



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, August 4, 2020, via Zoom meeting.

Attendance

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	<u>Academic Affairs Staff</u>
Thomas Ecay, PhD	Mariela McCandless, MPH
Russell Hayman, PhD	Skylar Moore, HCMC, BSPH
Jon Jones, MD	Dakotah Phillips, BSPH
Paul Monaco, PhD	Aneida Skeens, BSIS, CAP-OM
Jason Moore, MD	
Mitch Robinson, PhD	<u>Subcommittee Chairs</u>
Antonio Rusinol, PhD	Robert Acuff, PhD
Robert Schoborg, PhD	
	<u>Guests</u>
<u>Student Members</u>	Earl Brown, MD
R J Black, M2	Lorena Burton, CAP
	Theo Hagg, MD
<u>Ex Officio Voting Members</u>	Jerald Mullersman, MD
Tom Kwasigroch, PhD	Cathy Peeples, MPH
Theresa Lura, MD	Diego Rodriquez-Gil, PhD
Rachel Walden, MLIS	Tory Street, EdD
	David Taylor, M4

Meeting Minutes

1. Approve: Minutes from July 21, 2020 Meeting.

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the July 21, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Monaco made a motion to accept the July 21, 2020 meeting minutes as presented. Dr. Rusinol seconded the motion. MSEC approved the motion.

The MSEC minutes for July 21, 2020 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development sessions– The Faculty Development Working Group has drafted a schedule of future sessions. “Writing Effective Letters of Recommendation” led by Dr. Ken Olive and Dr. Diana Heiman is scheduled for August 12. An email invitation has already been sent. Dr. Click will send a reminder with the Zoom link. Dr. Ramsey McGowen and Dr. Ivy Click are working on a curriculum mapping workshop to provide faculty with some tools to do mapping. This is scheduled for September 2. Additional workshops are as follows:
 - October 7 – Wellness, Developing Team Resilience - Presenters: Diana Heiman and Amy Johnson
 - October 28 – Active Learning in an Online Environment (Title may change) - Presenter: Rob Schoborg
 - November 18 – Resident Remediation - Presenters: Diana Heiman and Mike Ostapchuk
 - January 27 – Identifying and Obtaining Research Funding – Presenter: Bill Duncan
 - February 10 & 17 – Respect for Student and Resident Lives/Cultivating Health Educational Environments – Presenters: Diane Heiman and Amy Johnson

These workshop dates will be posted on the faculty development website. For anyone not familiar with the faculty development website, the website also contains links to YouTube recordings of previous sessions that are eligible for CME credit.

- Faculty book club - Fall book club date and book:
 - *Make It Stick* by Peter Brown, Henry Roediger, and Mark McDaniel, September 9 at 3:00 pm. Dr. Amy Johnson will be sending out an email with the Zoom link.

2. Update: Curriculum Transformation Steering Committee

Dr. Click provided an update of the Curriculum Transformation Steering Committee activities, which she will try to do monthly. The committee met with Wright State on July 24 and discussed their pedagogy and teaching methods, which were very innovative. They advertise as a lecture free curriculum, using a combination of TBL, peer instruction and PBL, which they call Wright-Q. The committee is working to finalize the guiding principles from the feedback received. A webpage, found under Academic Affairs, has been developed showing the members of the committee and its charge. It will also include the guiding principles as well as any updates or news events. The committee is planning to have a couple of Town Hall meetings, possibly mid to late August and October, to get input from the whole college community once they have some more solid recommendations. Those dates will be posted on the website when finalized. The next planned meeting with another institution will be on August 14 with Marshall.

No action was taken on this item.

3. Approve: Selective

- Surgery sub-internship selective

Dakotah Phillips presented the proposed surgery sub-internship selective. She reminded everyone that the sub-internship was the only selective that was kept at four-weeks for this academic year. Dr. Browder proposed a sub-internship for surgery with an expected start date around October, in which surgery would take one student per selective at JCMC. Dr. Burns will supervise this and fourth year students will function on the surgery team with responsibilities equal to that of an intern. Students will be doing preparation of the patient for surgery, routine management of the postoperative care, suturing incisions, drain removal, abscess drainage and dressing changes. Students will also be responsible for tracking all the clinical events and participating in daily rounds with responsibility for two or three patients at a time. Students will also attend an outpatient clinic one day per week with a designated faculty member and be on call every three to four nights. Dr. Click noted that we have limited options of selectives so having an additional inpatient sub-internship is greatly appreciated. Dr. Olive stated that he appreciated the surgery department being responsive to the request to consider creating a sub-internship because we do need more options with our constrained calendar; this year we have fewer months to do these selectives but still need to accommodate the same number of students. OB previously created a sub-internship and we appreciate surgery coming forward and doing the same. Dakotah pointed out that the surgery sub-internship selective could also be taken as a two-week elective.

