



QUILLEN
COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee

Minutes: January 16, 2018

The Medical Student Education Committee of the Quillen College of Medicine met for a Retreat on Tuesday, January 16, 2018 in Classroom C-002 of Stanton-Gerber Hall.

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Russell Brown, PhD
Thomas Ecay, PhD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Robert Schoborg, PhD
Amanda Stoltz, MD
Hunter Bratton, M2
David Cooper, M3

Ex Officio Voting Members

Tom Kwasigroch, PhD
Theresa Lura, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD
Brian Cross, PharmD
James Denham, MD, MBA
Theodore Hagg, PhD
Robert Means, MD
Carol Plummer, Registrar Office
John B. Schweitzer, MD
Doug Taylor, Registrar Office

Academic Affairs Staff

Lorena Burton
Cathy Peeples, MPH
Sharon Smith, CAP

Shading denotes or references MSEC ACTION ITEMS

1. Approve: Minutes from December 12, 2017 Meeting

Dr. McGowen asked for comments and changes to the December 12, 2017 minutes. With none being received the minutes were accepted as presented.

Announcements:

- Dr. McGowen noted that if the University closes early today due to inclement weather the MSEC meeting will adjourn and any remaining agenda items tabled for the February 20, 2018 meeting.
- The COM is now planning for completion of our LCME self-study. This planning may necessitate some extended meetings or twice a month meetings. Please watch for future announcements regarding MSEC meeting dates and update your calendars accordingly.

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- Dr. Means will be present today at 3:00 pm to provide an update to MSEC on the November 14, 2017 faculty meeting discussion regarding the local hospitals merger.
- Reminder that the June 12, 2018 Annual MSEC meeting will include Dr. Bobby Miller, Vice Dean for Medical Student Education at Joan C. Edwards School of Medicine, Marshall University. Dr. Miller will speak to Marshall's curriculum change process after an LCME visit and probation status.

MSEC voted to accept the December 12, 2017 minutes as presented.

The December 12, 2017 MSEC minutes are shared with MSEC members via a One Drive document storage option.

2. Follow Up: Academic Medicine Elective

Dr. McGowen reported that the previously approved Academic Medicine elective, approved in concept by MSEC on February 21, 2017 has been cancelled. The elective was originally planned to prepare students who are specifically interested in future academic careers gain skills and knowledge in advance of beginning their residency. Dr. Geraci stated that the elective would require additional faculty resources and time that are not currently available at this time. It was noted that Quillen College of Medicine (QCOM) fourth-year students (M4s) continue to have the option of setting up individually arranged electives in specific topics.

3. Follow Up/Discussion: Peer Reviews

Dr. McGowen referenced the October 17, 2017 MSEC meeting where Dr. Olive presented LCME Elements 8.1 Curricular Management and 8.3 Curricular Design. The presentation led to an extensive MSEC discussion regarding evaluation of faculty performance and the use of student evaluations versus faculty or peer evaluations and consideration of a formal peer review process as part of our curriculum review. After the meeting, Dr. McGowen contacted Amy Johnson, Director for the Center for Teaching Excellence (CTE) on the main campus. The Center does offer consultation to individual faculty who are looking to improve their teaching effectiveness. Ms. Johnson felt that a low-keyed peer discussion group rather than peer reviews would prove more helpful to a faculty member. Dr. Kwasigroch stated that he is part of the CTE Faculty Advisory Board that is looking at how to interject peer reviews into the evaluation process.

4. Report/Update: Curriculum Subcommittee – Rehabilitation Thread

Dr. James Denham presented an updated Rehabilitation Thread report to MSEC. The Rehabilitation Thread was previously reviewed and reported to MSEC in July 2015.

Year 1 has a few minor changes with the curriculum changes and formation of the Doctoring I course. One case in Case Based Learning (CBL) involving Stickler Syndrome and rehabilitative means to maximize quality of life has been removed, but an introduction to Chronic Disease and an introduction to Rehabilitation has moved from Professionalism (formerly Profession of Medicine) to CBL. The Lifespan Development content reported in the previous Rehabilitation report is no longer included in the curriculum.

