



Medical Student Education Committee (MSEC) Minutes April 16, 2019

The Medical Student Education Committee of the Quillen College of Medicine met on
Tuesday, April 16, 2019 in C000, Stanton-Gerber Hall, Building 178

Attendance

Faculty Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Ivy Click, EdD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Robert Schoborg, PhD
Amanda Stoltz, MD

Student Members

David Cooper, M4
Hunter Bratton, M3
Sarah Allen Ray, M1

Ex Officio Voting Members

Tom Kwasigroch, PhD

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Guests

Robert Acuff, PhD
Alicia Bowles, M4
Daniel Sakaan, M4

Academic Affairs Staff

Lorena Burton, CAP
Mariela McCandless, MPH
Cathy Peeples, MPH

1. Approve: Minutes from March 19, 2019 Meeting & Announcements

Dr. McGowen called the meeting in session at 3:30 p.m. with a quorum of voting members. An incorrect e-mail address for Matthew Carroll was identified in the reference at the end of the March minutes. His e-mail address should read: carrollmo@etsu.edu.

Hunter Bratton made a motion to accept the March 19, 2019 Minutes as distributed, with the change to Mr. Carroll's e-mail address. Ivy Click seconded the motion. MSEC voted to approve the March 19, 2019 minutes.

Dr. McGowen made the following announcements:

- Reminders of the changes from previous years to the academic calendar: Graduation for our 4th year class is Friday, May 3rd at the First Christian Church on Mountcastle Drive; the M3 year ends April 26th; the new M3 year begins with the Transition to Clinical Clerkships on Monday, May 13th; clerkships begin Monday, May 20th; and the M2 year has ended and the M1 year will end May 10th.
- May 1st will be a faculty development teaching session, titled *Cheating*, with Amy Johnson, Center for Teaching Excellence and Anthony Kieche, Academic Technology, presenting on creating a culture of integrity and how to use technology to prevent cheating.
- This will be David Cooper's (M4 MSEC Representative) last MSEC meeting. We greatly appreciate his active participation and numerous contributions to MSEC.

The MSEC Meeting minutes for April 16, 2019 are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

2. Approve: 2019-2020 Required Clerkship Skills Logger and Patient Types

Annually MSEC reviews the required skills to be performed by the students proposed by Clerkship Directors. MSEC is responsible for final approval of all skills identified. Cathy Peeples reviewed each of the proposed required clerkship specific and global skills and patient types.

- Community Medicine, Family Medicine, Psychiatry, and Rural Program clerkships had no requested changes.
- Transition to Clinical Clerkships added: performance of a knee injection simulation.
- Internal Medicine dropped performance of: Interpret a gram stain and that the EKG interpretation may be performed in an inpatient or outpatient setting.
- OB-Gyn identified: the observation of an Ultrasound in either the inpatient or outpatient setting.
- Pediatrics updated the wording of the History & Physical to include: "on assigned patient observed by clerkship director".

All required Global and/or Clerkship required skills now have a location of inpatient, outpatient, or either identified with the skill. This is new for 2019-2020 as the LCME asks that the location of the required skills be identified.

Hunter Bratton, M3 Student representative, addressed the few Global requirements that are not tied to any particular clerkship. From a student's perspective, this can produce a problem if students do not look ahead to the remaining QCOM required skills and clerkships to be completed to identify whether an opportunity will exist to perform the required skill(s) in the clerkships, i.e., QCOM: Stool guaiac testing – perform, or QCOM: Prostate Exam – perform; both of which can't be completed in the Psychiatry clerkship and if it is a student's last rotation leaves the student unable to record completion. MSEC discussion suggested it was important to learn to anticipate fulfilling these requirements and planning ahead.

David Cooper, M4 Student representative, inquired about the need to keep both the New Innovations log and the paper logs. MSEC members reported the paper log to be standard among other medical schools. The paper log is quick and easy to obtain the signature as the skill is performed.

New Innovations is able to acquire the required signature, but this would require the faculty member to log in and acknowledge each skill for each student they observe. The clerkships decided to forgo this ability and remain with paper logs being completed and turned in at the end of the clerkship. Students are required to log their performance of skills into New Innovations.

Dr. Geraci made a motion to accept the 2019-2020 Required Clerkship Skills as presented. Dr. Moore seconded the motion. MSEC unanimously voted to approve the 2019-2020 Required Clerkship Skills as presented.

