



Medical Student Education Committee

Minutes: February 19, 2019

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, February 19, 2019 in C000, Stanton-Gerber Hall, Building 178

Attendance

Faculty Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Ivy Click, EdD
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 via phone
Hunter Bratton, M3
Erin Lutz, M2
Sarah Allen Ray, M1

Ex Officio Voting Members

Tom Kwasigroch, PhD
Theresa Lura, MD

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Guests

Gina Botsko, M1 Class
President
Doug Taylor, Associate Dean,
Student Affairs

Academic Affairs Staff

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

Shading denotes or references MSEC Concurrence and/or Action Items

1. Approve: Minutes from January 8, 2019 Retreat Meeting & Announcements

Dr. McGowen called the meeting in session at 3:30 p.m. No changes were identified for the January 8, 2019 minutes which were distributed in advance.

Dr. Ransom made a motion to accept the January 8, 2019 Retreat Minutes as distributed. Dr. Ivy Click seconded the motion. MSEC unanimously voted to approve the January 8, 2019 minutes.

The following announcements were made:

- **Institutional Educational Objectives (IEOs):** the modifications accepted at the January 8, 2019 MSEC meeting are posted on the MSEC webpage. MSEC Members are asked to review and comment within two (2) weeks regarding accuracy of the changes.
- **Faculty Development Sessions:** The February 21st topic is changed to a medical education journal club discussing *“Contexts, concepts and cognition: principles for the transfer of basic science knowledge.”*

The March topic is titled *“Using Implementation Science Methods to Make Everyone Happy”*, rescheduled from January.

Note: the Faculty Development Sessions have now been approved for Continuous Medical Education (CME) credit.

- **Mock Site Visit:** Consultants from the Medical School Advisory Group will conduct a Mock Survey Visit with the Quillen College of Medicine in September. MSEC members and others who will participate have been notified by Dr. Olive.
- **Administrative Policy** – a Continuous Quality Improvement (CQI) Policy has been finalized and is posted on the MSEC webpage under Administrative policies. The policy relates to LCME Standard 1/Element 1.1.
- **Bandwidth:** in the early fall of 2018, a significant upgrade to the ETSU hardware infrastructure was made, enabling a 10 GB connection. If anyone feels they are having bandwidth or network speed problems, they are asked to contact Dr. King, Chief Information Officer, ETSU.
- **Content Reports:** a listing of prior delivered content reports is posted on the MSEC webpage. MSEC members are asked to consider preparing a curriculum content report on a topic of interest for presentation to MSEC.
- **Jack E. Mobley, MD Memorial Award for Excellence in Innovation:** this award is once again being made available for faculty nomination/application. The award was last given in 2017. Please consider nominating a faculty member.
- **Tentative May 7th MSEC Meeting:** MSEC members were asked to hold Tuesday, May 7th open for a possible 2nd meeting date in May 2019.

The MSEC Retreat Meeting minutes for January 8, 2019, Institutional Educational Objectives, and CQI Policy are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

2. Review/Discussion: Standard 7/Element 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/ Wellness/Symptoms/Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral and Social Factors

Dr. McGowen reviewed a draft of the LCME Document Collection Instrument (DCI) for Standard 7/Element 7.2. Element 7.2 consists of eight (8) content areas [components of four (4) previous standards], rolled into one. In addition to content and assessment details, there are five (5) questions related to the effectiveness of the curriculum in specified areas.

When the draft was reviewed by the LCME Self-Study Subcommittee and Institutional Task Force, a request was made to have MSEC review, identify any needed corrections, and determine that this section of the DCI is an accurate representation of the curriculum and whether it meets the expectations of the LCME Element. MSEC received the draft report for review in advance.

MSEC reviewed table 7.2-1 and determined that the steady increase and the ultimate very high levels of students rating their satisfaction for the adequacy of their education supported a positive determination (M4 percent satisfied/very satisfied ranges from 97- 98.5 %).

