



Medical Student Education Committee

Minutes: December 11, 2018

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, December 11, 2018 in Classroom C-000 of Stanton-Gerber Hall.

Attendance

Faculty Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Thomas Ecay, PhD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Robert Schoborg, PhD

Student Members

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

Ex Officio Voting Members

Joe Florence, MD
Tom Kwasigroch, PhD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Guests

Robert Acuff, PhD
Gina Botsko, M1
Ivy Click, Ed D
Jerald Mullersman, MD, PhD
Carol Plummer, Associate Registrar
Doug Taylor, Associate Dean, Student Affairs
David Wood, MD

Academic Affairs Staff

Lorena Burton, CAP
Skylar Moore, BSPH
Cathy Peeples, MPH

Shading denotes or references MSEC Concurrence and/or Action Items

1. Approve: Minutes from November 13, 2018 Meeting & Announcements

Dr. McGowen called the meeting in session at 3:30 pm with a quorum of voting members. There were no changes identified for the November 13, 2018 minutes.

Dr. Geraci made a motion to approve the November 13, 2018 minutes as presented. Dr. Monaco seconded the motion. MSEC unanimously voted to approve the minutes.

Dr. McGowen made the following announcements:

- The Faculty Development Session on December 13, 2018, from 3-4 pm, will be delivered by Ivy Click, Ed D. The topic will be *"Getting Started in Medical Education Research"*.
- The January Retreat will be held on Tuesday, January 8, 2019, in C003, rather than the previously identified date of January 15, 2019. It will begin with lunch being served at 11:30 am and the meeting beginning at 12:00 pm.

- The optional M2 CBSE on December 3, 2018 was delivered to sixty-one (61) students. All of the students appeared to take the exam seriously.
- Dr. Olive read a response from Dr. Hagg, Chair of Biomedical Sciences, in regard to the correspondence sent to him on September 25, 2018 as requested by MSEC indicating MSEC's concerns about faculty recruitment to fill possible vacancies in M1/M2 courses. Dr. Hagg's response identified that the department is interviewing two (2) candidates for the Pharmacology course and have added faculty to the Cell and Tissue course. Two (2) faculty with primary teaching duties have been added to Human Anatomy and Embryology with a total of twelve (12) new faculty over the past five (5) years being hired. Dr. McGowen confirmed that the response received closes the follow-up to MSEC action taken in September 2018.

The MSEC Meeting minutes for November 13, 2018, are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

2. Report: M3M4 Review Subcommittee – 2017-2018

Dr. Wood presented each of the M3M4 Review Subcommittee Annual Reports for 2017-2018 courses.

The **Keystone course** was directed by Dr. Theresa Lura in April 2018. Students are required to complete 90 credits or 45 hours of course module attendance over a three (3) week period to receive a Pass grade. Credits are accumulated based on student self-report of attendance at in-class presentations and/or completion of online material. The course objectives are mapped to the Institutional Educational Objectives.

In April 2018, a pilot study, utilizing *OnlineMedEd* materials for one (1) week's equivalent of the course, was offered to seventeen (17) students (first come, first served). These students unanimously recommended implementation of the one (1) week equivalent for the April 2019 course delivery. This will enable the remainder of the course to be scheduled over two (2) weeks of in-class presentations.

Strengths of the course are that it is designed in such a way that it can be altered to meet the identified needs of each individual class, as well as meet the needs and interests of the individual student. Keystone provides opportunities to add significant emerging medical issues at the last minute, beyond the required topics identified by MSEC.

Weaknesses of the course include the limitations of the course schedule in regards to senior medical students searching for a home at their new residency location and having to be on-site for course attendance at the end of their fourth (4) year. This should be mitigated with the changes to require only two (2) of the three (3) weeks duration of on-site attendance. In addition, the logistics of depending on faculty and community physicians volunteering their time and the unpredictability of their availability continues to be a challenge.

Student evaluation of the course for 2017-2018 showed a substantial improvement from previous years. The course is a Pass/Fail course.

Academic Year	Overall numerical course evaluation score
2018	4.43
2017	4.10
2016	4.10

Short-term Recommendation:

- Offer the entire class the two (2) week in-class and one (1) week online format.
- The Keystone Course could benefit from having additional support via a dedicated staff member, and Dr. Olive’s office is working to identify staff support for next year.

Long-term Recommendation: None

James Denham, MD has agreed to co-direct the course in April 2019 and will be assuming the role of director in 2019-2020 upon Dr. Lura’s retirement.

MSEC unanimously voted to accept the 2017-2018 Keystone Course Annual Review as presented.

