



**Medical Student Education Committee - MSEC**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, January 19, 2016 at 12:00 pm for a Retreat in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178.

**Voting Members Present:**

Ramsey McGowen, PhD, Chair  
Kenneth Olive, MD  
Caroline Abercrombie, MD  
Reid Blackwelder, MD  
Michelle Duffourc, PhD  
Jennifer Hall, PhD  
Howard Herrell, MD  
Paul Monaco, PhD  
Jerry Mullersman, MD, PhD, MPH  
Eli Kennedy, M4  
Jessica English, M3  
David Cooper, M1

**Ex officio / Non-voting Members & Others Present:**

Joseph Florence, MD, ex officio  
Tom Kwasigroch, PhD, ex officio  
Theresa Lura, MD, ex officio  
Rachel Walden, MLIS, ex officio  
Tiffany Lasky, DO  
Aaysha Kapila, MD  
Cindy Lybrand, MEd  
Cathy Peeples, MPH  
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

**1. Approval of Minutes**

The minutes of the December 15, 2015, MSEC meeting, were presented and approved with no further discussion.

Dr. McGowen reminded MSEC of the annual meeting on June 14, 2016 and asked that everyone mark their calendars for attendance. At that time the course and clerkship directors will join MSEC for the second half of the meeting. It is an important time, especially during this year of overall program evaluation.

On February 16, 2016 MSEC will devote the vast majority of the meeting to the presentation of the program evaluation working groups' reports.

**A motion by Dr. Florence to approve the minutes of the December 15, 2015, MSEC meeting was seconded by Dr. Herrell and unanimously approved.**

## 2. LCME Elements 7.6 & 7.7

Dr. Olive reviewed LCME accreditation Element 7.6 - Cultural Competence and Health Care Disparities by providing the LCME definition. *“The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding the following:*

- *The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.*
- *The basic principles of culturally competent health care.*
- *The recognition and development of solutions for health care disparities.*
- *The importance of meeting the health care needs of medically underserved populations.*
- *The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society.*

Review of the specific LCME Data Collection Instrument (DCI) tables (7.6-1, 7.6-2, and 7.6-3) and the Narrative Responses, needed led to MSEC discussing where in the curriculum it is thought to be providing compliance for this topic, if objectives have been identified related to Cultural Competence and Health Care Disparities, and where is curriculum review needed to respond to both tables and narrative responses.

Dr. Olive provided examples of courses/clerkships where it is thought the topic is covered and related objective(s) are identified. Case-Oriented Learning has a small portion devoted to the topic with an objective. Profession of Medicine covers quite a bit with objectives identified. It is thought that Introduction to Clinical Psychiatry covers the topic, but there are no objectives identified. Pediatrics Clerkship has a strong advocacy and it is thought the topic is covered. It is believed the Family Medicine Clerkship has objectives covering the topic. Community Medicine Clerkship definitely has objectives identified. Psychiatry Clerkship is believed to cover, but this is not confirmed. Keystone course has content and objectives related to the topic. Dr. McGowen confirmed Lifespan Development does include the topic discussion.

Dr. Abercrombie stated Transition to Clinical Clerkships includes on-line videos with identified learning objectives, but the focus is lesbian, gay, bisexual, and transgender (LGBT) culture awareness.

LCME DCI tables and Narrative Responses will require more work to complete as questions are asked about which courses/clerkships have specific learning objectives related to cultural competence in health care and the following topic areas: *Identifying and Providing Solutions for Health Disparities* (it is thought we cover this in a reasonable amount), *Identifying Demographic Influences on Health Care Quality and Effectiveness* (we may cover some, but it is not clear), and *Meeting the Health Care Needs of Medically Underserved Populations* (there are certainly areas where we cover). Data is asked from the AAMC Graduation Questionnaire (GQ) response where responders are asked if they felt *“prepared to care for patients from different backgrounds.”* Our data for 2015 shows Quillen responses of *strongly agree/agree* at 89.5% which is slightly off the national percentile of 95.4%. The LCME Narrative Response asks us to: *Describe how the curriculum prepares medical students to be aware of their own gender and cultural biases and those of their peers and teachers.* Dr. McGowen stated that Profession of Medicine does include discussion about the student being aware of cultural biases in themselves and/or becoming aware that cultural biases exist.