The 2019-2020 Required Clerkship Skills and Patient Logs report is shared with MSEC members via a One Drive document storage option.

3. Report: M1/M2 Review Subcommittee Reports – 2017-2018 Annual and 2018-2019 Comprehensive Reports

M1 Rural Track Community Research and Practice – 2017-2018 Annual Review

The course directors are Ivy Click and Dr. Joe Florence

Short-Term Recommendations

- The Generalist Track schedule needs to be in place in advance of the semester starting and should take into consideration the Rural Track schedule. Exams should not be scheduled on the day following a Rural Track class. It is the understanding of the Review Subcommittee that efforts have already taken place to address these short-term recommendations.
- The Rural Track students need to be reminded of the components and/or courses they have completed and the evaluations that follow each component and/or course completion. Because there can be overlapping activities on the Rural Track assignment days, students tend to evaluate all on one evaluation request and it becomes difficult to identify which component and/or course and/or faculty the student is referencing with their ratings and remarks.

Dr. Olive, Dr. Amadio, and Dr. Florence are meeting with a focus group of Rural Track students to address both of these issues. **Dr. McGowen noted that the second short-term recommendation probably needed to be referred to the course directors versus MSEC.**

The M1/M2 Review Subcommittee was in agreement. Dr. McGowen did note that both of the short-term recommendations, whether to MSEC or the course directors, need to be monitored by the Review Subcommittee with their next reviews to be sure the recommendations have been addressed and resolved.

Long-Term Recommendations

None were identified.

The course objectives are mapped to the Institutional Educational Objectives. There are four (4) instructors involved with this course and student evaluations of each ranged from 3.69 to 5.00. The overall student evaluation of the course was 3.20/5.00. This is a decline from prior years' evaluations.

Course directors are aware of this and are reformatting some of the course's content as well as ensuring that clear course objectives, requirements and assignments are identified to the students at the beginning of the course.

MSEC voted to approve the 2017-2018 M1 Rural Health Research and Practice Annual Review as presented with changes to the assignment of the second (2nd) short-term recommendation. Dr. Click abstained from voting.

M2 Community & Clinical Experiences for Generalist and Rural Track – 2017-2018 Annual Review

The course director for 2017-2018 was Dr. Ken Olive. This course was placed into the Doctoring II course, commencing with the 2018-2019 academic year. Course directors are Dr. Ken Olive and Dr. Patricia Amadio.

There are no short-term or long-term recommendations.

The course is performing well and had many positive comments from students. The course objectives are mapped to the Institutional Educational Objectives. Student evaluations of the course were 4.85/5.00, consistent with prior year student evaluations of 4.88/5.00 for 2016-2017 and 4.81/5.00 for 2015-2016.

MSEC unanimously voted to approve the 2017-2018 M2 Community & Clinical Experiences Annual Review as presented.

In introducing the 2018-2019 Comprehensive Reviews, Dr. Acuff, M1/M2 Review Subcommittee Chair, noted that the reporting format for the 2018-2019 Comprehensive reviews has changed to better ensure that the M1/M2 Review Subcommittee is addressing a course's delivery, sequencing, integration, content gaps and/or redundancy, assessment, resources, short and long-term recommendations, faculty preparedness, and summary evaluation trends in their reports to MSEC.

M1 Genetics – 2018-2019 Comprehensive Review

The course director is Dr. Paul Monaco. The course was delivered concurrently with Cellular and Molecular Medicine in the fall. There is no NBME subject exam offered for the course and some of the content of the course is often found in the Cellular and Molecular Medicine NBME subject exam. Students would like to have additional quizzes to test their knowledge of material and the course director has expressed a willingness to do so.

Students commented on a need to record lectures and this will be implemented in the 2019-2020 delivery of the course.

The course objectives are mapped to the Institutional Educational Objectives.

Faculty are well prepared to deliver the course content and student evaluations of faculty range from 4.49 to 4.89. The student evaluation of the course was 4.23/5.00 (3.69 in 2017-2018 and 4.61 in 2016-2017). Dr. Monaco noted that the lower evaluation of the course in 2017-2018 reflected the splitting of the course between the fall and spring semesters. This was changed with the 2018-2019 delivery and the course evaluations may reflect the students' agreement with this change.