The Keystone course Annual Report for 2017-2018 is shared with MSEC members via a One Drive document storage option.

The **Career Exploration III course** is co-directed by Dr. Ken Olive and Dr. Tom Kwasigroch. Students complete five (5) course requirements during the academic year, including attending three (3) mandatory sessions (a fourth session is required for military students only). The sessions provide the students with information needed to plan their M4 year and the scheduling of Step exams, as well as finalizing M4 schedules and submitting selective and elective requests for here and away rotations. Students identify a Clinical Advisor and develop an on-going relationship for clinical advising. The Clinical Advisor assists the student with review of their Curriculum Vitae (CV), Personal Statement, and student information for use in the MSPE letters.

Student evaluation of the course for 2017-2018 were lower than in previous years. The course directors attribute this to the 4th year student panel. Common threads identified to the Review Subcommittee included:

- The M4 panel provided little additional information and the content from Panel of Residency Directors was vague. A suggestion was made to field a panel for residency programs that ETSU does not have.
- A couple of comments recommended that mentors be paired with students earlier in their medical student career.

Academic Year	Overall numerical course evaluation score
2018	3.42
2017	4.16
2016	3.07

Recommendations:

- Consider matching students with mentors earlier in their medical school career.
- Review the content of the panel discussion based on student feedback to enhance the content.
- Consider fielding a panel for residency programs that ETSU does not have.

MSEC unanimously voted to accept the 2017-2018 Career Exploration III Course Annual Review as presented.

The Career Exploration III course Annual Report for 2017-2018 is shared with MSEC members via a One Drive document storage option.

3. Follow-up: Clerkship NBME Policy

Dr. Olive presented a proposed change to the Clerkship NBME grading policy. The change was requested by the Student Promotions Committee and the Registrar. He also presented feedback from M3 Clerkship Directors to the proposed changes. The proposed changes included:

- A passing grade requires a clerkship numeric score of 70 or above and an NBME score at or above the 6th percentile. The NBME weight for the final clerkship numeric grade would be unchanged from current policy. ***This represents no change.***
- A student with a clerkship numeric score of 70 or above and an NBME score at or below the 5th percentile would not have a grade assigned and would be allowed to retake the NBME exam one time. The final clerkship grade would be determined based on the second NBME score and the final clerkship grade would be reported after the repeat attempt on the NBME exam. This delay, in turnaround time, would not be included in clerkship grade submission time determinations.
- A student must score at or above the 6th percentile on the second administration to pass the clerkship. Those with a score at or below the 5th percentile on the second exam attempt will receive a grade of F and must repeat the clerkship.
- Only those students with NBME scores at or below the 5th percentile will be permitted to retake the NBME subject exam only once.

Dr. Olive added that under the current policy there have been twelve (12) students issued “D” grades based on their NBME subject exam results this academic year. Two (2) of the students have been issued a “D” grade twice, which necessitates, per Student Promotions policy, that a student is placed on probation. The probation status must be identified in student applications for residency and in applications for licensure. This means the academic decision will have an impact across the student’s career, even if successfully resolved. In past years, the College of Medicine normally averages less than six (6) students receiving a “D” grade for a clerkship. The failures have occurred across all clerkships.

MSEC discussion of the changes included:

- Factors that may or may not have contributed to the increased number of “D” grades in the clerkships
 - Clerkship duration
 - Recent changes in the NBME clerkship grade policy

- 35% of the student's total clerkship grade will be based on adjusted NBME subject examination scores.
- The Registrar's Office proposed that the numeric score used for computing the final numeric grade should be computed based on the original rotation scores, regardless of the student's retaking of the NBME subject exam.
- The Preclerkship phase NBME grade policy would not be included in the retaking of NBME subject exams.
- The need for more objective assessments and meaningful formative feedback in the clinical phase of the curriculum.
- Students are purchasing practice NBME subject exams.
- The NBME does not identify a Pass/Fail grade. This is determined by the College of Medicine and has been set at the sixth (6th) percentile for passing. National practices were considered when adopting this criteria.
- Identification of NBME subject exam retakes in the MSPE letters.
 - What is required in the MSPE?

Dr. Abercrombie made a motion to accept the proposed changes to the Clerkship NBME Policy with amendments to the original proposal. The original numeric score issued for the student by the clerkship, prior to the retake of the NBME subject exam, will remain the same after the retake of the NBME subject exam. The proposed changes would include NBME subject examination score, or other nationally normed exam or COM clerkship-specific final examination if an NBME exam is not available. The proposed changes would be retroactive to the start of the 2018-2019 academic year. Dr. Geraci seconded the motion with changes. MSEC voted eleven (11) yes and three (3) no to the motion. The motion passed. Dr. Olive stated he will confirm the proposed changes are made to the policy and distribute to MSEC and the clerkships.