Dr. Abercrombie made a motion to accept the Surgery Sub-Internship Selective as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

The presented Surgery Sub-Internship Selective document is shared with MSEC Members via Microsoft Teams document storage.

4. Discussion/Approve: Course CQI Plans

Dr. Click shared that there were several course directors who had submitted Continuous Quality Improvement (CQI) plans to be reviewed today. She explained that the CQI plans would show how course directors planned to improve their courses in a way that could be followed up in a consistent manner using a standardized form for each course.

- Cell and Tissue Biology

Dr. Monaco presented the CQI Plan for Cell and Tissue Biology. Survey results showed that 24% of the students expressed dissatisfaction with the course organization, 15% expressed dissatisfaction with the quality of teaching and 15% expressed overall dissatisfaction with the course quality. The goal is to have each of these categories at less than 15%. Dr. Monaco stated that with a couple of exceptions, the data was not really concordant with how the students evaluated the course, although the course did have relatively lower ratings related to instructional methods aiding understanding of content that was rated 3.85 and the overall rating of the course was 3.8 out of 5. However, everything else was above a 4.

The improvement plan to mitigate this dissatisfaction will include reimagining cell and tissue for this coming year. There will no longer be any lectures for the course. The students will be asked to view video podcasts. These videos will encompass approximately half of the contact time for the course. There will still be interactive slide sessions that will be either zoom or face-to-face, if allowed, and there will be laboratory sessions scheduled with faculty in the laboratory if face-to-face contact is allowed, otherwise, these will be zoom sessions. Students will be invited to sign up with Dr. Monaco or other teaching faculty for individual help either in the laboratory, or more likely by Zoom. These sessions will clarify points from the videos that students are asked to watch, however, none of these sessions will be required. It is envisioned that going forward, Cell and Tissue Biology will be essentially independent learning with the faculty to guide the students where appropriate. Dr. Monaco stated the course would continue to be coordinated with physiology and he and Dr. Ecay work closely to keep that coordination.

Dr. Monaco asked if there were any questions and Dr. Olive asked if he could comment on the extent to the substantive changes being made as opposed to cosmetic tweaks here and there. Dr. Monaco stated that the fact that there would not be any scheduled lectures was pretty substantial, stating class lectures had been suspended in February due to low attendance so they just went to the lab. He felt that could have contributed to the student dissatisfaction by the students who did like to come to class. Another substantial change would be the individual sessions in the laboratory to go over slides as that has never been done before, however, Dr. Monaco suspects these sessions may have to take place by Zoom if courses are not face-to-face in the spring. Converting the final practical exam from microscope and glass slides to a virtual exam will also be a substantial change. Dr. Click asked for clarification that Zoom sessions would be held for interactive review sessions. Dr. Monaco confirmed this and stated that last semester a few sessions were done by Zoom and bonus points had been given for interactive sessions but the students did not like that so they were not going to award bonus points and the interactive sessions would not be a requirement.

Dr. Monaco added that another substantial change he failed to mention was what he had previously called a menu of learning options for the students to use. Some students liked having a lot of options but other students disliked having so many options so those options were being pared down for this year to make the D2L site easier to navigate. He cited student comments of wishing there were handouts for each session and stated that there were handouts but maybe some students did not see them. M3 student RJ Black asked to make a comment regarding the handouts, stating that this was not a criticism, but the reason the students felt the handouts were problematic was that the material on the handouts was not the same as the material covered in the podcast videos so students did not feel like it was a master handout for the material needed. Dr. Monaco indicated this was good information to have.

Dr. Olive spoke up and said one of the reasons the CQI plans are important are we can address course concerns appropriately. He further stated that it was important for people to speak up like RJ did with her comment if they felt something needed to be said during the meetings so these comments could aid the course directors and could be captured in the meeting minutes. Dr. Click agreed and said suggestions and ideas for the course directors were appreciated.

Dr. Schoborg made a motion to accept the Cell and Tissue Biology Course CQI Plan as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

The presented Cell and Tissue Biology Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

- Genetics

Dr. Monaco presented the CQI Plan for Genetics. He stated the Genetics course was similar to Cell and Tissue Biology from the perspective of having more than 15% dissatisfaction. Student responses to the Genetics course review revealed multiple comments of too much overlap between Genetics and Cellular and Molecular Medicine (CMM). The goal is to have less than 15% dissatisfaction with the organization, quality of teaching, and overall organization of the course. Dr. Monaco pointed out that the data was not concordant with what the students said on the evaluations. He stated another goal was to strive to have 85% of students identify the overlap between Genetics and CMM as appropriate and complementary on end-of-course evaluation. He, Dr. Rusinol, and Dr. Thewke looked at areas where there is overlap and tried not to overlap as much unless it was appropriate and then would mention that the students would see this content again in CMM but it would be from a different perspective. Dr. Monaco commented that the next improvement strategy was not a short-term goal, but more of a long-term goal based on how the curriculum was reimagined, that it might be beneficial to combine the Genetics course with CMM or other curricular components while recognizing that the competencies listed in the *Association of Professors of Human and Medical Genetics (APHMG) Medical School Core Curriculum in Genetics* are tested on national exams.