MSEC discussed the differences in the grade distribution between this year and last year. There were fewer A's and more B's and C's issued. Dr. Monaco noted this, but other than the lower student attendance, he did not have an explanation for the difference in grade distribution. Dr. Olive noted that because the course was delivered at the same time as Cellular and Molecular Medicine, students may have prioritized their effort in one course versus another.

There are no short- or long-term recommendations for the course to MSEC. It is noted that there is a trend seen in all basic science courses of lower student attendance with the exception of clinical lectures where attendance is 100% (required attendance).

MSEC voted to approve the 2018-2019 Genetics Comprehensive Review as presented. Dr. Monaco abstained from voting.

M1 Lifespan Development – 2018-2019 Comprehensive Review

The course director is Dr. Luis Isaza. The course delivery is online at the beginning of the academic year. Students enjoy this online approach presentation with course materials and interaction with the course director. Students did identify that the Tegrity recordings need to be revised/strengthened as well as some students would like to have more class participation with an emphasis on case studies and a quicker response to online discussion grades.

The course objectives are mapped to the Institutional Educational Objectives.

The distribution of grades is mostly A's with one B and no failures. There is no NBME subject exam offered for this course, but there is a comprehensive final exam (30%) and in-class quizzes (45%) with online discussions (25%). The student evaluations of the course were 4.08, 4.01 in 2017-2018, and 3.41 in 2016-2017.

There are no short- or long-term recommendations for the course to MSEC.

MSEC unanimously voted to approve the 2018-2019 Genetics Comprehensive Review as presented.

All M1/M2 Review Reports are shared with MSEC members via a One Drive document storage option.

4. Report/Approve: Curriculum Content Query - Healthcare Quality Improvement

Dr. Olive presented the curriculum content report on Health Care Quality Improvement. Dr. Olive noted as he reviewed the report that there was additional content that should have been included and he will update after delivery.

Courses and clerkships identified with content included: Medical Human Gross Anatomy and Embryology, Doctoring I, Doctoring II, Transition to Clerkships, OB-Gyn Clerkship, Internal Medicine Clerkship, Community Medicine Clerkship, Rural Programs Clerkship, 4th Year Portfolio assignment, Keystone course, and Inpatient Subinternship selectives. MSEC noted that not all the Keystone sessions are required.

MSEC added content for: Aquifer Cases covered in the Family Medicine Clerkship, Dr. Blackwelder's didactic session on Health Care Reform, and CLIPP cases in the Pediatric Clerkship. There had been a didactic session in Internal Medicine on Systems Based Practice, but it was unclear if this was continuing to be delivered. Dr. Olive will follow up with Dr. Paul. Dr. Geraci stated that the concept of Healthcare Quality Improvement can be delivered in a large group, i.e., Systems Based course. Dr. Olive noted that the Doctoring III course will include Healthcare Quality Improvement as a topic session. The Interprofessional experience (part of Doctoring) is planning to add a session on Patient Safety. Doctoring I, Case Based Learning component, and the M1 Communications course, discuss "errors and mistakes" in patient care. Dr. Abercrombie noted that at least one of the Year 2 Interprofessional days will include the Healthcare Quality Improvement content.

MSEC felt that the content delivery on Healthcare Quality Improvement needs to be strengthened and made more cohesive.

Dr. Click made a motion to accept the Healthcare Quality Improvement Content Report as adequate at this time with the identified plans for added content to the curriculum in the future. Dr. Geraci seconded the motion. MSEC voted to accept the Healthcare Quality Improvement Content Report as delivered and identified for added content delivery.

The Healthcare Quality Report is shared with MSEC members via a One Drive document storage option.

5. Report/Approve: Outcomes Quarterly Report

Dr. McGowen presented the quarterly Outcomes report to MSEC. Five (5) benchmarks were reviewed this quarter. Three were met: Medical Knowledge 1 (institutional exam performance) and Medical Knowledge 5 (percentage of low scores on NBME) as well as Patient Care 1 (institutional exam performance).

Also reviewed were Benchmark 1 (student satisfaction with instruction) and Medical Knowledge 2 (NBME performance above national mean) which were both partly met in the Preclerkship courses.

