



Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, August 16, 2016 at 3:30 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Reid Blackwelder – (see proxy)
Stephen Geraci, MD
Jennifer Hall, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD - (proxy)
Jerry Mullersman, MD, PhD, MPH
Omar McCarty, M3

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD
Patricia Amadio, MD
Cindy Lybrand, MEd
Cathy Peebles, MPH
Lorena Burton, CAP

Ex Officio Voting Members

Tom Kwasigroch, PhD
Rachel Walden, MLIS

Shading denotes or references MSEC ACTION ITEMS

Dr. McGowen called the meeting to order at 3:35 pm with a quorum.

1. Approve Minutes of Retreat and Annual Meeting of July 19, 2016 & Announcements

The July 19, 2016 minutes were approved as drafted. Dr. McGowen confirmed MSEC Ex-Officio members are categorized by voting and non-voting members based on review of *Roberts Rules*. Ex-Officio is used to identify a member's membership status, but not their committee privileges.

Dr. McGowen made several announcements:

- The MSEC opening created by Dr. Herrell's departure from faculty has now been filled with Dr. Martha Bird (effective: July 2016).

- Dr. Michelle Duffourc's term expires this month (August 2016) and she does not wish to renew her term. The opening will be filled by Dr. Rob Schoborg (effective: September 2016).
- Dr. Jason Moore is here today in a proxy role for Dr. Reid Blackwelder.

Dr. McGowen asked that MSEC approve moving agenda item 12 - *Administrative Review Reports* up on the agenda as we have Dr. Patricia Amadio, Practice of Medicine course director, present to comment on the course's Administrative review. MSEC voiced no concern in the re-sequencing of agenda items for today's meeting.

12. Administrative Review Reports

Practice of Medicine – Dr. Patricia Amadio, Course Director

Dr. McGowen completed the Administrative review of this course. The course learning objectives are clear and relevant and well mapped to the Institutional Educational Objectives. The review from last year recommended course content alignment with the M2 year. The course is a Pass/Fail and two students received a grade of "D". Strengths of the course include excellent instruction and integration of material; extensive and timely feedback; and standardized patient and SIM lab sessions. Weaknesses identified were: inconsistency in grading H&Ps between evaluators (though a rubric is used); and sequencing of material with other M2 courses. Dr. Amadio has completed a faculty development session with course directors regarding use of the rubric and grading consistency. Overall student evaluations of the course were 4.24/5. No instructors received negative numeric evaluations, many were glowing.

Dr. Amadio stated that she would like to complete review of Period 1 and OSCE student grades to understand the course's effect on student performance for required skills. This would be data on POM students entering the M3 year in 2015, 2016, and 2017, comparing data regarding their performance with skills/knowledge conveyed in POM before changes were implemented (2015), with partial (2016) and complete implementation (2017). Dr. Amadio stated she continues to look at methods in D2L that will allow her to know if students have read feedback provided to them. MSEC provided suggestions for D2L that may assist both students and the course director with how feedback is delivered and viewed.

Biostatistics & Epidemiology – Dr. Beth Bailey, Course Director

Dr. McGowen presented the Administrative review of the course. This course has been redesigned this year by Dr. Bailey with an extensive course coverage of Biostatistics and Epidemiology. The course objectives have not yet been mapped to Institutional Educational Objectives, but they are written in a way that this will be possible. Last year the M1/M2 Review Subcommittee raised concern about placement of this content and this has been included with Implementation Group 1 priorities for review and recommendations. All students passed the course with student comments consistently praising Dr. Bailey for being extremely knowledgeable, receptive to feedback, and well liked. Because this was the first delivery as a redesigned course there were several areas that received revision as the course was delivered which created some uncertainty with the students and what to expect from the course. Overall for a first delivery the course functioned well.

The course director has asked for feedback on what the priority course content should be for a first year course with one credit hour. This ties in with what Implementation Group 1 will be reviewing with placement of course material within the curriculum. The overall student evaluations of the course were 3.51/5, which is higher than last year. Dr. Bailey has already identified that she will be eliminating one session which seems to be beyond the scope of this course which will free some course time. She has met with Dr. Olive to discuss other course content changes that may be appropriate.