In summary, the overview of the Rehabilitation Thread in Year 1 indicates that the Rehabilitation content has moved earlier into the curriculum than previously identified in 2015.

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Year 2 No changes in regards to rehabilitation.

Year 3 changes include the removal from the Family Medicine Clerkship of one case addressing stroke rehabilitation with the removal of the fmCases. There has been a change in the OB-GYN Clerkship and all students are rotating through a Subutex Clinic addressing drug addiction and pregnancy and rehabilitation from drug addiction.

Year 4 No changes in the Keystone course coverage of rehabilitation.

Previous recommendations accomplished since the last report in 2015 include:

- Creation of an introduction session on rehabilitation with the move of course content from Professionalism to CBL.
- Accomplishing the plan to clarify goals and objectives of the Rehabilitation Thread to those delivering rehabilitation content.

Current recommendations include:

- Continue to develop interprofessional opportunities in the preclerkship and clerkship phases with the College of Clinical & Rehabilitative Health Sciences and other schools and professionals in the community.
- Continue to expand opportunities for student exposure to rehabilitative clinics/programs for students.

Dr. Denham felt the QCOM curriculum sufficiently covers the Rehabilitation Thread.

Dr. Olive reminded MSEC that if course and clerkship directors have content related to an approved thread, it should be identified in the course and clerkship objectives so coverage is identifiable in a review of its content.

Dr. Lura reminded MSEC that while rehabilitation is covered well in the Keystone course, not all of the Keystone delivered content is required, hence not all M4s are receiving the rehabilitation content during the delivery of the Keystone course.

Dr. Kwasigroch stated he will look at the content covered in Keystone to see if any of it can be added to the Anatomy course.

MSEC voted to accept the Curriculum Integration Rehabilitation Thread report with identified updates as presented.

The Updated Rehabilitation Thread report is shared with MSEC members via a One Drive document storage option.

5. Report: M1/M2 Review Subcommittee Annual Reports: 2016-2017 & 2017-2018

Dr. Robert Acuff presented the **2016-2017 Profession of Medicine Annual** report. The course was directed by Dr. Theresa Lura. This academic year, 2017-2018, the Doctoring I course has incorporated the course's content with Dr. Lura overseeing/planning content delivery. The Profession of Medicine course is no longer a stand-alone course.

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The overall student evaluation of the course was 3.27/5.00. Dr. Acuff noted that if ratings of individual items were averaged, the overall course evaluation would be 3.66/5.00. The M1/M2 Review Subcommittee has noted this difference in the average of all individual questions in comparison to the overall student evaluation of course question in most courses evaluated this year.

There were no short or long-term recommendations for MSEC, but comments to MSEC identified that the Doctoring I course may benefit from more small group, interactive discussion than previously possible in the Profession of Medicine course. It was also identified that students hoped that the new Doctoring I course would be integrated throughout the year rather than in highly concentrated blocks of information as done in the Profession of Medicine course. The several days of long course blocks were difficult to absorb, especially prior to major exams in other courses.

The 2016-2017 Profession of Medicine Annual Report was accepted by MSEC as delivered.

The M1/M2 Review Subcommittee Report is shared with MSEC members via a One Drive document storage option.

6. Curriculum Content Query: Liver Disease

Dr. Olive presented a curriculum content report titled: Liver Disease utilizing curriculum data taken from multiple resources, i.e. Curriculum Database, D2L course sites, discussion with course and clerkship directors, etc. The search data included the search terms: Liver, Jaundice, and Hepatic and USMLE content outline terms. Multiple courses/clerkships in the M1-M4 years were identified with topic coverage: Medical Human Gross Anatomy and Embryology, Cellular & Molecular Medicine, Doctoring I, Cell & Tissue Biology, Physiology, Microbiology, Pathology, Pharmacology, Practice of Medicine, Internal Medicine Clerkship and Surgery Clerkship.

MSEC members identified the following additional coverage of Liver Disease content:

- Microbiology covers the interpretation of Viral Serologies
- Pathology covers Hepatorenal Syndrome
- Practice of Medicine has a two cases – Hepatitis and Pancreatitis

Dr. Olive thanked MSEC for the added content related to Liver Disease and asked MSEC to comment on whether the content report, with the added coverage sufficiently represented Liver Disease content coverage in the curriculum.