MSEC reviewed the content and assessment methods reported for each required content area. The suggestions of additions and deletions for content and assessment within each year will be reported for incorporation into the DCI. If not commented on, the contents were determined to be accurate and expected to remain as reported. See attachment to the minutes for details of content to be changed. The attachment is labeled *MSEC Meeting February 19, 2019 Agenda 2 Element 7.2 Discussion*.

Dr. Olive thanked Dr. McGowen for the extensive work she did in preparing the response to the DCI for LCME Element 7.2 and the work MSEC has done to review and comment.

Dr. McGowen summarized that MSEC has reviewed the response report to LCME Element 7.2, to include the tables and written responses, and concurs that with the added responses by MSEC, the report is reflective of our Quillen College of Medicine curriculum. MSEC unanimously voted to approve the report with the added responses by MSEC.

The attachment labeled MSEC Meeting February 19, 2019 Agenda 2 Element 7.2 Discussion is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

3. Report/Approve: Pathophysiology Content: Dr. Olive presented the content report stipulating the definition of *Pathophysiology* – “*the study of the biologic and physical manifestations of disease as they correlate with the underlying abnormalities and physiologic disturbances. Pathophysiology does not deal directly with the treatment of disease. Rather, it explains the processes within the body that result in the signs and symptoms of a disease*”.

He reviewed the 2018 AAMC Graduation Questionnaire (pathophysiology of disease rated as good to excellent ranging from 90.4% to 98.4%) and the M2 Pathology NBME Subject exam performance (about at national average performance for 2017 and 2018).

The majority of the Pathophysiology content was found in the Preclerkship curriculum with minor coverage in Doctoring I – Case Based Learning, Anatomy, Cellular & Molecular Medicine, Genetics, Cell & Tissues Biology, Physiology, and Introduction to Clinical Psychiatry, Microbiology, and Neuroscience. Major coverage was found in Doctoring II – Practice of Medicine, Pathology, and Pharmacology. The Pathology course syllabus has an objective that states: “*the student will identify the underlying disease process or pathophysiology causing the abnormality*”. The Pathology D2L site contains multiple presentations that speak directly to the Pathophysiology of a disease.

The clerkship phase of the curriculum includes Pathophysiology content in Pediatrics and Family Medicine, as well as Integrated Grand Rounds. The assessment of students appears to show that the students are acquiring the appropriate knowledge of Pathophysiology throughout the curriculum. Discussion included:

- Why students choose to study Pathoma outside of the Quillen curriculum and the possibility that students do not recognize they are receiving instruction of Pathophysiology because we do not have a specific course labeled Pathophysiology.

- The Quillen curriculum integrates Pathophysiology into other courses and the clerkships. Course and clerkship directors may need to better identify when Pathophysiology is being covered.

Dr. Moore made a motion that there is adequate coverage of Pathophysiology over multiple courses in the Preclerkship Phase of the curriculum. Dr. Lura seconded the motion. MSEC voted to accept the motion with Dr. Monaco abstaining from vote.

The Pathophysiology Content Report is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

4. Report: M1/M2 Review Subcommittee 2017-2018 Reports - Dr. Acuff Presented the following reports to MSEC:

M2 Pathology: The Course Director is Dr. Earl Brown, M.D. The course is evaluated highly by students and Dr. Brown received the Caduceus Club award for M2 Professor of the Year in 2018. While the students liked that the class is only once a week and attendance is not mandatory, the M1/M2 Review Subcommittee identified concerns about a number of course practices and made both short-term and long-term recommendations:

Short Term Recommendations – to be followed up through the Period and Comprehensive Evaluation of Curriculum process:

- Ensure the course syllabus is in the correct format (QCOM standards).
- Grading policies need to be clarified. The number of exams needs to be identified in the syllabus. Any “grade replacement mechanism and/or bonus given on exams for taking an extra quiz needs to be identified.”
- Course objectives need to be mapped more specifically to the Institutional Educational Objectives, i.e., 3.1, 3.2, etc.
- Assure assessments follow the QCOM Policy for Exam Delivery, including using a lock-down browser and implementing ExamSoft.
- MSEC monitoring
 - The M1/M2 Review Subcommittee noted a number of course changes in the 2018-2019 academic year address the Review Subcommittee’s concerns. The Review Subcommittee will continue to monitor the course as per the Periodic and Comprehensive Evaluation of Curriculum process.

