



**QUILLEN**  
**COLLEGE of MEDICINE**

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, July 21, 2020, via Zoom meeting.

<b><u>Faculty Members</u></b>	<b><u>Ex Officio Non-Voting Member</u></b>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	<b><u>Academic Affairs Staff</u></b>
Thomas Ecay, PhD	Mariela McCandless, MPH
Russell Hayman, PhD	Skylar Moore, HCMC, BSPH
Jon Jones, MD	Dakotah Phillips, BSPH
Paul Monaco, PhD	Aneida Skeens, BSIS, CAP-OM
Jason Moore, MD	
Jessica Murphy, MD	<b><u>Subcommittee Chairs</u></b>
Mitch Robinson, PhD	Robert Acuff, PhD
Antonio Rusinol, PhD	
Robert Schoborg, PhD	<b><u>Guests</u></b>
	Lorena Burton
<b><u>Student Members</u></b>	Cathy Peeples
Sarah Allen Ray, M3	Bill Block, MD, COM Dean
	David Taylor, M4
<b><u>Ex Officio Voting Members</u></b>	James Denham, MD
Joe Florence, MD	Jerald Mullersman, MD
Tom Kwasigroch, PhD	Leon Dumas, MMED
Theresa Lura, MD	Tory Street, EdD

**Meeting Minutes**

**1. Approve: Minutes from the July 7, 2020 Meeting.**

Dr. Click opened the meeting at 3:34 p.m. and asked for comments/updates to the July 7, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

**Dr. Schoborg made a motion to accept the July 7, 2020 minutes as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the minutes.**

*The MSEC minutes for the July 7, 2020 meeting were shared with MSEC Members via Microsoft Teams document storage.*

#### **Announcements:**

- Faculty book club - Fall book club date and book:
  - *Make It Stick* by Peter Brown, Henry Roediger, and Mark McDaniel, September 9 at 3:00 pm. Dr. Johnson still has copies of the book for those who are interested or they can be picked up in Academic Affairs. The book can also be mailed upon request.
- Faculty Development sessions– “Writing Effective Letters of Recommendation” led by Dr. Ken Olive and Dr. Diana Hayman on August 12, 2020. An email with the Zoom link invitation will be sent soon. A Curricular Mapping Workshop, led by Dr. Ramsey McGowen and Dr. Ivy Click, is tentatively scheduled for August 26. There will be more information to follow via email to confirm the date and time.
- Dr. Click announced that a folder on Microsoft Teams has been created to host previous and current MSEC documents not tied to a specific person. This folder can be accessed through Microsoft Teams, which is part of Office 365, as well as through the “shared libraries” in Microsoft OneDrive.

#### **2. Update/Approve: Amendment to 2019 Annual Meeting Minutes**

Dr. Click thanked Dr. McGowen for going over previous MSEC minutes in order to extract pertinent information for the December 2020 report to LCME. Dr. McGowen noted that in the minutes from the June 2019 annual meeting, there were not sufficient details regarding the nature of the discussions that occurred regarding the breakout sessions. Therefore, an amendment was made to the minutes from that meeting to reflect more accurately the actual discussions that occurred.

**Dr. Abercrombie made a motion to accept the amended June 2019 annual minutes as presented. Dr. Moore seconded the motion. MSEC discussed and approved the motion.**

#### **3. Approve: Elective**

- Neuraxial Blocks and the Pharmacology of Local Anesthetic

Dr. Dumas explained this elective is the second part of the Anesthesia Applied Anatomy elective previously approved by MSEC on April 21, 2020. This elective contains more information on nerve blocks as well as epidural and spinal anesthesia. It contains all the local anesthetic drugs as it extends on pharmacology information. Dr. Schoborg added that Dr. Hagg had offered the services of the Pharmacology faculty. Dr. Abercrombie also added that Dr. Ferslew had contributed in this course and needs to be added as faculty. Dr. Dumas agreed and will amend the course description to add Dr. Ferslew. Dr. Olive ask Dr. Dumas to clarify that students will indeed spend approximately 35 hours per week and Dr. Dumas confirmed that yes, the students will spend approximately 35 hours in this elective. Dr. Abercrombie added that Dr. Dumas has been very diligent in using D2L and all its functions to create an effective course for the students. Dr. Moore asked if the students would be working on patients or cadaver models. Dr. Dumas asserted that it would be done online through a large number of video materials. All

the assessments for the procedure will be done online where the student will demonstrate how to effectively work through the procedure.