The correspondence sent to M3 Clerkship Directors is shared with MSEC members via a One Drive document storage option.

4. Follow-up/Report: Ad hoc Committee on Grading Systems

Dr. Schoborg reviewed the Ad hoc Committee on Grading Systems findings, noting a list of factors and options related to changing the present A-B-C-F grading system:

- QCOM retention of a 4-tier grading system (A, B, C, F) for preclerkship grades
- Student stress/competitiveness
- Grade inflation
- Student attention to pass/fail courses in a mixed grading system
- The minimal influence of preclerkship grades in Residency interviews or ranking
- Class rank is weighted by Residency Program Directors with respect to residency applications
- Information provided in MSPEs and AAMC's new guidelines for MSPEs.

Two options were presented to MSEC with potential advantages, disadvantages, and action that would be needed to implement.

Option 1:

- 1) Pass-Fail grades reported for all courses and clerkships
- 2) Awards or honors designation (which is NOT an official grade) given at course/clerkship directors' discretion based on well-defined criteria
- 3) Class rank retained and reported

Option 2:

- 1) High Pass-Pass-Fail grades reported for all courses/clerkships
- 2) Class rank retained and reported

MSEC's discussion of the options included:

- Honors definition – a cut-off score (e.g., attainment of a score of 90) or top 5%, 10%, or 15%
- Possible conversion of current COM grades to Honors (utilizing 97%), Pass and Fail to see where COM grades fall
- Class ranking used to identify AOA ranking
- Objective measurements must be included
- Residency Program Directors are finding that there are a number of various grade systems in use. It is better to keep the grading system simple and straight-forward.

Dr. McGowen asked that MSEC bring the discussion to a close as action will not be taken on the agenda item at this meeting. A straw vote was requested to gauge MSEC's thoughts from the discussion. Option 1 received six (6) votes, Option 2 received five (5) votes, and two (2) voted to stay with the present A, B, C, F grading system.

MSEC will continue their discussion at the January 2019 MSEC meeting before action is taken.

The Ad hoc Committee on Grading Systems presentation is shared with MSEC members via a One Drive document storage option.

5. Report: Outcomes Committee Quarterly Report

Dr. McGowen reviewed eleven (11) established benchmarks for the quarter ending in December.

There were **seven (7) measures met** for:

- Benchmark 3
- Interprofessional Collaboration 1
- Medical Knowledge 2
- Medical Knowledge
- Medical Knowledge 5
- Patient Care 4
- Practice Based Learning and Improvement 1

The subcommittee stated that the Neuroscience NBME student performance was especially noted as a significant accomplishment.

There were **three (3) measures partial met** (mixed results on two (2) measures) for:

- Interpersonal and Communication Skills 3
- Professionalism 3

- System-Based Practice 1

The subcommittee concluded that the ratings were close enough to the benchmark that the Subcommittee recommends monitoring this for another year before determining if specific curriculum actions should be pursued, but did make recommendations for the non-met measures.

- Interpersonal and Communication Skills 3 - advise clerkship directors of the lower ratings of Program Director rating for Interpersonal and Communication Skills 3 – “provide an oral presentation of a clinical encounter”
- Professionalism 3 – “give or receive a patient handover to transition care responsibility”
- System-Based Practice 1 – identify patient safety system failures and contribute to a culture of safety and improvement/error reporting”. The subcommittee discussed the possibility of implementing a QI/patient safety/root cause analysis project in one or more clerkships from an on-line source. Satisfactory completion of such a project could become the basis of a new benchmark. Clerkship directors should discuss this possibility.

MSEC discussion of Professionalism 3 – “give or receive a patient handover to transition care responsibility” identified that handoff/handover is important in residency. It was suggested that the M4 Sub-Internships identify this as a required skill for the course.

There was **one (1) measure not met:**

- Interpersonal and Communication Skills 1

The director of the M3 OSCE should be informed of this benchmark not being met and consulted about how to address concerns.

Also presented were the Subcommittee’s recommendations related to the October 2018 MSEC discussion of benchmarks and recommendations for potential changes as well as planned changes to the M3 and M4 clinical rating assessments that will provide an opportunity for establishing quantitative benchmarks.