Long Term Recommendations to be followed up through the Period and Comprehensive Evaluation of Curriculum process:

- Clarify to the students reviews of pertinent pathophysiology are occurring when coverage links function to structure.
- The course director needs to address grade inflation in the course.
- Pedagogies to train students to think critically need to be incorporated into the course.
- NBME type second and third order questions which link mechanisms to pathology need to be included in assessments.

Dr. Click commended the M1/M2 Review Subcommittee on their in-depth review and recommendations for the Pathology course.

MSEC unanimously voted to accept the M1/M2 Annual Review of the M2 Pathology course as presented.

M2 Rural Track Practice of Medicine: The course director is Dr. Joe Florence. In 2018-2019, the course came under the umbrella of the Doctoring II course (as did the M2 Generalist Track Practice of Medicine course). Improvements have been made with didactics integration in 2018-2019, due to receipt of the Doctoring II Generalist Track schedule being sent in advance. The course has mapped its course objectives to the Institutional Educational Objectives.

The student evaluations of the course for the past three (3) years has been:

2017-2018	4.00
2015-2017	3.79
2015-2016	4.54

Short Term Recommendations:

- Coordinate between Course Administration and Academic Affairs Administration to ensure correct faculty are being identified for evaluation by students. The faculty will change each year with delivery of the course.
- Schedule a meeting between the Generalist Track faculty/Administration and Rural Track faculty/Administration to review the Rural Track Practice of Medicine syllabus with objectives of:
 - Better alignment of Rural Track Practice of Medicine and Generalist Track Practice of Medicine course objectives;
 - Better integration of clinical didactics and basic science course material;
 - Determining core elements and evaluations of the Doctoring II course that are to be integrated into the Rural Track Practice of Medicine component.
 - Evaluate use of time, especially non-precepting days (e.g. sim lab, clinical didactics, SP lab, etc.) to eliminate “down time” for the students during these activities is recommended to the Course Director, Chair, and EAD.

Long Term Recommendations:

- Determine a plan for replacing rural community faculty who are retiring and the onboarding of new rural community faculty.
 - Naming of a co-director is recommended to the Course Director, Chair, and EAD.

Dr. Olive noted that the recommendation for determining a plan for replacing rural community faculty, etc., would not be an MSEC function, but rather a function of Academic Affairs Administration.

- Determine a plan for continuing faculty development of rural faculty, including meeting with on-campus faculty and administration, to address topics of curriculum development and objective evaluation of students.

Dr. Click noted improvements have been made over this past year, but there continue to be areas of improvement needed for growth in the course. Dr. Olive noted that there have been meetings held this past year by where the Generalist Track faculty / administration and Rural Track faculty/administration are coming together. Dr. Abercrombie noted that in Transition to Clinical Clerkships, Rural Track students are commenting that they have not had the training to complete patient physicals or write a note in the patient's chart, but at closer look the students are receiving this training in their daily interactions with rural patients. Dr. Click noted that with the changes made to the Generalist Track curriculum, the Rural Track is finding it harder to identify their place in the curriculum. Dr. McGowen reminded MSEC that with fall 2019, the Phase Review of the Curriculum begins and it would be good to examine how all the courses in the curriculum fit and work together to deliver curriculum to the students.

MSEC unanimously voted to accept the M1/M2 Annual Review of the M2 Rural Track Practice of Medicine course as presented.

M1 Doctoring I: The Doctoring I Course Director is Dr. Ken Olive, MD. Academic year 2017-2018 was the first delivery of the Doctoring I course curriculum. The course brings together six (6) previously stand-alone courses: Introduction to Physical Exam Skills, The Profession of Medicine, Case Oriented Learning, Career Exploration, Preceptorship I, and Communication Skills for Health Professionals (continues to be delivered as a stand-along course under the College of Pharmacy with co-directors from the College of Pharmacy and College of Medicine).