**Dr. Moore made a motion to approve the elective as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.**

#### **4. Report: Survey Results:**

Dr. Click explained that the LCME survey results to be presented in this meeting had been shared previously with the course directors for their review. Some of the results were unexpected given that they differed significantly from end of course evaluations. Dr. Block went on to comment that while the results might have been tainted by the COVID-19 experience and other factors, nonetheless the results indicate significant issues. The original ISA results from April 2018 were not influenced by COVID-19.

Dr. Block expressed concern about the Year 2 Questionnaire. The section on educational environment on the Y2 Questionnaire showed that 59.7% of students answered the question “my medical school did a good job of fostering and nurturing my development as a person.” For a school that professes to have a community of Quillen family, he pointed out, this didn’t line up and the school was missing the mark. Dr. Block also referred to the answers to the question “if you could revisit your career choice, would you choose to attend medical school again,” and 74.3% of the students answered yes or probably yes meaning significantly less than the 10<sup>th</sup> percentile indicating the bottom 8-10 schools in the country. He said, it is a call by the students and what LCME has asked us to address on what we are doing to and for our students and what we are doing as faculty. Dr. Block agrees everyone is working hard, but we may be running in the wrong direction. We need to continue to do independent analysis surveys and work with the Curriculum Transformation Steering Committee to get a better sense on fixing these numbers and getting back at really being a Quillen family.

- Y2 Questionnaire

Dr. Olive proceeded to present information from the AAMC Year 2 Questionnaire that was administered from October through January. Dr. Olive highlighted the question on overall satisfaction with my medical education as the students responded agree/strongly agree with a 79% (30<sup>th</sup> percentile). Dr. Olive discussed other survey questions related to experiences with faculty, mistreatment, learning environment/student development, and hours per day on educational experiences, and more. The learning environment was not as positive as we perceived it to be previously with higher levels of student burnout. Faculty commented on the difficulty of improving experiences with faculty when students don’t come to class. Sarah Allen Ray, M2 asserted dissatisfaction to be more related to the curriculum than with faculty or from relationships. Sarah Allen also said she was very pleased Quillen was looking at making improvements in the curriculum which should, in turn, improve the trends. Dr. Block commented on curriculum attendance saying that if curriculum improves, students’ attendance will also improve. Dr. Olive expanded on Sarah Allen’s comment regarding that the survey came at a bad time of the year when the second-

year students' morale was very low, but also this survey goes nationally to all students at the same time.

- Retrospective Surveys

Dr. Olive explained how the retrospective report is done at the end of the first year for first year students to reflect on their M1 year, the second year for the M2 students to reflect on their second year, and so on for the third year. The fourth year is not included as the M4s participate in the Graduation Questionnaire that occurs during the Keystone course. The Retrospective Questionnaire addressed questions on overall satisfaction with the first, second, and third year and overall satisfaction with sequencing, integration, and general organization with the first three years of the curriculum. Some of these questions, such as satisfaction with quality of teaching, were added this year. The 2019-2020 portion of the survey, class of 2022 shows a 73% student satisfaction which means a 27% dissatisfaction rate. Also, second year students were 51% very dissatisfied/dissatisfied with sequencing and integration. Satisfaction with general organization within the curricular year was 93% in the third year, 61% in the second year, and 93% for first year. The scale in this survey was changed to a four-point scale to better align with the ISA and what will be reported to LCME. Dr. Olive discussed the narrative comments of the Retrospective Report.

- LCME Survey

Dr. Click proceeded to present the LCME Survey results. She mentioned all the course directors had seen their individual results and now the data was going to be presented in its original format. She explained LCME had specifically asked for Quillen to re-survey students using the percentage of dissatisfaction with general course organization, percentage of dissatisfaction with quality of teaching, and percentage of dissatisfaction with overall course quality for courses in years one and two of the curriculum. Dr. Click also went over coordination and integration of content in the first and second years of the curriculum, satisfaction with responsiveness to feedback, and career counseling and academic counseling. There were nine courses that were at or above 15% dissatisfaction with one or all three questions. The 15% metric was selected as this seemed to be used by LCME the most during their visit. While some courses such as Doctoring I, Genetics, Physiology and others have made improvements, there are more changes to be made. Dr. Kwasigroch commented on the difficulty of narrowing student dissatisfaction or where exactly the issues are. Dr. Click suggested that a conversation with students could help to uncover where the detailed issues are that are creating dissatisfaction with the curriculum. Dr. Click noted that student satisfaction had improved in the areas of responsiveness to student feedback, career counseling, and academic counseling.