Pharmacology – Dr. Michelle Duffourc, Course Director

Dr. Olive completed the Administrative review of this course. The learning objectives were appropriate. More cases were added in the SIM labs and these were favorably reviewed. The outcomes for the course were excellent with no students failing the course and an average NBME grade of 63 which is at the 90 percentile nationally. 76% of COM students scored above the National mean for this exam. Students appreciated the overall organization of the course. Student comments on weaknesses of the course included: concerns about the quality of lecture capture recordings and that not all sessions were recorded. Six (6) students expressed concerns about issues related to faculty professionalism and this has been appropriately addressed by the course director. One of the concerns that the course director has is about the availability of faculty to deliver the course. In response to rising M2 requests Dr. Duffourc has worked with other course directors to reduce the length of the M2 spring semester to allow more STEP 1 study time. We will look to see how the added time affects the over STEP 1 scores. Overall the course evaluation was 4.41/5 which is in the same range as previous years. All course faculty received positive evaluations.

MSEC comments noted that this year, the course exceeded past evaluations and test scores and wonders what this can be contributed to. MSEC student comments stated that the instruction in this course was excellent and very well organized. There was an additional outside resource students used called *SketchyMedical*. This is a visual learning tool for STEP 1 study that had just released a module on Pharmacology while the course was progressing. This may have contributed some to the increased course test scores. Rachel Walden asked for clarification on the cutting of the course to accommodate study time for STEP 1. Dr. McGowen confirmed that the course schedule was rearranged for this year only.

Pathology I & II – Dr. Earl Brown, Course Director

Dr. Olive completed the Administrative review for Pathology I & II. The course objectives are stable and appropriate for the course. This year the NBME subject exam was used as part of the grade (20%) using the approach recommended by MSEC. 54% of the students scored above the National mean. Student evaluations of the course were stronger this year than they have been historically in Pathology and student evaluations of course faculty were good. Students appreciated the high yield PDFs and study questions. The students felt there was good integration with other courses and there was reinforcement of previously taught content. Dr. Brown did make a change in the course's pedagogy from Pathology I (fall) to Pathology II (spring) and this confused the students a bit. Dr. Brown plans to use what he labels as a "self-directed, assessment-based learning with focused feedback" for the 2016-2017 academic year. Students will review a lot of the content on line, complete many quizzes and be involved in discussion of the quizzes in class.

It will be a refinement of the delivery made in the spring delivery of the course. The overall evaluation of the course was 4.65/5 for Pathology I and 3.97/5 for Pathology II, possibly due to the change in pedagogy in the spring semester.

MSEC student comments regarding the differences of the course delivery from fall to spring was that it was similar to a flipped classroom, but not quite. There were more block quizzes and more assessments which required staying on top of the material. This aided in the study for STEP 1. There was more out of class work if you wanted to maintain your level of performance in the class. MSEC asked about the increase assessments and conflict with other course exams, but the course director made sure to not have the assessments overlap with other course exams. The course director was able to accommodate changes to the exam schedule.

Career Exploration I-II-III

Dr. McGowen completed the Administrative review for Career Exploration (CE) sessions. It is a sequence of courses, but united under one over-arching process. The objectives are clear and mapped to the Institutional Educational Objectives.

There were no changes required from last year's review, but this course is being considered for inclusion in the "Doctoring Thread" by Implementation Group 3 with its career development and advising sessions. The course is a pass/fail. All students passed. It offers an early and longitudinal approach to career planning and self-assessment; individualized student advisement to opportunities in pursuit of specialty careers in medicine; residency panel in relation to VSAS and ERAS information. In response to student requests, there will be a new panel next year, to include student representatives, added to the sessions on how to manage your time in preparation for STEP 1. There was a fairly consistent comment that the presentations on ERAS and VSAS should be delivered in individual sessions. The course evaluations were generally positive. CE I was a little lower than previous years with 3.69. CE II was 4.08 and CEIII was 3.64.

MSEC congratulated Academic Affairs on its publication based on the course. Dr. Olive commented that it was a team effort!

Clinical Preceptorships M1 & M2 – Dr. Kenneth Olive, Course Director

Dr. McGowen presented the Administrative review of the three Preceptorship courses (two [2] for the M1 class in the spring semester [one being a longitudinal session] and one [1] for the M2 class in the fall semester). Objectives are appropriate and mapped to the Institutional Educational Objectives. The courses are pass/fail and assessment is based on clinical performance ratings and oral presentations. There were no concerns from last year's review. New Innovations was implemented for the management of the evaluations and was overall successful.

The strength of these courses is early clinical experiences which provide preclerkship students with an opportunity to practice clinical skills, learn in a clinical setting and interact with practicing physicians who are role models for them.