The students' overall comments identified that the M1 Doctoring I course addressed the content that was needed at this point in their medical education. There were specific comments related to presentations in Case Based Learning needing to be updated, diversity limitations in patient representation and leadership and faculty. Some student comments covered more than the Doctoring I course evaluation. The course has mapped its course objectives to the Institutional Educational Objectives.

There are a multitude of instructors (28) involved in the delivery of the course's content and it is difficult to distinguish comments for each component's specific faculty from the student evaluations of the course faculty.

The same holds true for identifying specific component evaluations and an overall score for each component. The Doctoring I D2L site was set up to cluster instruction occurring by date which was more workable for students and instructors.

Short Term Recommendations: none identified

Long Term Recommendations: none identified

MSEC unanimously voted to accept the M1/M2 Annual Review of the M1 Doctoring I course as presented.

M2 Career Exploration II: The Career Exploration II course directors are Dr. Ken Olive and Dr. Tom Kwasigroch. Career Exploration II is now a component of the Doctoring II course for academic year 2018-2019. The Career Exploration II course is designed to guide students in exploration of career interests and professional development with large group sessions, student interest groups, and Lunch & Learn sessions. Students compose a Curriculum Vitae (CV) and review specialty options. The course has mapped its course objectives to the Institutional Educational Objectives.

Short Term Recommendations: none identified

Long Term Recommendations: none identified

MSEC unanimously voted to accept the M2 Career Exploration II Annual Review Report as presented.

The M1/M2 Review Subcommittee Reports are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

5. Follow Up/Discussion/Action: Grading System Details:

This was a continuation of MSEC's discussion and actions from the January 8th meeting to change the grading system. At the time of the action, MSEC did not develop a fully-formatted plan related to 1) the definition of a *High Pass* or *Honors* grade, and 2) the implementation date for the change to the grading system.

Dr. Olive began the discussion with restating the actions MSEC did and did not take:

- 1) MSEC voted to change the grading system.
- 2) The grading system would change to a *High Pass or Honors/Pass/Fail* system across the first three (3) years of the curriculum; with the class rank being retained in its present form (class rank is determined from the numeric grade for a course weighted by the credit hours for the course).
- 3) It was not decided what the requirements were for an Honors grade.
- 4) The implementation date for the change in the grading system was not decided.

Since the last MSEC meeting, Dr. Olive has had a number of people come speak with him and express concerns which he conveyed to MSEC.

- The most consistent theme was that adopting a *High Pass or Honors/Pass/Fail* system in the preclerkship phase would not effectively reduce student stress. Clinical students striving and receiving a *High Pass or Honors* grade would benefit through distinguishing their performance with a *High Pass or Honors* grade in their residency applications, thus providing a benefit to offset the stress.
- Current 1st year students feel the decision to move to a *High Pass or Honors/Pass/Fail* system will impact them the most and that their concerns should be reviewed before action is taken. The current 2nd, 3rd, and 4th year students do not seem as concerned about the finalized action details.

- There are concerns about how the *High Pass or Honors* grade would be defined. Students who have received an A grade before may not necessarily receive a *High Pass or Honors* grade.
- Dr. Olive's conversation with the Dr. Block, COM Dean, found that Dr. Block thinks it is reasonable to have a P/F grading system in the Preclerkship phase and a *High Pass or Honors/Pass/Fail* grading system in the Clinical phase. He also identified that a *High Pass/Honors* grade should not be something that is determined by clerkship grades, but rather by the extra work, i.e., research. This might result in only a couple of students per clerkship receiving an Honors grade.

Dr. Olive asked that MSEC begin the discussion after hearing from student representatives. MSEC will then need to focus on whether to keep the *High Pass or Honors/Pass/Fail* system across the board and decide on the *High Pass or Honors* grade requirement(s). Dr. McGowen added that with the MSEC meeting announcement everyone received grade distributions across the curriculum for the 2019 class students (names removed) to explore where lines might be drawn for stratifying student performance and the implications of such decisions.