Lastly the LCME Narrative Response asks us to: *Provide data, by class, from the independent student analysis on the percentage of students who were satisfied with their education in caring for patients from different backgrounds. We will gather this data when we perform our own student analysis.*

Review of LCME Element 7.7 - Medical Ethics followed with the LCME definition provided: *“The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients’ families and others involved in patient care.”*

LCME DCI tables (7.7-1 and 7.7-2) and Narrative Responses with Supporting Documentation required for the element led MSEC to discuss identifying the courses and clerkships where compliance is thought to be in place or offered. There was agreement that a guarantee of standardized medical ethics training across the curriculum was debatable and the narrative response with supporting documentation would require more review before it could be satisfactorily completed. MSEC agreed that tagging of medical ethics in the curriculum needs to be reviewed by each course and clerkship to identify where it can be incorporated on a regular basis. Dr. Olive informed MSEC that several faculty (Drs. Hamdy, Shah, and Ford) had indicated an interest in participating in the ethics curriculum.

### **3. Curriculum Integration Subcommittee: Patient Safety/Quality Improvement**

Dr. Mullersman identified the World Health Organization (WHO) curriculum as the key reference used for the review of the thread. The WHO curriculum is organized into eleven (11) “Topics” with learning outcomes (sub-objectives) to provide in-depth definition and identification of Patient Safety/Quality Improvement. Dr. Mullersman mapped each of the eleven topics to both the COM Institutional Educational Objectives and the USMLE Content Outline (April 2015) for Patient Safety and Quality Improvement items. Dr. Mullersman recommended that using the WHO curriculum would be the most direct method for curriculum mapping, but faculty would need to be familiar with the WHO definition of *Patient Safety* in a health care setting. Another consideration is the USMLE and what they are going to test students on with regards to Patient Safety/Quality Improvement. It is understood that there will be greater emphasis in the testing of student knowledge of the thread topics. The depth and breathe that our students will need to master is great and the best approach for preparing the students requires careful planning. MSEC discussion identified a few courses where the thread is covered to some extent. MSEC needs to determine to what extent preparatory groundwork is effectively presented in the curriculum to prepare students for successfully addressing Patient Safety/Quality Improvement issues in the clinical setting and assure a comprehensive curriculum is in place. *A link to the full Curricular Thread Report: Patient Safety/Quality Improvement report can be found at the end of the minutes.*

**A motion by Dr. Herrell to accept the Curriculum Integration Subcommittee’s report Patient Safety/Quality Improvement and content outline objectives as presented was unanimously approved.**

### **4. M4 Away Selective Credit Proposal**

Eli Kenney, MSEC student representative, spoke to a request by M4 students to approve a policy for away inpatient experience to count for credit as a COM required inpatient selective.

Based on the student request, Academic Affairs drafted a proposal for MSEC discussion permitting senior students to have the option for away experiences to be credited as a required selective in Critical Care, Inpatient Sub-internship, or Ambulatory Care provided both the following stipulations are met:

- **The experience is in the specialty the student plans to enter**
- **The experience occurs at/in an LCME approved program which accepts visiting medical students**

The proposal provides students the option of participating in experiences not available locally, i.e. some ICUs are run largely by critical care anesthesiologists or critical care emergency physicians and can provide a perspective on critical care that is more meaningful to the student interested in one of the fields. The proposal allows students to tailor selective experiences to the specialty they plan to enter. The proposal provides benefits, including: flexibility both in student schedules and administrative scheduling, which can be problematic due to residency interviews occurring October through January, students approved for three (3) away electives, and students who are off schedule by one or more clerkships.

MSEC reviewed current COM Selective offerings for each scheduled block: Critical Care (Internal Medicine, Surgery/Trauma, Pediatrics, and Neonatology – 9 slots total), Inpatient Sub-internships (Family Medicine and Internal Medicine – 13 slots total), and Ambulatory Care (Family Medicine, Internal Medicine, OB/Gyn, Pediatrics, Adolescent Pediatrics, Psychiatry, Surgery, Ambulatory Care Clinic, and Rural Primary Care – 20 slots total).

MSEC discussion clarified that the COM selective criteria/requirements of this proposal are: 1) the proposal does not change the total number of required weeks in the M4 year (graduation criteria for M4 students); 2) the local selective director must approve the experience and determine equivalence to ensure the student will receive like opportunities in the away experience that allows completion of identified objectives for the COM course; 3) the option is requested when the away experience is in the approval process, **before** the experience occurs; 4) one selective must be completed in the fall semester; and 5) the away experience will count toward the limit of eight (8) weeks of away experiences.