Most student evaluations were positive. Approximately twenty (20) generalist track students took advantage of the Rural Track Programs' experience of a week-long clinical experience in Belize, which also provides for an international experience for M2s. Evaluations of the courses by preceptors were also positive. There were no consistent weaknesses. The courses are difficult to logistically arrange and identification of high-quality, available preceptors can be difficult, but it has been possible to date. Overall evaluations by the students were 4.68/5 for M1 week-long preceptorship, 4.67/5 for M1 longitudinal preceptorship, and 4.86/5 for M2 week-long preceptorship. The overall evaluations by the preceptors were 4.21/5 for M1 week-long preceptorship, 4.6/5 for M1 longitudinal preceptorship, and 4.74/5 for M2 week-long preceptorship.

Administrative Reviews of Rural Track Program Courses

Dr. McGowen presented the Administrative reviews of the Rural Track Program courses today. Dr. Florence, course director for the Rural Track Program has been ill and unable to complete the self-studies, but information on each course was compiled which enabled Administration to complete their reviews.

Rural Case Oriented Learning – Dr. Joseph Florence, Course Director

The objectives are appropriate, but not mapped to the Institutional Educational Objectives in the syllabus. We do not have a review from last year. In 2013-2014 the M1/M2 Review Subcommittee recommended that the Rural Track Program be reviewed as a whole rather than looking at individual Rural Track Program courses. A retreat for the Rural Track Program was held and the results were presented to MSEC in February 2016. No specific recommendations related to this course came out of the retreat findings. The report took the place of the standard subcommittee review for 2014-2015. We are now back on track to place the review of this course with the M1/M2 Review Subcommittee.

The course is a pass/fail course with all students passing the course. There is no NBME subject exam for the course. A variety of instructional methods are used, including case based instruction, simulation, clinical experiences, independent learning and community experiences. Students strongly praise their interaction with faculty and the close relationships that develop. There is a clinical focus and development of clinical skills with a learn-by-doing approach. Weaknesses noted were a desire for greater communication and organization with knowing what activities are pending. There were no significant issues for MSEC. Overall student evaluations of the course were 4.56. All faculty members received positive evaluations by the students.

Rural Practice of Medicine – Dr. Joseph Florence, Course Director

The objectives are appropriate, but not mapped to the Institutional Educational Objectives in the syllabus. We do not have a review from last year. In 2013-2014 the M1/M2 Review Subcommittee recommended that the Rural Track Program be reviewed as a whole rather than looking at individual Rural Track Program courses. A retreat for the Rural Track Program was held and the results were presented to MSEC in February 2016. No specific recommendations related to this course came out of the retreat findings. The report took the place of the standard subcommittee review for 2014-2015.

The course is a pass/fail course with all students passing the course. There is no NBME subject exam for the course. A variety of instructional methods are used, including case based instruction, simulation, clinical experiences, and community experiences. Training in end-of-life care and BLS/ACLS is provided. There is a strong emphasis on building clinical and communication skills. Students strongly praise their interaction with faculty.

There appeared to be very good student/faculty relationships developed during this course. There were minimal weaknesses noted by students. There are no significant issues for MSEC. Overall student evaluations of the course were 4.50/5 for Rural POM I (fall semester) and 4.58/5 for Rural COL II (spring semester). All faculty members received positive evaluations by the students.

Rural Health Research and Practice – Dr. Joseph Florence, Course Director

There was no review from last year. This course was formerly managed by the Interdisciplinary Curriculum Committee (ICC) but that committee has been disbanded (see MSEC minutes of February 2016) and this course is now administered through the COM curriculum and MSEC. This is the first year for this process. Dr. McGowen spoke with Randy Byington, former chair of the ICC, who felt that the course was considered quite successful by the ICC as it flowed so seamlessly and there was a well-developed curriculum plan underlying the community assessments and projects. The findings of the retreat did comment on trying to reinstate the interprofessional nature of this course which stopped this year. This would be a long-term goal for the development of this course.

The course has appropriate course objectives, but they need to be mapped to the Institutional Educational Objectives. The course is a pass/fail course. There is no NBME subject exam for this course. The course uses a variety of instructional methods, including small groups and team presentations. There is a lot of focus on leadership and community research and epidemiology that support course objectives. There is presentation skill development with the use of portfolio assessments. Students obtain IRB training through this course. Weaknesses noted were minimal. There are no significant issues for MSEC. The overall course evaluation was 4.13/5. All course faculty received positive evaluations by students.