At the conclusion of the extensive discussions regarding these reports, the lack of student satisfaction with coordination and integration in the pre-clerkship year was noted. Students were given an opportunity to express their concerns about the curriculum as well as course directors and members at large of MSEC. There was a strong consensus that the curriculum transformation process needs to aggressively

address this issue. Dr. Click noted that coordination and integration was a primary goal for the Curriculum Transformation Steering Committee.

## 5. Course Reviews: 2019-2020 M1/M2 Courses

- **M1 - Cell & Tissue Biology**

Dr. Acuff presented the Cell & Tissue Biology administrative review report. Dr. Schoborg was the reviewer for this report. The reviewers recommended incorporating Histology in Pathology as the curricular review process continues. All but two students passed the course and one received an incomplete grade. There was no NBME exam due to the COVID-19 stay in place orders but in the past, the students have performed well on the NBME exam. The students scored 66% at or above the national mean and only around 3% below the 10<sup>th</sup> percentile.

Regarding strengths, students were pleased with the integration between CTB and physiology, podcasts, slide presentations, and faculty providing quick feedback. Weaknesses noted request for a guide to resources on which materials are to be covered on exams. Also, other issues noted were image quality on ExamSoft exams and lack of feedback on how the students were doing.

The course has experienced a decrease in student satisfaction going from 4.38 in 2018 to 3.8 in 2020.

Dr. Acuff allowed Dr. Monaco to express comments. Dr. Monaco was surprised to hear students wanted notes regarding materials to be covered in the exam. He also noted there is nothing that can be done regarding the quality of images on the ExamSoft exams. Dr. Monaco believes integrating the Histology course with Pathology to be a good thing. Finally, before classes were suspended due to COVID, the class attendance was approximately five students. Dr. Schoborg added that the student evaluations were polarized in both directions such as some students liked the resources, and some disliked the resources and the faculty received very high evaluations.

Dr. Click requested Dr. Schoborg include in the report the numerical range of faculty evaluations to reflect that it is higher than course evaluations. It was also requested to include that Dr. Monaco (with assistance from Dr. McGowen) had updated the course objectives to accurately reflect the Institutional Educational Objectives (IEOs) in the course.

The course director will address changes to the course in the Course Quality Improvement plan.

**Dr. Florence made a motion to accept the updated CTB report. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.**

- M2 - Pathology

Dr. Acuff presented the Pathology administrative review report. Dr. Kruppa and Sarah King, M3 student were the reviewers for this report. The course objectives are mapped to the IEOs and to the session level. Dr. Brown is now using ExamSoft, which had been a previous MSEC request. Dr. Brown upgraded the grading policy in his course to reflect Quillen's grading policy as it was requested. Previous student concerns have all been addressed and are no longer an issue. No NBME exam was given this year due to COVID-19. The students commented that Dr. Brown was responsive to student concerns in the changes he made to the course this year. Dr. Acuff restated that while students say there is no pathophysiology as part of the course, a previous content review has shown that pathophysiology is taught in the Pathology course.

Dr. Acuff noted a conflict between the high student satisfaction with the class, as it was selected the course of the year, and the high level of dissatisfaction in the LCME surveys that were presented earlier in this meeting.

The reviewers suggested splitting up the exam for Cardio, Pulm, and Renal to a Cardio exam and a Pulm & Renal exam, but that has been left to the course director to consider. The overall evaluation of the course for this year was 4.07 /5.0. The overall evaluation of faculty was Dr. Brown 4.38 and Dr. Schweitzer 3.83. These remain about the same as previous years.

It has been suggested that there be more cohesion within the curriculum with Clinical Pathology. Students often bring this forward and the reviewers point it out. This is something that needs to be brought forward at the Course Directors' meeting.

Dr. Hayman discussed a recent meeting of the course directors where there was a good discussion regarding better organization and integration within and across courses. Most courses in the second year have made changes to this effect and while there might be more changes that need to occur, there is an ongoing effort to do so. Other faculty commented on the various changes that have already been made to improve organization, sequencing, and integration within and among courses. It was noted that no integration has occurred among course exams.