Sarah Allen Ray, M1 and MSEC representative began by stating that she, along with the assistance of Gina Botsko, M1 Class President, researched grade data from other schools whom had changed their grade systems, as well as conducted surveys of Quillen students precipitated by extensive feedback she received from students. They did not agree that having the *High Pass or Honors/Pass/Fail* in all four years was necessarily good. To have the *High Pass or Honors/Pass/Fail* grading system in the Preclerkship Phase would advantage only those in the very top of the grade scale and those in the middle (majority of class) would not be affected.

Students supported maintaining class rank in a different grading system as there would still be the incentive for students to perform well. At the end of the day, having a *High Pass or Honors/Pass/Fail* system for the first years will continue to produce competition. But, based on the researched data from other schools, having a *High Pass or Honors/Pass/Fail* system in the Clinical years is important for residency applications.

Gina Botsko, M1 Class President, confirmed Sarah Allen's delivery of their findings. She confirmed that she too had received quite a bit of student feedback regarding the grading system change.

Dr. McGowen noted that some schools have moved away from defining *High Pass or Honors* with numeric grades and instead use criteria like leadership, professionalism, conscientious actions, peer nominations, etc. As Dr. Olive noted, Dr. Block's belief is that the *High Pass/Honors* grade should be reserved for students completing work above expectations of the required work, i.e., a scholarly project, a research project, etc.

MSEC discussion included:

- Prior vote to have a *High Pass/Pass/Fail* grade system across all years. To do something different would require MSEC to change the motion they passed in January.
- Student members felt that the Preclerkship phase should be P/F and the *High Pass or Honors* grade reserved for the Clinical phase.

- The student surveys showed support for using the class average as a means in determining an *Honors* distinction/grade.
- Using the top 25% of the class could be a cut-off for determining a *High Pass or Honors* grade in either the Preclerkship or Clinical phases. This is what is used for AOA distinction.
- Clerkship grades can be subjective, but if a student consistently comes in early and stays late, or completes a scholarly activity, is this not concrete evidence of going above and beyond what is needed? The amount of effort is above and beyond that expected.
- Should Honors be determined by each clerkship? At the end of the year? There were mixed feelings among MSEC members.
- Large research projects during a clerkship period are not feasible. The students are busy with learning the skills and knowledge of each clerkship.
- Honors has to be given for doing something, but there is a concern that the research project or staying late/coming in early leads to a culture of burn-out.
- Competition in the Preclerkship years is due to the grading being more objective and based on a numeric grade. Clerkships that have moved away from this and include other assessments methods, i.e., OSCEs, narrative assessments, etc., are to be commended. The *High Pass or Honors* grade would have to be tied to something other than grades.
- The challenge to determine what *High Pass or Honors* means for a clerkship. Using the top 15% may not be stringent enough, i.e., 5% might be a more appropriate cutoff.
- NBME subject exam scores are not the final grade for the student. The Clerkship Directors review all other grade components and from this the final grade is issued.
- If P/F is being looked at for the Preclerkship Phase, why is it not being considered for the Clinical Phase? Does adding the *High Pass or Honors* designation to the Clerkships because Residency Directors/programs are looking for this, add more stress to the Clinical Phase students? How is doing away with the grades benefiting education? The primary focus of going to a unified system of *Pass/Fail* may eliminate stress, but what about improving education? We appear to be adjusting to an unclear end. Dr. McGowen stated that the information summarized for moving to a *Pass/Fail* grade system is not associated with a reduction in academic accomplishment as measured by things such as Step I performance.
- Class rank is still going to be retained so maybe we do not need to identify *High Pass or Honors* in any of the courses/clerkships.

Cathy Peeples noted that other schools who use class rank do not record/report class rank until the end of the year. Students know how they did on individual exams and other components of a course or clerkship, but they would not know how they rank in comparison to other student's ranks.

Dr. McGowen summarized that there are two (2) streams of thought emerging from the discussion/comments.

- 1) Whether to have a consistent grading system across all four years of the curriculum.
- 2) Going forward with some form of *Honors* in the curriculum (which may or may not be every year of the curriculum) and how to implement.

It is a complicated issue, the vote in January was very close.