Dr. Geraci made a motion to accept the Liver Disease Content Report with the addition of identified content areas. Dr. Schoborg seconded the motion. MSEC unanimously accepted the report as delivered.

The Liver Disease Report is shared with MSEC members via a One Drive document storage option.

7. Report: LCME Standards-Element Review: Element 7.2 Organ Systems / Life Cycle / Primary Care / Prevention / Wellness / Symptoms / Signs / Differential Diagnosis, Treatment Planning, Impact of Behavioral / Social Factors

Dr. Olive reviewed LCME Element 7.2, previously reviewed with MSEC about three (3) years ago. It is an Element that covers a lot of areas. When LCME rewrote the Standards, many areas were lumped together into one Element. Dr. Olive reviewed Table 7.2.1 of the Data Collection Instrument (DCI) which will be populated with data that comes from the Independent Student Analysis. The Narrative Response asks that we identify locations where objectives are identified for normal human development and the life cycle, adolescent medicine, geriatrics, continuity of care, and end of life care. Courses and/or Clerkships identified included: Lifespan Development, Introduction to Clinical Psychiatry, Doctoring I, Introduction to Clinical Psychiatry, Pediatrics Clerkship, Family Medicine Clerkship, Pediatrics Clerkship, Psychiatry Clerkship, Community Medicine Clerkship, Rural Primary Care Track and RPCT Clerkship, Surgery Clerkship, and Keystone Course.

Dr. Olive asked if there were any courses/clerkships, not identified in the summary presented, that should be. Dr. McGowen noted that beyond identifying where the content objectives are identified, it would be good to provide to LCME specifics of how the content is addressed in the course/clerkship. Dr. Kwasigroch felt that some of the content in this LCME Element is covered in Embryology. Dr. Lura noted Dr. Olsen's coverage of adolescent medicine in the OB-GYN Clerkship.

The LCME Element 7.2 report is made available to MSEC members via a One Drive document storage option.

8. Discussion/Breakout Groups: Quillen College of Medicine (QCOM) Grading Policy

Dr. McGowen introduced the agenda item by stating that the topic had arisen as part of other discussions and today's discussion is meant only to discuss perceptions and preferences on the present QCOM grading system and whether there are issues or changes that should be made to the current QCOM grading system. No action will be taken today, only preliminary discussions. Dr. McGowen reviewed an AAMC Curriculum Database report of grade systems used by medical schools through the 2015-2016 academic year (the report and an annotated bibliography concerning literature on pass/fail grading was shared with MSEC prior to the MSEC meeting). The graphs identify that the majority of preclerkship and physical diagnosis/clinical skills courses employ a pass/fail grading system. The required clerkships reflect that a majority employ a four category system of Honors-High Pass-Pass-Fail grading system. The fourth-year selectives/subinternships also reflect that a majority employ the Honors-High Pass-Pass-Fail grading system.

Dr. Hayman asked for clarification of the present QCOM grading system. Carol Plummer, Registrar's office, stated QCOM uses a combined letter grade system of A, B, C, D, F and Incomplete with the Pass/Fail grading system in place for some courses. She noted that when students come to the Registrar's office to ask about grades, they typically ask for their class rank and the numeric grade. Ms. Plummer felt that as long as a numeric grade system is in place, a Pass/Fail grading system could be used for all courses/clerkships. She speculated that student stress may not be lessened unless class rank is removed.

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Dr. McGowen asked MSEC to break up into three (3) discussion groups, each with specific questions to be answered. Through MSEC's responses and additional discussion today and future meetings, MSEC will decide if any changes are needing to be made to the present QCOM Grading Policy.

Responses from the groups included:

- Residency placement needs must be considered – grades? – class rank? – GPA?
- Literature reflects reduced stress and competition
- The question of whether grades motivate behavior – students are highly self-motivated – students want information – Graded courses versus pass/fail courses and importance or value placed on one over the other
- Perceived grade inflation tiered grade systems

Doug Taylor, Registrar's office, stated they will support whatever is best for the curriculum as voted on by MSEC. Quillen College of Medicine graduates good students who do receive residency slots. Mr. Taylor suggested that a numeric system should be kept in place for all courses and clerkships. A class ranking, not divulged to the students unless needed for a residency program, could also be put into place. In the past, Mr. Taylor stated he would not have voted for a Pass/Fail grading system, but he sees the changes in other schools moving to a Pass/Fail grading system and knows that the QCOM students are of high quality and the change to a Pass/Fail grading system will not affect their chances of placement in a residency program.