Benchmark 1 discussion identified that there were changes planned for this next year in content or instruction method for the two (2) of the seven (7) courses that fell below the benchmark. Further monitoring by the M1/M2 Review Subcommittee during their yearly review of the courses will be sufficient.

For Medical Knowledge 2, all courses met the benchmark with the exception of Cellular & Molecular Medicine and that the rating was an improvement over last year and further monitoring by the M1/M2 Review Subcommittee during their yearly review of the course will be sufficient.

The Outcomes Subcommittee also reviewed the replacements for Benchmarks that were deleted when the new M3 Clerkship form was put into place. These include: Systems-Based Practice 2, Professionalism 4, Practice Based Learning and Improvement 3, Patient Care 2, Interpersonal and Communication Skills 4 and Interprofessional Collaboration 3. A new M3 Clerkship form has been adopted for 2019-2020 and beginning with the academic year adoption by MSEC of new Benchmarks and the percent set is recommended.

MSEC discussion of the new Benchmark scales and percentages identified recommended changes to setting the benchmarks to **“Building Competence” rather than “Approaching Competence” and to “Meets Most Expectations” rather than “Meets All Expectations”**. There was also discussion regarding when the data would be collected. The Outcomes Subcommittee identified that the data is collected throughout the M3 Year, but reported at the end of the year. After MSEC discussion, the proposed benchmarks are:

Systems-Based Practice 2: 95% of students will be rated at or above “Building Competence” on the M3 clerkship assessment question addressing System-based Practice.
Professionalism 4: 95% of students will be rated as showing “No Concerns” on the M3 clerkship assessment question addressing Professionalism. (Question 10). 95% of students will be rated at or above “Meets Most Expectations” on the M3 clerkship assessment question addressing Professionalism. (Question 15).
Practice Based Learning and Improvement 3: 95% of students will be rated at or above “Building Competence” or above on the M3 clerkship assessment question addressing Practice-based Learning and Improvement.
Patient Care 2: 95% of students will be rated at or above “Meets Most Expectations” on the M3 clerkship assessment question addressing Patient Care.
Interpersonal and Communication Skills 4: 95% of students will be rated as showing “No Concerns” on the M3 clerkship assessment question addressing Communication Skills.
Interprofessional Collaboration 3: 95% of students will be rated at or above “Building Competence” on the M3 clerkship assessment question addressing relationships with the health care team.

There was additional MSEC discussion about the M3 Clerkship form, its length, validity of ratings, and the proposed New Innovations’ *On Demand* process for identification of faculty and student matches for the assessment of students.

Additional discussion related to the fall semesters and the many breaks it can contain (class fall/winter breaks and holidays [Labor Day, Veterans Day, Thanksgiving, Christmas, etc.) that can contribute to needed content reviews by courses following a break and/or holiday. There were no recommendations identified for either discussion.

The Outcomes Subcommittee has begun a review of the Resident PGY-1 Survey for possible benchmarks, but continued discussion is needed before bringing to MSEC.

Dr. Moore made a motion to accept the Outcomes Subcommittee Quarterly report with the identified changes. Ivy Click seconded the motion. MSEC voted (there was one (1) NO vote) to accept the Outcomes Subcommittee Quarterly report with identified changes to specific Benchmarks.

The Outcomes Subcommittee identified further monitoring of Benchmark 1 for the Clinical Epidemiology & Biostatistics course and the Rural Health Based Projects course will be identified in the M1/M2 Review Subcommittee yearly review of the courses.

The Outcomes Subcommittee identified further monitoring of Medical Knowledge 2 for the Cellular & Molecular Medicine course will be identified in the M1/M2 Review Subcommittee yearly review of the course.

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

6. Report: LCME Standards-Element Review 7.3: Scientific Method/Clinical/Translational Research

Dr. Hayman reviewed with MSEC the response written for the DCI submission covering LCME Element 7.3. **“The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care”.**

Dr. Hayman explained there were two (2) parts to the Element that must be responded to and his review has included identification of these courses and clerkships where the Element is being covered: where students receive instruction in the scientific method, including teaching format(s) used and assessment methods and where students are taught and assessed on the basic scientific and/or ethical principles of clinical and translational research and the methods for conducting such research.