- Benchmark 1 – Benchmark kept as is
- Benchmark 2 – Benchmark kept as is
- Benchmark 6 – Benchmark will continue with annual measure as well as rolling measure
- Systems-Based Practice 2 – Benchmark will be set after the M3/M4 assessment forms are approved
- Medical Knowledge 2 – Benchmark wording will change to “NBME subject exams or other nationally normed exam” to include Aquifer exam
- Patient Care 2 – Benchmark will be set after the M3/M4 assessment forms are approved
- Interpersonal and Communication Skills 4 – 90% of students will have a rating of 3.0 or higher, (5pt.scale) based on the last two clerkship periods-communication skills
- Interpersonal and Communications Skills 2 – Benchmark kept as is – 95%
- Professionalism 1 – Benchmark kept as is
- Professionalism 2 – Benchmark kept as is
- Professionalism 4 – Benchmark will be set once forms are approved

MSEC unanimously voted to accept the Outcomes Committee Quarterly Report as presented.

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

6. Report: M1M2 Review Subcommittee – 2017-2018

Dr. Acuff presented the 2017-2018 M1M2 Review Subcommittee Annual Report for the **Cellular and Molecular course**, taught by Dr. Mitch Robinson. The course objectives are mapped to the Institutional Educational Objectives.

Short-term or Long-term recommendation to MSEC: None

The course director provided the following comments to the Review Subcommittee:

- Better support for the technology and changed classroom design needed for interactive, non-lecture teaching methods.
- Course content reviews for identification of gaps and redundancies in the curriculum could be improved. There should be a better process for coordination of the content of courses, particularly those with overlapping content and those taught concurrently.
- In addressing redundancies in the curriculum, the sub-committee suggests that at the end of each academic year, students be asked to report unnecessary redundancies that should be considered by faculty to be removed or modified to improve curricular efficiency.
- The 2018-2019 curriculum has been changed to resolve major issues surrounding the 2017-2018 curriculum, including the disjointed schedule and unequal distribution of material.

Student evaluations of the course for 2017-2018 were lower than in previous years. Evaluations of the course instructors ranged from 4.25 to 4.70/5.00.

Academic Year	Overall numerical course evaluation score
2017-2018	4.08
2016-2017	4.33
2015-2016	4.24

The **NBME Subject Exam** showed a significant drop in the percentage of students scoring at or above the national scaled exam mean. Scheduling of the course was often cited as an issue with the majority of high-yield material being taught too early in the course and too far from the NBME subject exam.

NBME Shelf Exam Percentage of Class above the National Mean and below 10th %tile

Academic Year	National Mean	Quillen Mean	% at or above National Mean	% below the 10 th %tile
2017-18*	67.9	63.8	34.72	15.28
2016-17	51.0	53.8	56.94	5.56
2015-16	49.0	56.7	73.24	4.23

Comments/Recommendations from the Review Subcommittee to the Course Director:

- Students suggested that some faculty need to update their notes and handout materials to make them clearer and user friendly.

- Consider developing a comprehensive course review for the NBME Shelf Exam in addition to the existing practice exam.

MSEC unanimously voted to accept the 2017-2018 Cellular and Molecular Course Annual Review as presented.

The Cellular and Molecular course Annual Report for 2017-2018 is shared with MSEC members via a One Drive document storage option.

7. Discussion: Volunteers to give content reports at MSEC meetings for 2019 – Tabled to January 8, 2019.

Dr. McGowen asked MSEC to be thinking about volunteering to perform and deliver curriculum content reports in 2019. Dr. Olive has been delivering them, but MSEC is being asked to be involved in the research and delivery. There will be more discussion at the January 2019 retreat with volunteers being identified.

The MSEC meeting adjourned at 5:57 p.m.

MSEC Meeting Documents

MSEC Members have access to the meeting documents identified above through a shared One Drive document storage option made available with their ETSU Email account and login.

Quick access to the files can be made by clicking on: https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents

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

Matthew Carroll, Instructional Design
and Technology Manager
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MSEC Meeting Dates 2018-2019: * NOT 3rd Tuesday

January 8, 2019 – Retreat – 11:30 am-5:00 pm* – Surgery Conference Room, 2nd floor, Bldg. 1

February 19, 2019 – 3:30-6:00 pm

March 19, 2019 – 3:30-6:00 pm

April 16, 2019 – 3:30-6:00 pm

May 21, 2019 – 3:30-6:00 pm

June 11, 2019 – **Retreat** 11:30 am-3:30 pm* June 11 - Annual Meeting - 3:30-5:00 pm*

July 16, 2019 – 3:30-6:00 pm

August 20, 2019 – 3:30-6:00 pm

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

October 15, 2019 – **Retreat** – 11:30 am-5:00 pm