Dr. Click noted that we would need to modify the end-of-year evaluation for Genetics to capture the data regarding complementary overlap rather than redundant and would work with Dr. Monaco on the wording of the question. Dr. Monaco stated that he wanted to somehow try to ask if the overlapped material was useful in regard to exams in CMM as several students had commented to him that the Genetics content they were discussing helped them on their first CMM exam due to the overlap in content. Dr. Click stated that Dr. Mullersman also had data that he wanted to be able to see for Doctoring I, so we may have to add some specific and unique questions to several of the courses this year to gather additional data for the course directors to provide information needed for the CQI goals. Dr. Monaco noted that his observation for any of the courses was that students seemed to like taking one course at a time and liked something more interactive like flipped class models as opposed to the traditional lecture orientations.

Dr. Olive suggested that this would be an excellent opportunity for MSEC take specific action as there has been prior discussions over several years of combining Genetics and CMM and although COVID has resulted in flipping where things are presented during the semester, it would be a good opportunity for MSEC to decide that we are requiring Genetics and CMM to become one course in the next academic year. Dr. Monaco interjected that MSEC needed to be careful, which is why he said we needed to see how the curriculum is reimagined, as there is a certain amount of time for CMM and a certain amount of time for Genetics and if MSEC decided it was going to be one course, the course would need to reflect the combined contact

time. Otherwise, you run the risk of not covering content that is important. Dr. Olive stated that MSEC could make the determination whether the two courses did or did not need that much contact time.

Dr. Click suggested making a two-part recommendation to combine CMM and Genetics as one part of the recommendation, and the second part of the recommendation would be to review the content and the appropriate contact hours. Dr. Rusinol stated that he supported Dr. Monaco's position, noting that the pace of CMM is very high and the students could barely cope with that so if Genetics were to be done at the same time by combining the courses without increasing the contact time, it would be impossible for the students to learn all of the material for testing later. Dr. Schoborg said he did not understand about the increased contact time because his interpretation was that if the two courses were fused together then you would have the total contact time of both courses. Dr. Rusinol agreed and stated that they may be able to save some time when content overlaps and falls into the same category where it could be covered at the same time. Dr. Robinson voiced his support for combining the courses and suggested that perhaps the course directors could get together and then get with the course faculty to work out some of the details over the next few weeks or months because in addition to contact time there were a lot of other things that would have to be worked out. He suggested that maybe the proposal to combine the courses would be sufficient to move forward and then the plan could be presented at a later date. Dr. Rusinol agreed with that.

Dr. Schoborg made a motion that CMM and Genetics be combined in fall 2021 and that no additional courses or coursework take place during the same time that this new combined course would run. Dr. Rusinol asked what would happen if there were a new course in the new curriculum that might include some other courses. Dr. Click responded that there would not be a new curriculum by 2021 so it was probably safe to make the motion as presented. Dr. Olive stated that this could be one step towards what could be part of the new curriculum. Dr. Schoborg agreed stating that a lot of the curricula the Curriculum Transformation Steering Committee had looked at had some sort of foundations course that included material from what would typically be considered biochemistry, genetics and some other courses so it might make a very nice foundation course whenever the curriculum gets changed. Dr. Hayman asked for clarification that the plan is for the course directors get together and hash out some ideas then come back to MSEC with a plan? Dr. Click stated that was what she suggested, however, the motion is to combine the courses without the details of the plan. Dr. Monaco concurred that his recommendation was that the courses be combined, but he was not implying the combined course would be a foundations course and stated that as the curriculum gets reimaged beyond fall 2021 some content in Genetics and some content in CMM might be taken out as a separate foundations course and the combined course would no longer exist because it could be system based. Dr. Rusinol seconded Dr. Schoborg's motion.

Dr. Schoborg made a motion to combine the Genetics course and CMM course in the fall of 2021 with no additional courses or coursework to be added during that combined course time. Dr. Rusinol seconded the motion. MSEC discussed and approved the motion.