Dr. Moore suggested that with a Pass/Fail system with "High Honors" could be given to the top 10% of the students in individual courses, clerkships and/or year (class). This would not necessarily show on the student's transcript, but within the QCOM there would be some distinction/award for those students who are in the top 10% of their course, clerkship and/or year (class).

Dr. Schoborg stated there is documentation that eliminating letter grades does reduce stress in students and that MSEC should seriously consider moving from a letter grade system to a Pass/Fail system. While A, B, C may mean the same as High Honors, High Pass, and Pass; the literature suggests student stress level is reduced with the Pass/Fail grading system. Identification or award to the top 10% in a course, clerkship and/or year (class) is a good idea. We currently have end of year awards and this would fold into this process.

Dr. McGowen thanked everyone for participating in the group breakouts/discussion. There is more to discuss and clarify before any action can be taken. The next step will be to pull together the main points and identify the questions that need to be answered. Identification of all stakeholders will need to be made and their input received. A subcommittee may be formed to review all feedback and bring back a proposal to MSEC.

Dr. Schoborg added that those on the subcommittee could consider conducting a literature review that would be publishable. Dr. McGowen stated that the discussion will come back to MSEC for further follow up before any action is voted upon by MSEC.

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Dr. Olive suggested that a survey of both faculty and students be taken before the next discussion by MSEC. The survey needs to include the references and AAMC graphs reviewed by MSEC as well as the points made by each small group from today's breakout session so that faculty and students have a good background before they respond to the survey question(s).

References made available to MSEC members are available via a One Drive document storage option.

Dr. McGowen identified that the ETSU campus will be closing at 4:00 pm today due to pending inclement weather so MSEC will continue without a break in hopes that we will not need to move many of the pending agenda items to the February meeting agenda.

9. Follow Up: plans for Interprofessional Activities 2018-2019

Dr. Brian Cross presented the Interprofessional Education Collaborative (IPEC) timeline of accomplishments, core competencies, academic objectives, the new institutional members, and its 5-year strategic plan (2015-2020) which includes a dedicated Interprofessional Education & Research building and the re-visioning of the Interprofessional Education Program (IPE).

As part of the strategic plan for participation by QCOM, all first year (M1) students would participate in the program starting in 2018-2019 and all of its second year (M2) students will participate in the program starting in 2019-2020. MSEC was asked to approve the following:

- ***All incoming M1 students will participate (beginning in FALL 2018) in the ETSU AHSC IPE program.***
- ***The curriculum schedule will provide for all M1 students (beginning Fall 2018) to attend two ETSU AHSC IPE program ½-day sessions per semester aligned with the Doctoring Course I for fall and spring semester.***
- ***All M2 students will participate (beginning in Fall 2019) in the ETSU AHSC IPE program***
- ***The curriculum schedule will provide for all M2 students (beginning Fall 2019) to attend two ETSU AHSC IPE program ½-day sessions per semester aligned with the Doctoring Course II for fall and spring semester.***

MSEC discussion included: current students are participating on a voluntary basis; the IPE program student participation dates would be part of the Doctoring I and future Doctoring II curriculum; the amount of received clinical and community experiences in the present Doctoring I and future Doctoring II courses would have to be reduced with participation in the IPE experiences -- though some of the IPE experiences could duplicate clinical and community experiences, i.e., present Cornerstone Village assignments. The IPE program meets QCOM Institutional Educational Objective, 7.0, Interprofessional Collaboration.

Dr. Olive noted that in the past, students' enrollment was optional and that change with this request would make the IPE program a requirement for all M1/M2 students. Dr. Olive felt that the Doctoring I and Doctoring II course could accommodate the needed days for participation.