Courses and clerkships that cover and assess the scientific method included: Clinical Epidemiology and Biostatistics topics related to the scientific method are assessed via board-style multiple-choice examinations; Cellular and Molecular Medicine small group sessions with formative feedback from faculty facilitating the sessions; Physiology simulation lab activities with participation and understanding assessed by the supervising faculty; and Microbiology recorded lecture session with a narrative assessment of the student’s participation and findings and a sectional examination.

Dr. Johnson stated that the curriculum for the Cellular and Molecular Biology course has changed and the content and small group instruction has changed. It was suggested that Antonio Rusinol, 2019-2020 course director, would confirm if instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research continues to occur and if not, how best it could be re-introduced into the course’s covered content.

Courses and clerkships that cover and assess clinical and translational research included: Doctoring I CITI training to include embedded testing; Clinical Epidemiology and Biostatistics topics related to commonly used experimental and clinical observational study types with the students preparing discussion data/talking points/script they would use when discussing a particular study with a patient; Clinical Neuroscience with clinical examples derived the basic sciences and assessed through exam questions; Family Medicine Clerkship students must identify a minimum of two (2) clinical questions to research with assessment of the student’s question formulation; Obstetrics and Gynecology Clerkship students give an evidence-based medicine presentation and are assessed using a rubric; Community Medicine Clerkship students are introduced to epidemiologic databases and are assessed via a presentation identifying the most common problems and suggested potential solutions; and the Psychiatry Clerkship has a didactic session searching the primary literature for best evidence and receive formative feedback followed by a graded search using a structured worksheet.

Dr. Abercrombie stated that this report confirms that our curriculum does cover the LCME Element 7.3 Scientific Method/Clinical/Translational Research extensively.

The LCME Standard/Element 7.3 Report is shared with MSEC members via a One Drive document storage option.

7. Report: Comparability of Sites: Rural Primary Care Track

Dr. Olive stated that one LCME accreditation standard requires that when students receive educational experiences in other locations they still need to be relatively comparable. There two clerkships where this can happen are the Rural Primary Care Clerkship and the Family Medicine Clerkship (the comparison of Family Medicine sites was brought to MSEC in November 2018). Dr. Olive presented the Rural Primary Care Clerkship locations and asked MSEC to review and provide a motion on their acceptance of the report.

RPCT Comparability Across Sites

Year	N	OSCE grade	NBME Score	Final clerkship grade	Mid-clerkship review	Documentation of Patient Types and Procedures	Worked < 80 hr per week	Step 2 CK	Step 2 CS	Clerkship evaluation
Rogersville										
2015-16	8	81.2	73	96.5	100%	95.80%	100%	238.1	100%	3.93
2016-17	5	80.3	73.4	92.3	100%	100%	100%	258.8	100%	4.33
2017-18	4	83.1	72.8	94	100%	100%	100%	239.3	75%	5.00

Mountain City										
2015-16	7	85.3	67.5	95.5	100%	93.40%	100%	238.6	100%	4.77
2016-17	4	80.3	79.3	94.3	100%	100%	100%	240	100%	3.75
2017-18	4	88.66	75.3	95	100%	100%	100%	245.5	100%	4.25

Dr. Geraci made a motion to accept the Report of Sites for Rural Primary Care Track as presented. Dr. Schoborg seconded the motion. MSEC unanimously voted to accept the report.

The Rural Primary Care Comparability Report is shared with MSEC members via a One Drive document storage option.

8. Follow-Up/Action: Family Medicine Clerkship NBME Waiver Expiring

Dr. McGowen introduced the agenda item by referencing the current M3 Clerkship Exam and Grading Policy MSEC -0111-3. A waiver set to expire at the end of the 2019-2020 academic year was given to the Family Medicine Clerkship. MSEC had asked that Dr. Moore return to MSEC prior to the start of the 2019-2020 academic year and provide MSEC with an update on utilization of the Aquifer FM (formerly fmCases) comprehensive cases assessment at the end of each clerkship period. The Family Medicine Clerkship is asking that the waiver be extended indefinitely.