**Dr. Herrell made a motion to approve the proposal for senior medical students to have the option for one away experience that meets COM selective criteria, to be credited as a required COM selective in Critical Care, Inpatient Sub-internship or Ambulatory care. Dr. Monaco seconded the motion and it was unanimously approved.**

##### 5. 2014-2015 Senior Electives Summary

Dr. McGowen and Dr. Olive completed a review of elective course offerings based on student responses. Overall satisfaction ratings ranged from 3.92% to 5.00% and the vast majority were 4.50% to 5.00%. Student suggestions for improvement include more organization and available resources. There was one comment regarding a resident's inappropriate teaching style was reported. Specific comments suggesting problems are forwarded to the appropriate course director by the EAD to ensure they are aware of the comment(s) and this has been done for the comment that emerged in this round of student evaluations of electives. Each course director receives a copy of their course summary report that allows them to make adjustments as needed. Senior electives are functioning well, with no significant problems and

no MSEC action was recommended.

*A link to the Senior Electives Summary report can be found at the end of the minutes.*

## 6. Rural Programs Ambulatory Pediatric Selective/Elective

The Rural Programs Ambulatory Pediatric Selective/Elective course proposal was presented. It is being considered as both a rural track selective and a generalist track elective. Dr. Olive reported that he discussed the proposal with the Pediatrics Department senior clerkship director, Dr. Hollinger, and department Chair, Dr. Wood. They have reviewed the course and given their approval for the course as an elective, available to both Rural Program Track and Generalist Track students.

**Dr. Blackwelder made a motion to approve the Rural Programs Ambulatory Pediatric Selective/Elective for both Rural Programs Track and Generalist Track students. Dr. Herrell seconded the motion and the motion was unanimously approved.**

## 7. Societal Issues Discussion

Dr. McGowen reviewed MSEC's December 15, 2015 discussion and the process adopted for identification of the COM's societal problems in the curriculum. Earlier in January 2016, resources related to societal issues were emailed to MSEC members for their review. MSEC is now being asked to discuss and identify five (5) societal topics to be tracked and reported in the COM curriculum. For each societal topic the curriculum will need to identify: topic objectives, where the topic will be taught, and how the topic will be assessed. Dr. Olive pointed out the components each topic may need to cover: diagnosis, prevention, appropriate reporting, and treatment of medical consequences. Members were asked to break out into three groups and return with the group's suggestions for five societal topics to be monitored in the curriculum.

Group 1 identified: 1) obesity, physical activity and nutrition, 2) tobacco, alcohol, inherit drug abuse, 3) prescription drug abuse, 4) education/health literacy, 5) early adversity and on a wait list – access to care (understanding).

Group 2 identified: 1) substance abuse (opioids), 2) poverty (access to care), 3) nutrition/physical activity, 4) education/health literacy, 5) violence, and 6) health disparities.

Group 3 identified: 1) tobacco (both a regional and national topic), 2) substance abuse, 3) poverty, 4) physical inactivity, and 5) domestic violence (spouse, elderly, child, military).

After much discussion to either broaden or narrow topic coverage MSEC identified the following five (5) societal issues.

1. Nutrition/Physical Activity
2. Education/Health Literacy/Poverty (some combination of)
3. Substance Abuse (includes opioids, prescription abuse, tobacco, and alcohol)
4. Family and Interpersonal Violence (includes early adversity, community violence, relationships, child/spouse/elderly, inter-partner and military)
5. Health Disparities/Discrimination (includes cultural competencies, access to care)

**A motion by Dr. Herrell to approve the five (5) societal issues was seconded by Dr. Monaco and unanimously approved. Options for specific indicators and measures of each societal issue will be developed administratively and brought back to MSEC for further discussion.**

#### **8. Administrative Reviews: Anatomy & Immunology**

As part of the Program Evaluation cycle of course and clerkship reviews, annual reviews are being conducted by Dr. McGowen and Dr. Olive administratively during the fourth year of the cycle. Human Gross Anatomy and Immunology course reviews were completed and found to be historically well functioning and appropriately managed courses. This continues to be the case, with no new problems identified by the administrative reviews. Written reports of these administrative reviews are filed.