The course director will address changes to the course in the Course Quality Improvement plan.

**Dr. Jones and Dr. Moore made a motion to accept the report as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.**

- **M1 – Rural Health Research**

Dr. Acuff presented the Rural Health Research and Practice administrative review report. Dr. Acuff and Merkle Moore, M3 student, were the reviewers for this report. There have been many changes made to improve the course such as the mapping of the objectives to the session level and the D2L site. The course is a pass/fail course and all the students have passed the course. The course evaluation by students is improving. Faculty received evaluations ranging from 3.89 -to 5.0/5.0. The course received a 3.73/5.0 and it has shown steady improvement over the last three years. It was noted that only 15 students evaluate this course, as it's part of the Rural Primary Care Track curriculum.

Faculty were noted to be part of the strength for the course. It is a course that was taught well, and it has improved throughout the year.

The only weakness noted was that sometimes the assignment and due dates were not consistent with the course schedule.

Dr. Click explained that some small group faculty facilitators are sometimes more flexible with due dates and these comments may be a reflection of that. It's hoped that more faculty development will help address this issue. Sometimes issues in the community require rescheduling of activities and changing of due dates, which are beyond the control of the faculty. Dr. Click will be stepping down as the co-director of this course and Dr. Schetzina will take over as Course Director. Dr. Abbey Mann will added as faculty the course.

**Dr. Monaco made a motion to accept the Rural Health Research report as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.**

## **6. Report: Outcomes Subcommittee Report**

The Outcomes Subcommittee reviewed outcomes currently in place to determine if utilization of course-specific benchmarks were evaluating the overall curriculum and if so, which phase of the curriculum did this evaluate; and if not, were there changes that could be made to better utilize the data obtained to include a phased curriculum evaluation. It was determined that modification of how the data were viewed would allow for a phased curriculum evaluation and the curriculum was grouped into two phases – Phase One being the pre-clerkship years and Phase Two being the clinical years. There were also benchmarks

that pertained to the overall curriculum, the mission of the institution, and professional development and wellness for the students. These were grouped together as well.

The majority of modifications came from looking at individual course shelf exams or individual course items differently and using averages or percentages in order to evaluate the entire year and then group it into the phases. A few benchmarks were recommended to be sent to the M1-M2 Review Subcommittee or the M3-M4 Review Subcommittee for maintaining regular assessments as they do not pertain to the curriculum as a whole but do pertain to individual courses. Areas of the benchmarks that had national data for comparison were included in the suggested changes and other benchmarks were suggested to use a five-year rolling average to offset an aberrant year. It was felt that looking at trends would be a more accurate reflection of the success of the curriculum.

Dr. Hayman asked if the particular language of the committee charge was to evaluate individual courses instead of the curriculum as a whole and suggested that the charge of the committee may need to be changed. Dr. Click agreed that the committee's charge should be more specific as it currently states the committee's charge is to make recommendations for benchmarks for the curriculum, but the policy states that the role of the Outcomes Subcommittee is to "make recommendations for benchmarks for the IEOs," which is more specific than the curriculum. Dr. Click felt that the charges should be consistent with the policy and perhaps the charges of the M1-M2 and M3-M4 Review Subcommittees should be reviewed as well. This will be discussed with the subcommittee chairs in the near future.

The LCME report noted that individual course data was being reviewed; however, evaluation of courses as a whole was lacking other than having a five-year cycle, which does not show the effectiveness of the program. It was also questioned whether MSEC had the data necessary to make decisions about the curriculum. The benchmarks were changed to address this concern.

Dr. Denham asked if there were any questions. Dr. Jones shared his assessment that the five-year average was being used to avoid being held to a benchmark that may or may not be met on a yearly basis, but would still be reflective of the program for MSEC and other review committees to address in the event of a bad year. Dr. Click stated that the five-year average, or rolling average, would reflect true trends and not a "one up, one down" view of the benchmarks to avoid taking a wait and see attitude for changes in the next year. Dr. Olive commented that he did not want anyone to have the impression that this was being done to cover up bad data. LCME expressed concerns that we were focused at a course specific level instead of larger trends, and the Outcomes Subcommittee was trying to align with the LCME expectations of Element 8.4. He also agreed with Dr. Jones that although the five-year trend may not drop below the threshold, if a course was determined to have a bad performance, it would not be ignored and would be sent to the appropriate review subcommittee.