M3 Clerkship Exam and Grading Policy MSEC -0111-3 - Policy Waiver 2/20/18: *The Family Medicine Clerkship is allowed to use in AY 2018-2019 the Aquifer FM cases curriculum with a comprehensive 100-question assessment in lieu of the NBME subject exam, utilizing a 15% grading component. The Family Medicine Clerkship will continue to use the OSCE with a 25% grading component for a total 40% objective assessment component. There will be no 10% curve used/added. Family Medicine Clerkship students will have the same remediation option given to other students in clerkships, utilizing the Aquifer FM cases assessment. Dr. Moore will continue to monitor the Family Medicine Clerkship grade performances, utilizing the Aquifer FM comprehensive exams throughout the 2018-2019 academic year for MSEC review, prior to a final decision on the type of comprehensives exam the Family Medicine Clerkship will employ in 2019-2020.*

Dr. Moore provided a PowerPoint review of the NBME Subject Exam versus the Aquifer Family Medicine Exam including the Family Medicine assessment components for a clerkship student's grade, the Aquifer Exam's comparison to national data (low score, 10th percentile, and mean), content relevance, and national clerkship directors' satisfaction with the exam. When MSEC asked the Family Medicine Clerkship to begin using the NBME Subject Exam it was to assure that there would be national data to measure/compare with Quillen student clerkship achievement and understanding of content taught. Aquifer Exams provide yearly national data and the exam covers the case content taught. The Family Medicine Clerkship is asking to use the Aquifer Family Medicine Exams in lieu of the NBME Subject Exams. The Family Medicine Objective Structured Clinical Examination (OSCE) assessment will also continue to be used and be a part of the end of clerkship grading components.

MSEC asked if the request would also cover the Rural Primary Care Clerkship's end of clerkship exams and Dr. Moore identified that the Rural Primary Care Clerkship has, in the past, replicated the Family Medicine end of clerkship exams/programs used and would continue to do so. The use of Aquifer cases (40) and exam (100 questions) ensures comparability across the Family Medicine and Rural Primary Care sites. MSEC asked how the Rural Track clerkship students scored in comparison to the Family Medicine clerkship students for this past year, but this data was not made ready for this meeting.

Dr. Olive stated that the Rural Track students tended to score slightly lower than the Family Medicine students on the NBME Subject Exams. Hunter Bratton, MSEC student representative, stated that the Aquifer Exam was very comparable to the NBME Subject Exams with the questions and difficulty of the exams having the same feel. Dr. Moore confirmed that the weight of the Aquifer Exam would continue to be measured as 15% of the grade plus the OSCE at 25% for a total 40% objective grade component.

Cathy Peeples asked if the Family Medicine and Rural Track students would be allowed to repeat the Aquifer Exam one time (if failed the first time) as the students who take the NBME Subject Exam.

Dr. Moore agreed with this and will ask Aquifer to provide scores at or below the 5th percentile (currently they provide scores at or below the 10th percentile).

MSEC asked if there was any data on how Residency Directors view the results of the Aquifer Exam versus the NBME Subject exams but it was identified that the student MSPE does not reference NBME or other comprehensive end of clerkship scores.

Dr. Abercrombie made a motion to allow permanent use by the Family Medicine Clerkship and the Rural Primary Care Clerkship to use the Aquifer Exams in place of the NBME Subject Exams beginning with the 2019-2020 academic year. Dr. Johnson seconded the motion. MSEC voted to approve the motion with Ivy Click abstained from voting.

The Family Medicine Aquifer PowerPoint Presentation is shared with MSEC members via a One Drive document storage option.

AGENDA CHANGED AT THIS POINT TO ALLOW PRESENTATION OF AGENDA ITEM #12

12. Update: Wilderness 4th Year Elective

Daniel Sakaan and Alicia Bowles, M4 students who recently completed the M4 Wilderness elective presented highlights of the elective. The elective, directed by Dr. Jeff Sanders, was approved by MSEC in 2018. The six (6) students who completed the course received training in completing a history and physical for an injured individual which included: dental injuries, heat exposure, hyperthermia, altitude sickness, head injuries, and traumas. The students were trained to perform climbing, repelling, and knot tying that allowed them to practice their search, retrieval/rescue of individual(s) from remote/inaccessible areas. The students were also exposed to the operations and role of a *Wings Air Rescue* helicopter.

MSEC asked if there were recommendations that could be offered to future M4s who may want to take the elective. The students felt that the timing of the course was good (late March/first of April). A course description and expected backpacking supplies should be provided to students who are considering taking the course. There is some expense involved with the rental of backpacking gear that a student may need to plan for ahead of time.