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Dr. Cross reminded MSEC that one of the community experiences utilizes Cornerstone Village, which is a clinical and community experience. Rachel Walden asked if there was any data available on other medical schools and how QCOM participation in IPE compares with other schools who have a like program. There was no known data available to share with MSEC.

Dr. McGowen asked MSEC to decide what action they want to take with this request. Dr. Schoborg asked if there could be more information provided on how this would affect the Doctoring II schedule of content coverage before a vote is taken by MSEC. Dr. Olive stated this has not been fully completed and would not be available this month. The action taken by MSEC needs to be approved in whole and cannot be approved separately for the M1 year and M2 year, otherwise the action needs to be tabled.

Dr. Lura made a motion to approve that all incoming M1 students in the 2018-2019 academic year and all M2 students in the 2019-2020 will participate in the IPE program through two required ½-day sessions per semester as part of their Doctoring I and Doctoring II course curriculums. Dr. Moore seconded the motion. MSEC voted to pass the motion with one (1) opposed and two (2) abstaining from the vote.

The Interprofessional Activities 2018-2019 Power Point is made available to MSEC members via a One Drive document storage option.

10. Report: Dr. Means – Update MSEC on Hospital Merger

Dr. Means reviewed information on the pending hospital merger between Mountain States Health Alliance and Wellmont Health System.

11. Report: Planning for LCME Site Visit

Dr. Olive presented the planning schedule proposed by LCME for an upcoming site visit. The site visit date for QCOM should be identified this month. With receipt of the site visit date, QCOM will continue to schedule its start/completion dates for the multiple subcommittee assignments needed to complete the QCOM Data Collection Instrument (DCI) and the Self-Study. Planning for the Independent Student Analysis (ISA) report has already begun with two (2) first year (M1) OSR officers selected to manage the process. The ISA involves a survey to the students in the July-August 2018 timeframe. The completed Self-Study will need to be submitted to LCME approximately three (3) months prior to the site visit date. The data identified in the Self-Study will be representative of the 2017-2018 academic year (year of record).

Dr. Olive reminded MSEC that it is a lot of work and QCOM faculty and staff will be asked to assist. Please be prepared to block your schedule accordingly.

The LCME suggested schedule is shared with MSEC members via a One Drive document storage option.

12. Discussion/Action: Periodic and Comprehensive Evaluation of the Curriculum

Dr. McGowen began the discussion regarding our Periodic and Comprehensive Evaluation of the Curriculum cycle. Many discussions surrounding implementation of our curriculum changes have identified that there needed to be more time put into planning for and implementing the curriculum changes. Therefore, the proposal to change from a 4-year review cycle to a 5-year review cycle is brought to MSEC today for discussion and possible action.

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MSEC was provided a handout of the present 4-year cycle and a proposed 5-year cycle. Dr. McGowen walked through the handout and stated that if we change the cycle we will need to update the current Periodic and Comprehensive Evaluation of the Curriculum Policy to include the scheduled annual, comprehensive, and administrative review cycles as well as identify when Working Groups or Ad hoc groups are formed to evaluate phases of the curriculum. The revised policy will need to come back to MSEC for final approval.

With a 5-year cycle the recommendations from the Working Groups and Ad hoc groups would come to MSEC in the second half of year 4 for approval, with implementation in year 5, when Administrative reviews could be completed for the courses and clerkships. The Review Subcommittees would then begin their annual review of courses and clerkships in the following year when changes have been implemented (Year 1 of a new 5-year cycle).

MSEC noted that our current curriculum changes are identified for a phased-in approach over multiple academic years 2017/2018 through 2019/2020 which makes assessment of the changes difficult when all are not yet implemented.

Dr. Olive noted that initially, when the 4-year cycle was implemented, there was no standard to follow and we have learned by trial and error that a 5-year cycle would improve our Periodic and Comprehensive Evaluation of the Curriculum; and lessen the burden placed on everyone to implement in a short period of time without sufficient planning time.

MSEC commented that if new curriculum changes are not significant in the next Periodic and Comprehensive Evaluation of the Curriculum that the proposed schedule may be able to be collapsed because the 5-year cycle provides room to make that decision; where as the 4-year cycle does not allow. MSEC was in agreement that having a year to identify and schedule curriculum changes before implementation is much needed.