Dr. Moore made a motion to accept the Genetics Course CQI Plan as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

The presented Genetics Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

- Clinical Neuroscience

Dr. Rodriguez-Gil presented the CQI Plan for Clinical Neuroscience. He stated the levels for dissatisfaction were a bit higher than the previous courses presented. There was 65% dissatisfaction with the course organization and while he understood that the threshold LCME was looking for was 15%, they tried to be realistic with the goals, stating that short-term it would be extremely unlikely to bring that dissatisfaction rate down to 15%. Therefore, they were hoping to bring it down to lower than 40% in the short term. The quality of teaching dissatisfaction rate was 70% and again realistically for the short term, they hoped to bring that down to lower than 40% as well. Integration of basic science and clinical material had a level of dissatisfaction at 63% and they were a little more confident in bringing that rate down due to some of the work that was already being done in the course. Some of the improvements already made were to reorganize the course content in a logical manner at the beginning of the year and then later on when classes were coordinated with other courses, this content would be rearranged a bit. For example, last week on Monday the autonomic nervous system was taught in the course and on Wednesday, if he remembered correctly, pharmacology started with the same content so those two courses were aligned. They have not gotten a response from the students yet whether they like this or not. Also, Dr. John Schweitzer was teaching demyelinating disorders in pathology and he was going to teach the same topic for Clinical Neuroscience to coordinate those two courses.

Another improvement addressed student complaints that the second exam was too complex and extremely difficult so an exam was added and the content for the second exam was divided and separated across four different exams. Splitting content on the exams was a recommendation from the M1/M2 Review Subcommittee. In order to improve the evaluations of the professors, students are being encouraged to contact the professors with questions and implementation of office hours are being discussed. Students also complained about the handouts, so the handouts have been revised. It was noticed last year that handouts that had parts color coded in a different color than the basic concepts to associate with clinical disorders or disease were well received and got positive feedback from the students because it allowed them to easily separate the basic science content from the clinically oriented content. This has been implemented on all of the handouts across the course.

They are working closely with Dr. Tanzid Shams who taught last year and got very good reviews from students to develop a better series of lectures. He is helping to organize the course and has already delivered one lecture. The number of flipped class lectures is being increased from one to five or six. The wet lab was removed prior to the pandemic and replaced with a class in which students use those four hours for things like lectures on MRIs and CT scans, how to read them and what to expect from this kind of imaging. Hopefully the basic concepts of reading MRIs and CT scans will expand to other courses also as it is not just for the neuroscience course.

In addition to the integration of the of the autonomic nervous system with pharmacology, the content on physiology and cell and tissue has been reviewed and topics were identified on things that were taught in those courses and the same slides will be used for clinical

neuroscience so they can build on information the student already knows. They are trying to connect between year one and year two to bring back concepts that students have already learned and build from there. The M1 courses have three hours of lectures on things students have already learned in anatomy and this is being used as a review for the students. These improvements mentioned have been thought about and are already being implemented and delivered right now.

Dr. Click states that it was evident Dr. Rodriguez-Gil had put a lot of thought in how to improve the course and she hoped the students appreciated how much work he had done. She especially appreciated the discussion of vertical integration by bringing things learned as an M1 and saying here is what you have learned, here is a quick review, and here is building upon that piece. She also appreciated aligning with the current M2 coursework so that you are teaching close to the same on topics.

Dr. Rusinol asked if the idea was to increase the number of flipped classroom sessions or were they going to stick with lectures? Dr. Rodriguez-Gil said the short answer was that he didn't know but the longer answer was that a lot of changes had been introduced this year and the biggest one was delivering lectures through Zoom so implementing a lot of other changes on top of that could be a formula for disaster. They want to include five or six lectures of flipped classrooms and see what the feedback from the students is and that feedback will determine if the number of flipped classroom lectures will increase or not. Dr. Hayman asked if Dr. Rodriguez-Gil had any data from last year or previous years how the students liked the flipped classroom modality because in his course, they didn't like it that much. Dr. Rodriguez-Gil stated that they have only had one and he delivered that class and after the class the students stated they really liked it and it helped them know where they stood. The class was about disorders and instead of standing in front of them and teaching the characteristics of the disorders and reading from the slides, he asked them to read about that and gave them the PowerPoint and he spent five minutes before the class highlighting what was most important. Then the rest of the class was basically TurningPoint questions (polling software) and the students seemed to like it, so they decided to include a little bit more. Dr. Rusinol felt this wasn't so much about the students but about the faculty because it is difficult to teach to five or six students that show up for a zoom session. Dr. Rodriguez-Gil agreed and said that is why they do not know about the flipped classrooms yet because it is going to depend on the students' feedback. He stated that this year he had approximately 16 students participating on TurningPoint in zoom and last year he had seven. He was doing another session tomorrow and would have more numbers from that. Dr. Click suggested if it was not already being done, to send out reminders on D2L or sending short video clips stating what they were doing this week or next week just to check in and connect with folks. Dr. Rodriguez-Gil stated that he usually sends out an email over the weekend with the links so the students do not even have to go to the summary page with the title. The email includes what is going to be taught and whoever is doing a flipped classroom sends an email to all of the students letting them know it is going to be a flipped classroom and this is what you need to read. Dr. Monaco said care would need to be exercised regarding multiple courses running in parallel using flipped class modalities and Dr. Rodriguez-Gil agreed that they would have to be careful in the number of flipped classroom lectures they did in parallel with different courses because that would double the amount of time that students would need to spend for each course. So, if there was a significant increase, he would

probably need to talk to other courses to see that we are not taking all the time from the students.