Dr. Olive commented that this course is specific to the Rural Track Program and there is not an equivalent in the Generalist Track. It is a core requirement course for the Rural Track and credit can be given in the MPH program. The evaluations of the course are dependent on the student groups and physician faculty members. When students are assigned to a group that does not have a COM physician faculty member the evaluations did not appear to be as favorable, still satisfactory though.

Integrated Grand Rounds (IGRs) – M1, M2, M3, and M4

Dr. McGowen reviewed the curriculum delivered during IGR sessions. The IGRs have not been reviewed before, but now that the sessions are required attendance for the M1s and M2s it was thought that an Administrative review was warranted. It meets 4 times per year, twice in the fall and twice in the spring. M3s and M4s can participate on a voluntary basis to serve as mentors during the small group breakout sessions.

There is a steering committee, rather than course directors, that guide the clinical curriculum delivered in the IGRs.

Dr. Blackwelder and Dr. Schoborg have co-chaired the steering committee and Cindy Lybrand, a committee member, has assisted with managing objectives that need to be developed for the threads introduced in the session. IGR was established originally as a way to obtain vertical and horizontal integration in the curriculum using clinical context showing the relationship of basic science to clinical content. The committee meets to discuss what content is being discussed in the basic science courses at a particular time and how that can be tied to a patient case with work to secure a patient that is available and representative of the problems being discussed. Students break out into small group sessions to work through the case presentation with the M3/M4s providing guidance to the students as they work in their small groups. Student evaluations are not done by our typical course evaluation process but rather a five (5) question student evaluation that is given at the end of each session. Student comments are 90% positive with minor variability across student years and sessions. The most common comment is that the sessions are long. The steering committee has discussed this, but feel it is appropriate with the content that is being delivered. The steering committee continues to discuss the development of objectives and continues to incorporate curriculum threads as identified.

MSEC should monitor development of objectives and a systematic approach to incorporating curriculum threads into the sessions.

All reports were accepted by MSEC as delivered.

All course Administrative reviews are identified in the meeting document links found at the end of the minutes.

2. Announcement: 2015-2016 Graduation Questionnaire (GQ)

Dr. Olive announced that the 2015-2016 Graduation Questionnaire (GQ) has been received and will be reviewed at the September MSEC meeting. Distribution of the report will follow this meeting and allow MSEC members to review prior to the September meeting. Dr. Olive was pleased to report that there were no major surprises -- 93% of the students stated that overall they were satisfied with the quality of their medical education and 82% agreed that basic science coursework had sufficient illustrations of clinical relevance. Areas where it was reported COM was weaker are known areas and we continue to work on these areas.

The 2015-2016 Graduation Questionnaire is found in the meeting document links found at the end of the minutes.

3. Update: Curriculum Integration Subcommittee (CIS)

Dr. Olive stated that the search for a CIS chair continues. There are several qualified individuals, but all have multiple responsibilities that prevent them from adding additional responsibilities. One individual is considering the offer.

4. Update: GTA Training

Dr. Olive stated that *Gynecology Teaching Assistant (GTA)* training has been reinstated this academic year with Period 2 students. The GTAs are used to help teach students breast and pelvic exams. All students will now complete the training while on either the Community Medicine, Family Medicine, or OB-GYN clerkship. The initial delivery went well with sufficient GTAs and clinical staff participating.

5. Report: Curriculum Query Societal Content

Dr. Olive presented an example of a curriculum content query using the topic societal issues. A curriculum database search identified the courses and clerkships where keywords for societal issues were used in their curriculum mapping. Cindy Lybrand provided the legwork on gathering this data. The search was based on keywords identified for each of the five (5) societal problems MSEC has identified to be tracked in the curriculum.

- 1) Nutrition / Physical Activity
- 2) Education / Health Literacy / Poverty
- 3) Substance abuse (includes tobacco, opioids, alcohol, illicit drugs, and prescription medications).
- 4) Family and Interpersonal violence.
- 5) Health Disparities / Discrimination (Cultural Competence/access to care)

Additional terms searched were: Cultural Competence, Domestic Violence, Disparities, Nutrition / Nutrition Sciences, Societal Aspects, and Substance Abuse. While an in depth review of each finding is needed to identify specifics of coverage it does provide a starting point for curriculum review of content.