#### **9. M1/M2 Review Subcommittee Review: 14-15-A Case Oriented Learning**

Dr. Abercrombie presented the **14-15-A Case Oriented Learning (COL)** course report under course director, Dr. Paul Monaco. Dr. Monaco should be commended for running a strong, well-reviewed, and student accepted small-group learning environment. In response to prior MSEC recommendations for a component of Nutrition to be added to the course, a case study was added with hopes to extend the session to two (2) weeks. Dr. Abercrombie noted there is a lot of content covered in the course and as part of the Program Evaluation consideration should be given to combining the COL course, along with others, into one “Doctoring Course”.

**Short-term recommendation** – none

**Long-term recommendation** – none

Subcommittee comments to the course director, chair, and EAD included the need for identification of a faculty member who could train as a future course director and that faculty in the Department of Biomedical Sciences should have appropriately protected time for academic obligations.

**MSEC voted to accept the Case Oriented Learning report as presented with Dr. Monaco abstaining from vote.**

#### **10. M3/M4 Review Subcommittee Reviews: 14-15-C Family Medicine Clerkship; 14-15-A OB-Gyn Clerkship plus 6-month follow up; 14-15 Specialty Clerkship; 14-15-C Transition to Clinical Clerkships with post summary; 14-15-A Internal Medicine Clerkship plus 6-month follow up**

Dr. Mullersman presented the **14-15-C Family Medicine Clerkship** report under course director, Dr. Jason Moore. Dr. Mullersman explained the process by which the subcommittee reviews all course/clerkships. With the Family Medicine review, Dr. Mullersman wanted to clarify that Dr. Moore is doing a great job and the students appreciate the resident participation and look favorably on the Family Medicine faculty and their willingness to teach students. The comments from students reported in the review regarding overall feedback on patient notes and overall performance of instructors was intended to be a general suggestion and opportunity for all COM courses and clerkships and was not meant to be a direct recommendation to Family Medicine. Dr.

Moore has identified seven (7) key areas as objectives for the clerkship and these seem to adequately represent the scope of practice.

There are an adequate amount of resources and the residents and attending are proficient in teaching and educating the students. Course materials are updated based on national guidelines ensuring that the curriculum is current. Students overall want more opportunities to see patients and present to the residents and attendings. The students appreciate formal feedback on patient notes and overall evaluation of their performance with guidelines about expectations and their roles/responsibilities. Family Medicine's use of the new NBME Subject Exam would be an objective measurement of effectiveness.

**Short-term recommendation** - none

**Long-term recommendation** – none

**MSEC unanimously voted to accept the Family Medicine Clerkship report.**

Dr. Mullersman presented the **14-15-A OB-Gyn Clerkship** plus a 6-month follow-up report under course director, Dr. Thomas Jernigan. The students had positive comments regarding the changes that have been made to the clerkship since its last review. Regarding concerns about patient volume, Dr. Jernigan provided written response/comment to the report that nationwide there has been a fall in the birth rate of childbearing women and a decrease of inpatient gynecological surgery procedures, thus reducing the student experience for inpatient obstetrical care. The department has recently hired a new generalist, and private practice physicians are offering students opportunities to participate in private patient care. The clerkship continues to work to identify opportunities for student exposure to inpatient obstetrical care. The students rated the clerkship at a 4.47% out of 5.00% satisfaction rate. Student comments from periods one through three (1-3) for the current academic year note no unprofessional behavior from faculty or residents.

**Short-term recommendation** – none

**Long-term recommendation** – MSEC supports the clerkship director's efforts to ensure adequate student exposure to obstetrical and gynecological procedures.

**MSEC unanimously voted to accept the OB-Gyn Clerkship report.**

Dr. Mullersman presented the **14-15-A Specialty Clerkship** report under course director, Dr. Daniel Wooten. Recently MSEC has changed the nature of the Specialty Clerkship for academic year 2015-2016. There are aspects that will remain to allow students options for exposure to specialties. The students report benefit from the exposure to elective clinical experiences and would like to have the exposures increased. There are opportunities for more organization with notification to specialty services of the student's planned arrival. The students continue to look for addition hands-on opportunities while on a rotation. MSEC discussion confirmed that the eLOG requirement for every patient encounter has been removed from the clerkship.

**Short-term recommendation** – MSEC continues to move forward with the decision to restructure the Specialty Clerkship as of 2016-2017.

**Long-term recommendation** – none

**MSEC unanimously voted to accept the Specialty Clerkship report.**

Dr. Mullersman presented the **14-15-C Transition to Clinical Clerkships** report under course director, Dr. Caroline Abercrombie. The course director is doing an outstanding job and is providing the students with many experiences. Based on student feedback the course director is actively working to improve the audio/video delivery of information and the timeliness of course instructor deliveries.