Dr. Click thanked Dr. Rodriguez-Gil for all of the work he had done and stated that looking over the comments and evaluations from last year there were many students who commented favorably about his teaching and some of the things Dr. Brown had done. She was also pleased to see they were covering the CTs and MRIs, etc. because that was a comment that students had made about the curriculum in general and she agreed that this could translate across and was not just specific for neuroscience.

Dr. Moore made a motion to accept the Clinical Neuroscience Course CQI Plan as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

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

- Pathology

Dr. Brown presented the CQI Plan for Pathology. Students reported 32% dissatisfaction with the general course organization. Students reported 26% dissatisfaction with the quality of teaching. Students reported 29% dissatisfaction with the overall course quality. Dr. Brown agreed with Dr. Monaco that the percentage of dissatisfaction was really surprising because it certainly did not fit with their evaluations. Pathology received course of the year from the Caduceus awards and he had received professor of the year, so the level of dissatisfaction did not seem to fit. He further stated that the evaluations seemed like there was always four or five students who didn't like four or five different topics but there was never a single topic where 15% of the students didn't like something. Dr. Click agreed, stating that there were also other courses where the course evaluations didn't seem to line up with these data and one of the things being changed in the future of course evaluations is to be sure that our rating scales are the same and more comparable questions are added.

Dr. Brown stated that student feedback showed dissatisfaction with a lack of a set of notes so this year students were being provided with a complete set of notes based on all of the flash card pictures and divided into sections. Students are also given PowerPoints as PDF files so they will get two PDF files of the material, one with pictures and one without, for each hour of lecture. Students also felt there was too much material being covered during the class sessions so the course materials are also being put into PowerPoint files and Panopto videos so that students can review at their own pace before class and the class sessions will be interactive question based. Students also expressed dissatisfaction with the lack of video recording of lectures so all class sessions will be recorded and live streamed on Twitch and Zoom if in-class meeting is not permitted. Dr. Brown noted that students also expressed dissatisfaction with changing of the class format during the year, so faculty would try to avoid making formatting changes during the course if possible.

Student feedback also showed dissatisfaction with the mandated removal of graded quizzes on D2L so previously graded quizzes had been made optional but not many students took the quizzes. The quizzes were stopped and replaced with interactive activities during class using

questions based on material students reviewed before class and also material obtained from previous D2L quizzes, NBME forum questions, and Rx questions. Dr. Click asked how the interactive sessions with the quizzes were going and Dr. Brown said generally between seven to ten students attend but attendance has been down to four or five students that show up and want to be quizzed. Students that show up in Zoom with their video on get picked randomly, students who want to attend but do not want to be questioned show up in Zoom with their video off and students who show up on Twitch can ask and answer questions anonymously. If these numbers hold, the number of students participating in the interactive sessions will be equal to the number of students who would normally attend class. These sessions are similar to one on one tutoring because you can see what the students are thinking and can tell what they don't know and correct the knowledge gaps.

Dr. Brown noted that students expressed dissatisfaction with the perceived amount of pathophysiology covered, however stated that this comment comes up every year in the evaluations, but there is actually a large amount of pathophysiology covered so he does not know why students say that. With the recorded lectures on Panopto, students will now be able to search the videos for material covered on specific topics. Dr. Brown explained that he told the students on the first day of class there would be a contest to guess how many times during the year the word pathophysiology, pathomechanisms, and mechanisms are used and he estimated the number would be several thousand times during the year. Exam passwords would also be based on the running total of the amount of times these terms are used. Dr. Brown stated for pathophysiology, he was really trying to explain things in incredible detail from multiple different angles using multiple different types of words and things to get a certain perception of different ways things are said to help students on Step exams.

M2 student, RJ Black, stated she felt a little concerned that two of the points on the plan were not really being addressed and perhaps the concerns were not completely understood. The feedback regarding lack of handouts and lack of pathophysiology was not so much that it's not there, but the material was literally a question and an answer without any detailed explanation of how it works. RJ explained that the material was not in the form the students were used to seeing in other courses. Dr. Brown stated that the handouts were two complete set of handouts, one set was an outline of the video where students could add their own notes about questions discussed in the videos. The second set contained pictures where students could take their own notes on the pictures. The handouts were based on the concept of organized notes and spaced repetition. Dr. Monaco asked what the students felt a handout was supposed to be as his impression of RJ's comments were that students want a concise outline of what is going to be covered in a class session and if that is their view of a handout, that is useful for faculty to know. RJ stated that students start in year one with anatomy seeing basically complete handouts that cover all the material that is going to be tested on in the course and each successive course handout gets compared to what they got used to using and that's where the perception comes in that there should be a kind of master handout that covers most, if not all of the material being tested on. Dr. Monaco said that was good information for directors to keep in mind when developing their courses, that students would like a handout of everything that would be fair game for an exam. Dr. Brown interjected that 100% of the material on the exams is covered in the handouts. Dr. Abercrombie noted that the anatomy faculty each did their handouts differently and always got comments in the evaluations so they just required that faculty provide a handout with aligned content because there was no way to determine a

