on the community medicine clerkship.
- The number of students on the clerkship this year was not reduced, however, efforts began to include Greeneville as a site for community medicine and this has begun for the 2021-22 clerkship year.



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

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

The MSEC meeting adjourned at 5:45 p.m.

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### **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](mailto:skeensal@etsu.edu). Telephone contact is: 423-439-6233.**

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

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 – 12:00 pm-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 (In-person meeting)

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)

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