**Short-term recommendation** – MSEC continues to support the course director in delivery of the Transition to Clinical Clerkships course ensuring staffing as needed.

**Long-term recommendation** – none

**MSEC voted to accept the Transition to Clinical Clerkships report with Dr. Abercrombie abstaining from vote.**

Dr. Mullersman presented the **14-15-C Internal Medicine Clerkship** plus 6-month follow up report under course director, Dr. Kapila. Changes to the course include weekly one-half day academic sessions, weekly quizzes and night float assignments. The NBME Subject Exam data received for 2015-2016, periods 1-4, is being delivered in a different format from that in previous years so a conclusion on student performance is being held till a full year of NBME Subject Exam data is available. There are opportunities for improvement to include: additional student access to patients, consistent feedback delivery to students, student's NBME Subject Exam performance, review / revision of didactic materials delivered to students, and augmentation of ambulatory experiences for students. *Note: Dr. Kapila addressed the noted opportunities as well as changes planned for the clerkship in her report following delivery of this subcommittee report.*

**Short-term recommendation** - MSEC continues to move forward with the decision to add an additional two weeks to the clerkship as of academic year 2016-2017.

**Long-term recommendation** – MSEC will move to standard annual reviews for the clerkship, but will continue to follow specific areas identified previously (student access to patients, feedback to students on H&Ps and notes, NBME Subject Exam performance, improvements to didactics, and strengthening student outpatient experiences).

**MSEC unanimously voted to accept the Internal Medicine Clerkship report.**

## **11. Internal Medicine and Surgery Clerkship Director Reports**

Dr. Kapila, Internal Medicine Clerkship Director and Dr. Lasky, Surgery Clerkship Director, each addressed plans for their department's junior clerkship curriculum beginning in academic year 2016-2017. The two clerkships were restructured as part of the Program Evaluation making a total of eight (8) weeks for each, beginning with academic year 2016-2017.

Internal Medicine plans to add additional half-day academic sessions with dedicated lecture topics and quizzes. Once a week students will submit a History and Physical (H&P) and SOAP note for a one-on-one feedback session with an assigned preceptor. Work continues on introduction of more topic coverage and quizzes in an effort to address student NBME Subject Exam scores. Student topic quiz scores are being correlated with student NBME Subject Exam topic scores to better identify where students exhibit knowledge gaps in topic coverage. Students will begin to spend two (2) weeks in an ambulatory experience that will allow

interaction with specialty fellows in either a Johnson City or Kingsport location. Six (6) weeks will be spent in an outpatient setting.

Student outpatient assignments will be two patients each day. Students will continue to have 3 weeks of inpatient experience each at JCMC and the VAMC.

Surgery plans to have students spend two (2) weeks in a surgical specialty of their choice and three (3) weeks each in two of three hospital locations – Johnson City, Kingsport, and/or VAMC. Specialty WISE MD modules and case studies will be added back to the curriculum with practice test questions for each WISE MD module. There will be a mid-term practice test (developed by the department) based on the course director's NBME Subject Exam review, textbook reviews, and faculty input. All students will be required to report for all academic sessions, complete all WISE MD modules, and complete a mid-term practice test.

Dr. McGowen thanked both Dr. Kapila and Dr. Lasky for providing MSEC with insight to plans for their clerkships beginning in 2016-2017.

## **12. Review Program Objectives Breakout Session Discussion**

Dr. McGowen introduced the second breakout session by stating that MSEC can plan the curriculum based on their review of our Institutional Education Objectives. Dr. McGowen and Dr. Olive have reviewed the Institutional Education Objectives and identified fourteen (14) objectives that are not covered at all or very sparsely covered. MSEC can help identify courses and clerkships that may be including the objectives or are suitable for coverage of the objectives, but have yet to tag their objectives to the Institutional Education Objectives as well as identify where new educational opportunities need to be developed in order to satisfy our Institutional Educational Objectives. This breakout exercise is intended as a brainstorming opportunity for using Institutional Educational Objectives in curriculum development and is expected to generate ideas that will require follow up evaluation and further development. No formal action from this initial discussion is expected. Each breakout session work group was given a worksheet of four-five (4-5) Institutional Education Objectives plus several resources to begin their discussion and identification. They discussed their assignment for an hour. The working groups returned and summarized their discussion/identification into the following areas for MSEC:

- What is currently covered – how?
- What else should be included (knowledge, skills, and attitude)?
- Options for placement in curriculum (consider sequencing)
- Proposed pedagogy (identify different methods for different components, if needed)
- Proposed assessment (identify different methods for different components, if needed)
- Faculty development needs

Dr. McGowen thanked the working groups for their efforts and noted there are a lot of great ideas offered. The work sheets from each breakout group were collected. A summary of all working group suggestions will be compiled and folded into the Program Evaluation Working Group reports and brought back to MSEC.