Additional results were provided from the 2016 Graduation Questionnaire that relate to our QCOM graduate students' perception/exposure to related societal issues, i.e., understand ethical and professional values expected of the profession; understand issues in social sciences of medicine, ethics, humanism, professionalism, etc.; and being prepared to care for patients from different backgrounds. All areas showed a positive response from QCOM graduates related to percentages of graduates from all schools.

Dr. McGowen reminded MSEC that review of topic content in our curriculum is something we need to do on a regular basis to determine where we cover content and decide if it is too much or too little coverage. Query of the database is a way to get at this information.

The Curriculum Query Societal Content presentation is found in the meeting document links found at the end of the minutes.

6. Report: QCOM Instructional hours/weeks:

Dr. Olive presented a compiled summary of the M1/M2 course hours for pedagogy, assessment hours and weeks identified for the 2015-2016 academic year. Credit is given to Cindy Lybrand and Mariela McCandless who reviewed each course syllabi/schedule and spoke with course directors to identify total hours spent in each type of course session/event. Course directors stated it was hard in some cases to count hours/label the pedagogy method as it could fall into several categories.

We continue to refine the data, and work with the course directors to map their course delivery, but wanted to bring to MSEC what had been done thus far. MSEC felt the information would be good to share with the Implementation Groups, especially Group1 – Preclerkship.

Dr. Monaco thought it would be beneficial and important to look at the total course hours over the total number of weeks to identify the density of the courses and have the Implementation Groups take this into consideration. Cindy Lybrand reminded MSEC that course hours have changed because of added content recommendations. The CBSE hours are not currently included in the total course hours.

The QCOM Instructional hours/weeks document is found in the meeting document links found at the end of the minutes.

7. Review: LCME 8.3 Curricular Design, Review, Revision/Content Monitoring and 8.4 Program Evaluation:

Dr. Olive reviewed LCME Elements 8.3 and 8.4 and the related Document Collection Instrument (DCI) information to be provided. The DCI data will be based on the 2017-2018 curriculum content.

8.3 Curricular Design, Review, Revision / Content Monitoring – The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

8.3a - The DCI asks the school to describe: roles and activities for all individuals or groups that play a role in the development of the curriculum; develop objectives for courses and clerkships; identify appropriate course and clerkship content; teaching formats and assessment methods; evaluate the quality of faculty members teaching; monitor the quality of individual faculty member teaching; and evaluate the overall quality and outcomes of the courses and clerkships.

8.3 b - The school is asked to describe (narrative comment): the process of formal review of each curriculum element to include frequency and process of reviews. This is to include each required course in the preclerkship phase of the curriculum; the required clerkships; the individual years or phases of the curriculum and the curriculum as a whole. Copies of standardized templates used for the reviews and a sample review of a course and clerkship are requested.

8.3 c - We will be asked to describe (narrative comment) how (tools used) and how often the curriculum content is monitored and provide examples of how the monitoring of the curriculum has identified gaps and unwanted redundancies in topic areas.

The results of a search of the curriculum database for curriculum content related to specific topics identified by LCME will be requested. Looking at Societal Issues is an example of how the curriculum database is searched and something we will want to continue to do on a frequent basis.

8.3 d - The individual roles and titles of those who have access to the curriculum database will need to be provided, along with identification of the individuals who have responsibility for monitoring and updating its content and which individuals, committees, and departments receive results of the reviews of the curriculum content.

This means that we need to actively use our database and be able to identify who is updating and receiving the data/information.

8.4 Program Evaluation – A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

8.4-1 - The DCI has tables where we report the number of students who take STEP 1, STEP 2 CK, and STEP 2 CS as well as the number of students who pass each USMLE STEP exam.

8.4-2 – The DCI table asks which individuals and groups receive and how often the outcome data for: USMLE examination; internally developed examinations; performance-based assessment of clinical skills; OSCEs; student responses on the AAMC GQ; student advancement and graduation rates; NRMP match results; specialty choices of graduates; assessment of residency performance of graduates; practice types of graduates; and practice locations of graduates. The Outcomes Subcommittee is looking at this type of data and reporting to MSEC.

8.4-3 – The DCI table asks for the most recent three years USMLE STEP 1 information.

8.4-4 – The DCI table asks for the most recent three years USMLE Step 2 CK information.

8.4-5 – The DCI table asks for the most recent three years USMLE STEP 2 CS information.