“right” approach for a handout so you just have to look at how you are doing your course and how the students are going to use the handouts.

Dr. Brown invited anyone who would like to view one of his Zoom or Twitch sessions to log in to his private room called “Professor Path” and provide him with feedback. Dr. Click stated that faculty observing some of the other courses to see how others are conducting their courses and providing peer review or peer evaluation could be a topic for a future agenda. She noted that since we are on Zoom, that could make it easier to do.

Dr. Schoborg made a motion to accept the Pathology Course CQI Plan as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

The presented Pathology Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

- Doctoring I

Dr. Mullersman presented the CQI Plan for Doctoring I, explaining that if anyone were not familiar with Doctoring I, the course was formed a few years ago from approximately six courses that were combined together although still operate somewhat independently to an extent, so essentially it is a holding company, or umbrella, under which a number of courses operate. This makes it difficult to respond to the LCME survey results that are treating it as a single entity. The biggest problem that showed up on the LCME survey was a 39% student dissatisfaction with course organization, however, that had improved from the prior dissatisfaction rate, which was in the 60% range. The other two questions were reasonably close to the 15% range and there is hope to get it down below the 15% on things that have to do with instruction and overall view of the course.

Dr. Mullersman stated in terms of dissatisfaction with course organization, using one D2L site for so many courses poses as a bit of a problem. Dr. Mullersman has consulted with Chelsea Dubai in Academic Technology Support and her observation was that part of the problem could stem redundant information being put in weekly folders as well as folders specific to each course module or component. Chelsea suggested only putting the information in the weekly folder. Students also made comments about confusion caused by the different designations of groups due to the complex schedule so it was hard for the students to tell what they were supposed to be doing at any given time as it was dependent on which group the student was in. Chelsea suggesting using features integral to D2L to clearly map out which student was in which group for all the different course modules and to use those group designations to handle communications with the students about specifically what they were doing. Dr. Mullersman said he was in the process of trying to make some of these changes.

Another organizational issue is with all of the different course modules going on, content is not well coordinated and there are some issues with overlap and sequencing. This issue cannot be resolved short-term so it was not placed in the CQI Plan, but could be added to the CQI plan in the future. Coordination is further challenged as Doctoring I is an interprofessional course and involves faculty and content that relate to students participating from other colleges, which makes sequencing and content difficult. Dr. Click agreed and thought it was a good idea to

keep the course coordination as a future goal to concentrate now on the “low hanging fruit”. Dr. Mullersman thought the first thing that needed work was the organization of the D2L site.

The second strategy for improvement is streamlining the assessment in Case-Based Learning (CBL) so that all facilitators use a standardized rubric to provide feedback to the students. Dr. Monaco has already put this in place and has done some initial training of the CBL facilitators. There was also student dissatisfaction with some of the career exploration sessions being provided too early. Students felt they had barely gotten their feet wet in medical school and were already being asked to provide thoughts on their career path and did not have enough experience to give valid responses. Dr. Olive has already rescheduled these early career exploration sessions that were supposed to occur in August or early September to occur late in the fall semester so students are better able to tackle those explorations. Dr. Mullersman felt the LCME survey organization question could be used to determine if there is an impact on dropping the 39% dissatisfaction with implementation of these changes mentioned but he thought it would be good to have specific questions on student evaluations to be able to check student responses to the changes on the second and third strategies. Dr. Click agreed that specific questions would be helpful. She also thought that these efforts could show the LCME that the concerns were being addressed as the 60% dissatisfaction rate cited was from 2018 data and this has already dropped down to 39% from more recent data.

Dr. Mullersman asked if David Taylor (M4 student) or RJ Black (M2 student) would provide some input. David Taylor said he would defer to RJ Black as he was in the first class that had taken Doctoring I and it was his class that provided the data for the LCME survey. He did agree that a lot of things had been improved since his class took Doctoring I and it sounded like they were addressing the areas that his class had issues with. RJ Black noted that her class also had issues with CBL as some instructors actually graded the students while other instructors gave full credit for just showing up and that was a bit of a sore spot to students. She also thought that any change to make the course better on D2L would be great.