The students commented that there is no other course or clerkship in the medical curriculum that provides the medical experiences they planned for and encountered in the field. The students felt they learned a lot with completing the course.

Dr. Schoborg asked if there was any type of water activity involved around rescue/treatment of individuals from a kayak or canoe overturned in the water. The students stated that the course did not have training or instructors for water rescue activities/treatment, but thought the idea of adding water rescue/treatment was an excellent idea. Dr. Moore noted that the instructor had stated that he would like to be able to add water activity with experienced instructors. The students felt there was room to extend the experiences and workshops in the future.

The students rated the elective as 5.00/5.00.

The PowerPoint of pictures taken during the Wilderness Elective is shared with MSEC members via a One Drive document storage option.

AGENDA CHANGED AT THIS POINT TO GO BACK TO PRESENTATION OF AGENDA ITEM #9

9. Follow-Up: Preclerkship & Clerkship NBME Grade Minimum Exemption Expiring

Dr. McGowen reminded MSEC that the policies on the use of the NBME subject examination in grading have exemptions expiring with the end of the 2018-2019 academic year (see below). All course and clerkship syllabi for 2019-2020 will need to be updated.

- **NBME Policy for Preclerkship Courses MSEC – 1212-12**
- **M3 Clerkship Exam and Grading Policy MSEC -0111-3**

The exception to this is the Family Medicine and Rural Track Clerkships who will continue to count the Aquifer Exam as 15% of the grade plus the OSCE at 25% for a total 40% objective grade component.

Dr. Abercrombie made a motion to allow the Family Medicine and Rural Track Clerkships to continue counting the Aquifer Exam as 15% of the clerkship grade component plus the OSCE at 25% for a total 40% grade component. Dr. Monaco seconded the motion. MSEC unanimously voted to approve the motion.

The MSEC policies MSEC 1212-12 and MSEC 0111-3 are shared with MSEC members via a One Drive document storage option.

10. Follow-Up: M3 Attendance/Leave Policy Exemption Expiring

Dr. McGowen brought back to MSEC the M3 Attendance/Leave Policy exemption which is expiring at the end of the 2018-2019 academic year. All clerkship syllabi for 2019-2020 will need to be updated.

M3 Attendance/Leave Policy MSEC 0316-13 – Exemption 5/15/18: *For the 2018-19 Academic year only students will not be permitted to request time off for Step 2 exams.*

The MSEC policy MSEC 0316-13 is shared with MSEC members via a One Drive document storage option.

11. Report/Update: IPE for 2019-2020 – TABLED TO MAY 21, 2019

The MSEC meeting adjourned at 5:54 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: https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2personal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents

If you are unable to access the One Drive link or have not set up your One Drive contact:

Matthew Carroll, Instructional Design and
Technology Manager
carrollmo@etsu.edu / 423-439-2407

MSEC Meeting Dates 2018-2019: * NOT 3rd Tuesday

May 7, 2019 – 3:30-6:00 pm* – C000

May 21, 2019 – 3:30-6:00 pm – C000

June 11, 2019 – **Retreat** 11:30 am-3:30 pm* - C003

June 11, 2019 - **Annual Meeting** - 3:30-5:00 pm* - Large auditorium

MSEC Meeting Dates 2019-2020: * NOT 3rd Tuesday

July 16, 2019 – 3:30-6:00 pm – C000

August 20, 2019 – 3:30-6:00 pm – C000

September 17, 2019 – 3:30-6:00 pm – C000

October 15, 2019 **Retreat** – 11:30 am-5:00 pm* - Surgery Conference Room, Bldg. 1

November 19, 2019 – 3:30-6:00 pm – C000

December 17, 2019 – 3:30-6:00 pm – C000

January 14, 2020 – **Retreat** – 11:30 am-5:00 pm* - Surgery Conference Room, Bldg. 1

February 18, 2020 – 3:30-6:00 pm – C000

March 17, 2020 – 3:30-6:00 pm – C000

April 21, 2020-3:30-6:00 pm – C000

May 19, 2020- 3:30-6:00 pm – C000

June 16, 2020 **Retreat** – 11:30 am-3:30 pm – Surgery Conference Room, Bldg. 1

June 16, 2020 – **Annual Meeting** – 3:30-5:00 pm – Large auditorium