Dr. Schoborg summarized for those who may have not been at the January MSEC meeting that an ad-hoc working group reviewed various grading systems literature as they relate to medical schools and reported the information, along with recommendations, for changes to the present grading system. The ad-hoc working group spent a considerable amount of time reviewing the literature before making their recommendations. The literature indicated that there is a stress benefit by moving to a *Pass/Fail* grading system. Most medical schools use a *Pass/Fail* grading system in the first two years and then some sort of three-tiered grading system in the last two years. This does not tell you anything about the value of the system, it is just that a lot of schools are using this type of grading system. There is a lot of data discussing the more tiers added to a grading system, leads to increased grade inflation, particularly in the clinical years. MSEC discussed and identified motions which were then voted on and approved, based on the work and recommendations of the ad-hoc working group.

MSEC discussion continued:

- Acknowledgement that making a change to the grading system, whether it be the same or different across years, will not de-emphasize the importance that students place on passing STEP I.
- The NRMP Program Director's survey identify what factors are used to select a student for an interview and what factors are used to rank candidates for residency positions. MSEC should review the Program Director's survey to understand the importance of various factors before making final decisions.
- Additional research and discussion is needed before a final decision can be made on the finalized grading system and the implementation date.

Dr. Olive suggested that MSEC continue their discussion at the next MSEC meeting in March before making any changes to prior motions and identification of an academic year implementation. The Program Director's Survey and Student Survey will be distributed to MSEC for review prior to the March MSEC meeting.

6. Follow Up/Discussion/Action: Student Attendance Quiz Policy:

- **Clarification of Pop Quizzes**

MSEC was asked to clarify the intention of the action taken at the January 8, 2019 MSEC meeting related to part of the Student Attendance Quiz Policy. The question is to clarifying whether this policy leaves room for "pop quizzes" to be administered or not. Dr. Abercrombie stated that the intent of her motion was that faculty would publish dates of quizzes and/or assessments that count towards the grade. The intent would be that the faculty could not add a "pop quiz" that would count toward the grade.

Dr. Schoborg felt the motion needed to be reworded to better clarify the intent of the motion approved at the January 8, 2019 meeting. Dr. Abercrombie modified the original motion for clarification and MSEC approved the modified motion.

ORIGINAL MOTION OF 1/8/2019: Dr. Abercrombie made a motion to the Communication Category, Issue 2. **All scheduled, required, graded assessments should be identified in the course outline.** Dr. Moore seconded the motion. MSEC voted eleven (11) YES; four (4) NO. The motion passed.

MODIFIED MOTION OF 2/19/2019: Dr. Abercrombie modified the motion for the Communication Category, Issue 2, to state: **All required graded assessments should be scheduled in the course syllabus.** Dr. Monaco seconded the motion. MSEC voted thirteen (13) YES; zero (0) NO. There were five (5) abstentions. The motion passed.

The modified motion approved on February 19, 2019 replaces the previous action by MSEC on January 8, 2019.

7. Action: New Rural Track Electives/Selectives

Cathy Peebles introduced two new Rural Track Ambulatory Care electives for practices located in Greenville, Tennessee. One is with Jaimie Oakely, MD and the other is with Theo Hensley, MD., who are prior graduates of the Quillen College of Medicine Family Medicine program. The course objectives are identified for each elective. The two electives can be identified as an option for an Ambulatory Care selective or elective.

Dr. Abercrombie made a motion to approve both of the Rural Track Ambulatory care electives as submitted. David Cooper seconded the motion. MSEC unanimously approved the motion.

The Rural Track Ambulatory Care electives are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

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
CARROLL@etsu.edu / 423-439-2407

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

March 19, 2019 – 3:30-6:00 pm – C000

April 16, 2019 – 3:30-6:00 pm – C000

May 7, 2019 – 3:30-6:00 pm* – TENTATIVE Meeting Date – C000

May 21, 2019 – 3:30-6:00 pm – C000

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

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

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

July 16, 2019 – 3:30-6:00 pm – C000

August 20, 2019 – 3:30-6:00 pm – C000

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

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

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

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

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

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

March 17, 2020 – 3:30-6:00 pm – C000

April 21, 2020-3:30-6:00 pm – C000

May 19, 2020- 3:30-6:00 pm – C000

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

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