8.4 a - Narrative responses requested include: providing three (3) current educational program objectives contained in response 6.1 with examples that should come from domains of knowledge, skills, and behaviors. For each objective we need to be able to describe how attainment of the objective has been evaluated and provide specific data illustrating the extent to which the object is being met. The Outcomes Subcommittee reviews this data and reports to MSEC.

8.4 b – Another narrative response requested includes describing efforts to address outcome measures that illustrate suboptimal performance by medical students/graduates in one or more of the educational program objectives with two (2) examples of steps taken to address the gaps between desired and actual outcomes.

The results of the CBSE exams could be examples of how we address the gaps.

8.4 requires we provide copies of printouts and graphs provided by the NBME that compare performance of national and medical school first-time takers for USMLE STEP 1, STEP 2 CS, and STEP 2 CK for the past three (3) academic years.

In addition, feedback from residency program directors and/or graduates on the graduates' attainment of the school's competencies/educational program objectives.

MSEC discussion about what suboptimal means for QCOM continued with Dr. McGowen stating that the Outcomes Subcommittee establishes the benchmarks for what suboptimal is for QCOM. MSEC has had discussions about what should be considered suboptimal for QCOM.

The LCME 8.3 and 8.4 PowerPoint presentation is found in the meeting document links found at the end of the minutes.

8. Follow Up: M1/M2 & M3/M4 Review Subcommittees changes for Periodic and Comprehensive Review of the Curriculum Policy:

Dr. McGowen asked MSEC to reflect on our Periodic and Comprehensive Review of the Curriculum Policy; asking them to think about how it has worked, does it need to be revised, what quality improvement might be needed. Dr. Olive's presentation today of LCME Standards and Elements identified that LCME has gotten more explicit about our review of curriculum phases in addition to the curriculum as a whole. The review of curriculum phases is not built into our policy and needs to be added. Today the Review Subcommittees have been asked to provide input on how they envision adding a phase report to their review process.

Dr. Mullersman, M3/M4 Review Subcommittee chair, has reviewed the M1/M2 Review Subcommittee's proposal to make the first two years all annual reviews and the third year a comprehensive review for all courses and is in concurrence with this process as it primes us for the fourth year review of the curriculum. The M3/M4 Review Subcommittee plans to implement this same process. The requested data review will be available in the early fall to the course and clerkship directors and enable them to complete their self-studies by the December timeframe with submission for review and response by the M3/M4 Review Subcommittee in January. This will allow reporting to MSEC in a timeframe that makes sense for the start of the new academic year. Utilizing the data collection tools we have in place will enable this process to move forward with the M3/M4 Review Subcommittee. If a course or clerkship needs a more intensive review the current policy allows for this to happen.

Dr. Acuff, M1/M2 Review Subcommittee chair, thought the changes made to the self-study form (adding reference to the LCME Standards for each question asked) provides the course directors with the importance/reasoning of asking for certain course data and having one form reduces the paperwork for everyone.

For both Review Subcommittee chairs, the phase report is considered a separate or additional report request and have asked for content of the phase report to be confirmed.

Discussion points included: role of the Outcomes Subcommittee in relation to other Review Subcommittees in creating the phase reports; whether phase reports would be by year or by larger units such as preclerkship and clinical units of the curriculum; how to coordinate a broad perspective on the phases of the curriculum; what the composition of the phase report committee should be; and the frequency of phase reports. Dr. McGowen said we do have some idea of what needs to be in a phase report and it should help us manage the review and implementation of changes to the curriculum as well as respond to LCME questions. The reports need to be produced and come to MSEC for review of findings with implementation to the curriculum as needed.

There is an LCME Secretariat call this week and the question will be raised about a phase report and what is expected to be in the review and how it plays into the review of the curriculum. The current policy will be reviewed administratively for any changes needed to accommodate the phase report and brought back to MSEC for consideration and approval.

9. Report: Resident Program Director & PGY1 Resident Evaluation Summaries:

Dr. McGowen reviewed the questionnaires sent to PGY1 Program Directors and Residents of the Class of 2014. Dr. Olive's presentation of LCME Standards clarified that we need to get information on our graduates' performance after they leave our program to identify how they are progressing in residency. One of the ways we do this is through our Program Director and PGY1 Resident surveys at the end of our graduates' PGY1 year. We asked the program directors to compare our PGY1 graduates with other PGY1 graduates in their programs. This year the questionnaire was revised to match the Entrustable Professional Activities (EPAs) requirements. Our response rate was very low, despite our efforts to secure responses. We tried to simplify the questionnaire when our response rate began going down and changed the scale to primarily a 3-point scale. We are not sure of the reason for the low response rate and continue to identify ways to increase the responses.