MSEC did ask if making the change now would create any problems with this year being our year of record. Dr. Olive stated that we have gone through a full cycle and are now beginning our second full cycle and have learned that the review period does need to be adjusted to accommodate the curriculum changes we put into place. Dr. McGowen added that we are still in our second full cycle, but have extended it from a 4-year to a 5-year cycle with a more systematic approach. Dr. Lura commented that with MSEC reviewing the present cycle, MSEC is taking a significant role in the monitoring of the curriculum review cycle and making adjustments as needed.

Dr. Bird made a motion to approve the proposed five (5) year model for the Periodic and Comprehensive Evaluation of Curriculum, MSEC Policy 0314-10, with detailed changes to be outlined and brought back to MSEC for review and final approval. Dr. Lura seconded the motion. MSEC unanimously approved the motion.

13. Action: Discussion/Confirmation: MSEC Policy 1016-15 Narrative Assessment Revision

Dr. Olive reviewed the past and current courses/clerkships required to provide Narrative Assessment. Per MSEC Policy 1016-15 a written narrative description of a medical student's performance, including his or her non-cognitive achievement, will be included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment (i.e., courses in which an individual faculty member has sufficient interaction with an individual student such as small groups). Narrative assessment can be formative and/or summative. For M1/M2 courses proof of the feedback must be provided via documentation electronically for archival purposes and accessibility for inclusion in each student's Medical Student Performance Evaluation (MSPE) required for residency application.

With the change in curriculum and movement of previously separate M1 courses into the Doctoring I course in 2017-2018 and planned changes for M2 courses into the Doctoring II course in 2018-2019, MSEC was asked to review and approve the identified M1/M2 courses for required Narrative Assessment.

Doctoring I: CSHP (Communication Skills for Health Professionals)
Doctoring I: PES (Physical Exam Skills)
Doctoring I: CBL (Case Based Learning)
Doctoring I: CCE (Clinical & Community Experience)
Doctoring I: Rural CBL (Case Based Learning and Preceptorship I & II)
Medical Human Gross Anatomy & Embryology

Doctoring II: CCE (Clinical & Community Experience) - currently Clinical Preceptorship II
Doctoring II: POM (Practice of Medicine)
Doctoring II: Rural POM (Rural Practice of Medicine)
Medical Microbiology/Virology

Dr. Geraci made a motion to accept the current courses and clerkships identified for Narrative Assessment. Dr. Bird seconded the motion. MSEC unanimously accepted the motion.

The List of Courses and Clerkship for required Narrative Assessment is made available to MSEC members via a One Drive document storage option.

14. Action: Medical Education: Wilderness Elective for M4s

This agenda item was postponed to the February meeting. The course director, Dr. Sanders, is unavailable prior to 4:00 pm to come speak with MSEC.

15. Action: RPCT – Underserved Ambulatory Care Elective/Selective (Black Bag)

Cathy Peeples reviewed the proposed 4-week elective/selective submitted by the Rural Track program. There is some concern that the "underserved" title may not fit the population served by the service providing the elective/selective. The service provides direct primary care which includes home-based visits.

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Dr. Schoborg asked that the term *Interprofessional* be defined and the name of *Underserved* be clarified before acceptance of the elective/selective.

Ms. Peebles noted that EPA 3, Practice-Based Learning and Improvement, is not identified within the list of objectives given, but it is covered.

MSEC requested the action taken for this elective/selective be tabled until more information can be received from the clerkship.

16. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates

None were identified.

The meeting adjourned at 3:38 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 the below link and opening the August 15, 2017 MSEC meeting folder. https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents

Select the “**new sign-in experience**” option and enter your ETSU email address and password.

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

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Upcoming MSEC Meetings

MSEC Meeting Dates: * NOT 3rd Tuesday – Location To-Be Determined

February 20, 2018 – 3:30-6:00 pm

March 20, 2018 – 3:30-6:00 pm

April 17, 2018 – 3:30-6:00 pm

May 15, 2018 – 3:30-6:00 pm

June 12, 2018 Retreat 12:00-3:00 pm & Annual Meeting 3:30-5:00 pm*