### 13. M3 OSCE Review

Dr. Abercrombie presented a review of the **M3 Objective Structured Clinical Examination (OSCE)** to MSEC including: a definition of each of the OSCE components, the purpose of the OSCE, its objectives, what students will see and can expect to participate in, student grading components and terminology use Integrated Clinical Encounter – (ICE) and Communication & Interpersonal Skills – (CIS), and student grade comparisons (2013-2015). The OSCE is given the first week of the third (3<sup>rd</sup>) year, prior to students beginning their clerkships. Common areas of struggle for the students include: problem focused interviews (review of systems and physical exam technique), justifying differentials, and management plans (medical terminology). The students are not held back from entering their clerkships based on their OSCE performance, but they are given remediation options to complete over the third (3<sup>rd</sup>) year with continued contact between the student and Dr. Abercrombie. Remediation is learner dependent and tailored to the individual student's needs. Options can include: clinical and simulated opportunities; a remediation OSCE, the Family Medicine Clerkship OSCE, and a Step 2 CS format exam.

### 14. MSEC Activities/Action Report for 2014-2015 & 2015-2016

Dr. McGowen reviewed the past academic year (2014-2015) and current academic year (2015-2016) MSEC Activities/Action reports that are maintained for all MSEC discussion where action is identified. Each item is followed to determine whether it is completed or requires follow-up/reporting in subsequent MSEC meetings. The tracking provides assurance that MSEC identified action is completed or brought back to MSEC for follow-up.

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

Dr. Monaco identified there is a problem in the small auditorium with the workstation. Programs will “freeze” and require a re-boot of the workstation each time before they work properly. ETSU's Information Technology Services (ITS) is aware of the problem and has been in contact with COM staff, Kevin Vines, in an effort to correct.

The meeting adjourned at 5:46 p.m.

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### MSEC Meeting Documents

1. Approval of [December 15, 2015 minutes](#)
2. [LCME Elements 7.6 & 7.7 PowerPoint](#)
3. [Curriculum Review Subcommittee: QI/Patient Safety report](#)
4. [M4 Away Selective Credit Proposal PowerPoint](#)
5. [2014-2015 Senior Electives Summary report](#)
6. [Rural Programs Ambulatory Pediatric Selective/Elective](#)
7. [Societal Issues Breakout Session Instructions](#)  
[Societal Issues Reference](#)  
[Societal Issues Reference](#)
8. [Administrative Review report – Human Gross Anatomy](#)  
[Administrative Review report - Immunology](#)
9. M1/M2 Review Subcommittee: [14-15-C Case Oriented Learning course report](#)
10. M3/M4 Review Subcommittee: [14-15-C Family Medicine Clerkship report](#)  
M3/M4 Review Subcommittee: [14-15-A OB-Gyn Clerkship report plus 6-month follow up report](#)

## MSEC Approval February 16, 2016

M3/M4 Review Subcommittee: [14-15-A Specialty Clerkship report](#)

M3/M4 Review Subcommittee: [14-15-C Transition to Clinical Clerkship with post summary report](#)

M3/M4 Review Subcommittee: [14-15-A Internal Medicine Clerkship report plus 6-month follow up report](#)

12. [Program Objectives Breakout Session Instructions](#)

[Program Objectives Worksheets](#)

13. [M3 OSCE Review PowerPoint](#)

14. [MSEC Activities/Action Report 2014-2015](#)

[MSEC Activities/Action Report 2015-2016](#)

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### Upcoming MSEC Meetings

Tuesday, February 16, 2016 – 3:30-6:00 PM

Tuesday, March 15, 2016 – 3:30-6:00 PM

Tuesday, April 19, 2016 – 3:30-6:00 PM

Tuesday, May 17, 2016 – 3:30-6:00 PM

Tuesday, June 14, 2016 – MSEC Retreat & Annual Meeting – 11:30 AM – 6:00 PM

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### TIME LINE: Program Evaluation to LCME Visit

*2015-16* Review of the entire medical education program

*2016-17* Implementations of identified curricular changes

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

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

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