Overall response rate from program directors was 36%. In addition to EPA specific questions, the questionnaire included two (2) summary questions; one asking overall if the resident satisfied expectations of a first year resident and the response was 96.15% exceeded / met expectations. The other summary question asked how the program director would assess the resident's performance relative to other PGY-1s in their program and the response was 96.15% with 3.85% (one [1] response) of weaker. Each of the questions in the questionnaire were reviewed. Relative to other items, the highest ratings were 1) Collaborate as a member of a health care team and 2) Professionalism. The lowest ratings were 1) Patient Safety/Quality Improvement and 2) Procedures, although these areas also have a rating above satisfactory. The conclusion drawn from the survey is that the low response rate limits broad interpretation and our graduates are meeting and exceeded expectations – they are succeeding in residency.

MSEC comments included that the response rate is disturbing and that the signed waiver needs to be included with each questionnaire request, even if it means that individual requests must be sent to each program director to assure program directors that there are no violations on either party in asking / receiving resident performance information. The timing of sending the questionnaire also was discussed.

In the PGY1 Resident Questionnaire the scale was primarily a 4-point scale and the graduates were asked to rate themselves on the same EPA questions, but based on **how well prepared they felt they were upon entering residency**. Overall response rate from the graduates was 35%. In addition to EPA specific items, there was one (1) summary question asking if their medical school education prepared them for residency training. The response rate was 96% - Yes and 4% - No (one [1] response). Each of the questions in the questionnaire were reviewed. In summary, the responses were generally positive and graduates felt better prepared in the knowledge domain than the skill domain.

Graduates offered suggestions for the QCOM curriculum to include: a more active role for M3s on clerkships and a more active role for M4s on Sub-internships; more experience with EHR systems; more practice with medical decision making and fielding questions from nurse calls; expanding critical care training; concerns about the relevance of the Community Medicine clerkship; and lengthening the Surgery and IM clerkships, which has already been done.

Dr. Mullersman asked if it was clear whether it was EHR entered prescription writing or paper prescription orders that the graduates wanted more experience with/in. The graduate responses did not clarify the request. Rachel Walden asked if we might be able to implement some type of simulation exercises with EHR systems. Dr. Geraci suspected that the graduates are not comfortable with independently prescribing medications or entering into EHR systems that could affect the patient's outcome. They are comfortable working in teams. MSEC concurred that providing some type of experience, even if simulation, in the 3rd year with writing orders, to include medication dosing, would be beneficial and appreciated.

The Program Director and PGY1 Resident presentations are available in the meeting document links found at the end of the minutes.

10. Report: M1, M2, M3, and M4 Year End Retrospective Reflection Surveys

Dr. McGowen reviewed the end of year reflection surveys completed by the COM students. The surveys are done at the end of each year, asking students to reflect back on the years completed. The M1 Year, completed by rising M2s, had a response rate of 88%. Overall rating of the M1 year was 3.83/5 with comments that included: faculty were helpful, concerned, and good instructors; block 2 is too light; Genetics would be better if taught in conjunction with CMM; Biostatistics needs additional work; desire for increased integration; First Aid is the measure referred to for determining relevant content; and mixed comments about Integrated Grand Rounds (IGR).

The M2 Year, completed by rising M3s, had a response rate of 90%. The survey was sent to them after they had taken Step 1. The overall rating of the M2 year was 3.78/5 and a rating of how well the M1 year prepared them for the M2 year was 3.90/4. Their rating of how well the preclerkship curriculum prepared them for STEP 1 was 3.73/5. Comments included: faculty were generally helpful, concerned, and good instructors; and increase study time for STEP 1. Specific comments related to STEP 1 questions included: integrated questions; and not necessarily reflective of distribution of curriculum time.

All the comments related to STEP 1 indicated that STEP 1 is a big concern for the M2s.

The M3 Year, completed by rising M4s, had a response rate of 90%. Overall rating of the M3 year was 3.92/5 with an overall rating of how well the preclerkship curriculum prepared them for the M3 year was 3.92/5. Comments included: faculty were generally helpful, concerned, and good instructors; concerns about Community Medicine clerkship; and a desire for more active role and more autonomy (similar comments were made in the graduate questionnaire).