Dr. Lura pointed out another issue regarding organization was that the RPCT students were confused as to what was required of them versus what was required of the generalist track students and stated she may have inadvertently added to the confusion by using the class list for emails that might not have been pertinent information for the RPCT students. Dr. Mullersman agreed with Dr. Lura. Dr. Click pointed out that Dr. Lura should be recognized for the efforts she made in Doctoring I as she was the one who took the student dissatisfaction rate from 60% down to 39%.

Dr. Monaco asked to make a quick comment about the CBL assessment and explained that each group was a little different so the facilitators do things a little differently. However, meetings are held with the facilitators every year and they are asked not to put just all points and no comments but it is a hard issue to work around. He hoped that the rubric this year would add more consistency. As far as assessment, CBL is mostly graded based on the kind of interactions in the small groups. Dr. Schoborg asked if the rubric provided a numerical grade. Dr. Monaco confirmed it did and Dr. Schoborg asked if the students did certain things, then they got a certain number of points. Dr. Monaco stated that is the way it had been, however, this year they basically assumed everyone starts out with all of the points and if they do not do certain things, then they will lose some points. Dr. Schoborg thought that would be an easier way to grade

and Dr. Click agreed. Dr. Mullersman wanted to credit Dr. Abercrombie and Dr. MGowen for promoting the use of this sort of approach to assessment and he appreciated being provided with this assessment tool.

Dr. Abercrombie discussed learning a lot about D2L from some of the D2L components that she had been forced to learn and had started using it in more of her courses. She thought these changes in D2L were not being used across courses because faculty were not communicating with each other and the information was not getting shared. She suggested that if the assessment tool Dr. Monaco and Dr. Mullersman mentioned were used in the structure of all of the doctoring courses, it would give the students consistency and they would not have to adjust to changes in the structure for each component. Dr. Click asked if it would be helpful to have a formal session set up for faculty to discuss some of the new things that they are using in D2L and Dr. Abercrombie stated this had been discussed in the M1-M2 course development lunches and perhaps that topic could be added to a course director meeting. Dr. Lura mentioned that Chelsea Dubay was an excellent speaker and had a great depth of knowledge about D2L and could provide very good pointers on the use of D2L.

Dr. Olive wanted to point out that another change that had been made in the Doctoring I course that he thought might help with student impressions related to organization was redefining one of the themes in the course as SPECTRM. Dr. Mullersman explained this was a realignment of professionalism and ethics.

Dr. Monaco made a motion to accept the Doctoring I Course CQI Plan as presented. Dr. Lura seconded the motion. MSEC discussed and approved the motion.

The presented Doctoring I Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

Due to time constraints, the Pre-Clerkship Phase CQI Plan would be presented at the August 18 meeting to allow time to address the last two agenda items.

Discussion: USMLE scores with trend charts. How MSEC looks at quality of curriculum as a whole?

Dr. Olive stated the trend chart was being presented to make sure MSEC was aware of where we are with the trends in terms of USMLE performance. He shared a handout showing the Step 1, Step 2 and Step 3 performance over time. He explained that every few years there was a meaningful dip in the scores, but then the scores would improve. Looking at the trends overall, the pass rate was usually pretty close to the national average. That could be interpreted that we have done a good job in preparing students for the examination and that is part of the truth, but another part of the truth is that students know how to prepare for exams, so do they do well because of us or in spite of us? Either way, we have a reasonably incredible track rate with Step 1.

There is not as much of a trend in Step 2 in terms of years when we have done badly but you can see we have generally done better with Step 2 CK than Step 1. Part of that is a filtering effect. There are some students who did not pass Step 1 the first time, who never pass Step 1 and never took Step 2 so some of the people who failed Step 1 would not have taken Step 2

and that would raise the rates. Our numeric scores are generally pretty similar to the national scores. Step 2 CS shows every few years there is a class that did not do as well and there were some years we have had a 100% pass rate, multiple years when the pass rate exceeded the national average and other years when the pass rate was lower than the national average, so the trend is similar.

The last chart shows Step 3, which is a part of the examination that is taken after students have completed medical school and is usually taken in or after the first year of residency. So, part of the success on Step 3 depends on how well a student was prepared in medical school, but some of it also depends on the student's residency training and our track record is really good with Step 3. Generally, we are at the national means, sometimes above and there have been some years when it was lower.