The Reflective surveys are one piece that we would want to include when reviewing content for the phase reports.

The M1, M2, M3, and M4 Year End Retrospective Reflection Surveys summary presentation is found in the meeting document links found at the end of the minutes.

11. Report: 2015-2016 Clerkship Composite Grade Submissions

Cathy Peebles provided a summary report of all clerkship end-of-period grade submissions. LCME Element 9.8 requires fair and timely submission of assessments and here at QCOM we are tracking the clerkship reporting dates for grade submission. A target of twenty-one (21) days has been set to get the grades submitted. The report documents the submission dates for each period of each clerkship for the past year. . We have been tracking this data since 2011 when we were cited by LCME for not having central oversight/management of grade submission. The average for 2015-2016 has been 22.55 days which is close, just a little over the 21 days. This is well within the LCME requirement of grades being available within 6-weeks. There were instances where the clerkship NBME grades were unavailable for an extended period of time due to restructuring of the NBME subject exams. The clerkships were unable to complete submission of grades until the subject exam results had been received.

The Grade Submission chart presented is found in the meeting document links found at the end of the minutes.

13. Update: Academic Affairs follow up with PT regarding Neuroscience course needs

Dr. Olive stated that Dr. Beaumont, Neuroscience course director has spoken with Dr. Trish King, chair of the Physical Therapy Department. They have identified faculty in their department who have neuroscience background/experience who will be interacting with Dr. Beaumont and his preparation of Neuroscience course material that is delivered to both medical students and physical therapy students.

14. Update: MedBiquitous

Cindy Lybrand provided an update on MedBiquitous, an AAMC partner, which identifies technology standards for health care. They are beginning a beta program with UCSF to model data exchange across multiple systems, i.e., curriculum system, evaluation system, and/or learning management system. It recognized that there are many systems involved in managing and running health care training programs and there is a need for these systems to exchange data so as to not have to populate several systems with like data.

15. Standing Agenda Item: Subcommittee, Working Groups & Technology Updates

No comments.

The meeting was adjourned at 6:04 pm.

MSEC Meeting Documents -

1. Approval of Meeting Minutes – [July 19, 2016](#)
2. [2015-2016 Graduation Questionnaire \(GQ\)](#)
3. [Curriculum Query Societal Content presentation](#)
4. [QCOM Instruction hours/weeks presentation](#)
5. [LCME 8.3 and 8.4 Standards/Elements/DCI presentation](#)
6. [Resident Program Director](#) & [PGY1 Resident](#) Evaluation summary presentations
7. [M1, M2, M3, M4 Year End Retrospective Reflection survey summary presentation](#)
8. [2015-2016 Clerkship Composite Grade Submission](#)
9. Administrative Reviews

Practice of Medicine	Clinical Preceptorships M2 & M2
Biostatistics & Epidemiology	Rural Practice of Medicine I & II
Pharmacology	Rural Case Oriented Learning I & II
Pathology I & II	Rural Health Research and Practice
Career Exploration I – II - III	Integrated Grand Rounds M1-M2-M3-M4

Upcoming MSEC Meetings

Tuesday, September 20 – 3:30-6:00 pm

Tuesday, October 18 – **Retreat** – 11:30-6:00 pm

Tuesday, November 8 – 3:30-6:00 pm*

Tuesday, December 6 – 3:30-6:00 pm*

Tuesday, January 17, 2017 – **Retreat** – 11:30-6:00 pm

Tuesday, February 21, 2017 – 3:30-6:00 pm

Tuesday, March 21, 2017 – 3:30-6:00 pm

Tuesday, April 18, 2017 – 3:30-6:00 pm

Tuesday, May 16, 2017 – 3:30-6:00 pm

Tuesday, June 20, 2017 – **Retreat** 11:30-3:30 pm/**Annual Meeting** 3:30-6:00 pm

*Note not on the 3rd Tuesday of the month due to holiday scheduling

TIME LINE: Program Evaluation to LCME Visit

2015-16 Review of the entire medical education program

2016-17 Implementation planning of identified curricular changes

2017-18 Academic Year reported on in Self-study Summary Report and DCI

2018-19 Complete Self-study Summary Report and DCI based on academic year 2017-18 data; begin process in March 2018

2019-20 Self-study Summary Report and DCI due to LCME spring 2019 with site visit fall 2019