Dr. Click stated the current averages looked very good and asked how many of our students had not taken Step 2 yet. Dakotah Phillips stated about half of the students still need to take Step 2. Dr. Click thought the although the scores looked good, we should expect they may drop a bit. Dr. Olive agreed but stated that early scores are people who are more confident about their ability to do well. Dr. Click also commented that the 2008-2009 class seemed to be a troubled class as their score seemed to be lower overall but otherwise we have done well. Dr. Hayman said that overall, we seem to be doing well and this seems like a bright spot for us and with the past year of negativity we have had, from a faculty perspective with morale being low, perhaps it would be beneficial to send out this type of data to the faculty to show them that we are doing something good. Dr. Click and Dr. Olive both said this data was sharable and thought that was a good suggestion. Dr. Click stated we would be presenting some GQ data in the near future and that was also a little brighter than some of the past survey data as well. Dr. Monaco asked if the students knew overall how they did as a whole and thought it might be beneficial to share the USMLE data with them as well. Dr. Olive stated this information has not systematically been sent out to the students, but has been discussed at Dean's meetings and with class leaders how their class has done. Dr. Click thought the suggestion to share the information with the students was a good suggestion also.

No action was taken on this item.

The presented USMLE Trend Chart document is shared with MSEC Members via Microsoft Teams document storage.

5. Report: Curriculum Content Report: Neurology

Dr. Olive presented a curriculum content report on neurology. Dr. Block had requested information regarding what we covered for emergency medicine, urology, and neurology as the dean's office was interested in evaluating areas that might be potential for future residency programs here. Dr. Olive thought it would be good to also put the information in the format of a curriculum content report. There are numerous courses in the pre-clerkship phase of the curriculum that address foundational concepts related to neurology, as well as some clinical concepts. Some of them are really foundational such as cell and tissue biology with topics on membrane function, the histology of nerves and muscles, and the biochemical basis of peripheral. It was not really mentioned as being relative to neurology, however, energy

metabolism, as it relates to muscle function is also discussed. Genetics has a lot of neurologic syndromes that are included in the course. Physiology talks about issues related to synaptic transmission, muscle contraction, and autonomic regulation. Doctoring I has topics that build on things for other courses such as neural tube defects in the embryology part of anatomy. Chronic diseases and strokes are addressed in a SPECTRM case of Doctoring I and neurological exam is covered in the physical examination part of the course. The clinical neuroscience course has a lot of material that is related to neurology. Similarly, the pathology course in the neuropathology section has a lot that is related to neurology and most courses in the second year do have things that relate to neurology. Pharmacology deals with a variety of drugs that impact the autonomic nervous system and has a peripheral neuropathy case.

There are several things in the clerkships that are addressed, although some of them are now addressed in virtual meetings as some of these topics are based on didactic sessions. There are three clerkships, family medicine, internal medicine, and pediatrics, that address neurologic topics. Psychiatry is not listed but there are probably some neurologic related topics that get covered in that clerkship. Dr. Bird stated psychiatry discussed the subcortical versus cortical dementias and evaluation of the clinical findings. It is a case-based discussion that is an hour and a half. Dr. Olive asked Dr. Bird to send him an email of any information she thought would be important to capture in the content report. Dr. Jones mentioned that the surgery clerkship has neurotrauma information at the trauma centers. Dr. Olive asked Dr. Jones to send him an email identifying information that should be reflected in the content report. Dr. Abercrombie stated that she had already sent Dr. Olive an email with some additions for anatomy and a couple of electives. She was concerned that with the surgery clerkship not every student selected trauma, but stated there was an introductory piece to the trauma patient in Doctoring III transitional week that may pick up on that. There is also a fourth-year neurology elective. Dr. Click stated that not every student took the neurology elective but there was the opportunity for students to take it.

Dr. Olive commented that we have not been looking at content reports about the vertical integration within the curriculum but the material covered earlier is foundational material that leads to understanding of more clinically oriented content that is presented later in the curriculum so there is a reasonable amount of topic coverage and there is reasonable deployment of information at appropriate developmental stages and student education.

No action was taken on this item.

The presented Neurology Curriculum Content Report document is shared with MSEC Members via Microsoft Teams document storage.

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

MSEC Meeting Documents

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

account and login.

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

MSEC Meeting Dates 2020-2021:

August 18 – 3:30-6:00 pm – Zoom meeting
September 1 – 3:30 – 5:30 pm – Zoom meeting
September 15 – 3:30-6:00 pm – Zoom meeting
October 6 – 3:30 – 5:30 pm – Zoom meeting
October 20 – **Retreat** – 11:30 am-5:00 pm - Zoom meeting
November 3 – 3:30 – 5:30 pm – Zoom meeting
November 17 – 3:30-6:00 pm - Zoom meeting
December 15 – 3:30-6:00 pm - Zoom meeting
January 19, 2021 **Retreat** – 11:30 am-5:00 pm - TBD
February 16 – 3:30-6:00 pm - TBD
March 16 – 3:30-6:00 pm - TBD
April 20 – 3:30-6:00 pm - TBD
May 18 – 3:30-6:00 pm - TBD
June 15 – **Retreat** 11:30 am-3:00 pm – TBD
June 15 - **Annual Meeting** - 3:30-5:00 pm – Lg. Auditorium