Dr. Click noted that this may come back to a charge issue, using the example that a course with a satisfaction rating below 3.5 would be targeted for an in-depth review by the appropriate subcommittee. The M1-M2 or M3-M4 Review Subcommittees would still review the individual course, but the Outcomes Subcommittee would instead be reviewing



the year as a whole. This would also avoid having partially met outcomes such as clerkships where some courses met the benchmark, but others didn't, leaving an unclear meaning and uncertainty of the actions needed.

It was also pointed out that some pending updates would be determined by a new data source. We will be participating in a pilot program where AAMC will be surveying the Residency Program Directors instead of using in-house surveys as we have done in the past. There may be some rewording required depending on the questions asked. A benchmark was also added to include underserved areas to align with the mission of the University. Benchmark 6B was amended to remove OB as primary care because the AAMC definition does not include OB and this should be comparable to national benchmarks. Quillen may choose to report OB to the state as primary care, this is just a curriculum benchmark change. The benchmark will be to meet the primary care mission as a whole instead of saying the benchmark was partially met because one specialty met national Match data, but another specialty did not. Dr. Hayman was unsure if using a benchmark for how many students would match to a particular specialty was appropriate; however, Dr. Denham pointed out that focusing on rural medicine and primary care was a mission of Quillen and if that benchmark was not being met, we need to figure out why.

**Dr. Abercrombie made a motion to approve the changes in benchmarks to reflect evaluation of the phases and program as a whole as presented by the Outcomes Subcommittee. Dr. Moore seconded the motion. MSEC discussed and approved the motion by majority vote.**

## **7. Follow Up/Update: Annual Meeting Items / Curriculum Transformation Steering Committee**

Dr. Click gave a brief report on the Curriculum Transformation Steering Committee. The guiding principles that were discussed in the small groups at the Annual Course and Clerkship Directors' meeting were taken back to the committee to look at and evaluate. Also, the committee sent out a survey about the Guiding Principles to all faculty and students, and there were 98 total responses (40 faculty and 58 students).

Survey questions included how much the vision aligned with your expectations of our graduates. 79.3% responded it aligned exactly. Another question asked how much the guiding principles align with your own ideas about the future curriculum and 72.4% responded that it aligned exactly. From that, there were 13 comments from faculty and 6 comments from students about the vision. There were 11 faculty comments and 10 student comments about the guiding principles.

The committee will now take the comments from the annual meeting and the ones from the survey and make recommended changes. They may make them shorter and add other elements suggested by various people. This will allow for a better, more concise set of guiding principles and one that will include more explanations. Dr. Click added that the committee is working on a website where it will house all the information containing the shorter version of the guiding principles and the longer one giving more explanation. The

committee is also evaluating other schools' curricula and meeting with their leadership. These include schools of medicine at Eastern Carolina University, University of North Carolina, Wright State University, and Marshall University. The Curriculum Transformation Steering Committee is meeting with their school representatives to ask a standard set of questions about their curriculum and about transformation and how they have implemented changes. These data across schools should be helpful to understand what went well and what didn't. The committee has started a "good idea" list of things the committee believes will work well with our school's mission and size. Meetings have occurred nearly every Friday since June. The goal is to have a framework and timeline brought to MSEC for a new curriculum by November, so it is reflected in the report to LCME in December.

#### **8. Report: Curriculum Content Summary – MSEC prioritizing List**

Dr. Click sent out a survey to everyone with the curriculum content report topics where we asked everyone to rate their top five. Cathy Peeples provided a report of votes and how each topic was ranked. Critical thinking and problem-solving skills were at the top of the list. Other topics ranked at the top of the list were disability and chronic illnesses, informed consent, imaging modalities, emergency medicine, health policy, practice management and physical exam skills.

This list of topics will make it easier for members to identify content for future review. This list came from a combination of the annual meeting last year and the Working Group One on the review of the curriculum. These can be reviewed and presented once a month. Two content reports have been prepared but not yet presented: neurology and urology. These are topics identified for review, so anyone who wants to present, may use this list.

#### **9. Discussion/Approve: Fair and Timely Summative Assessment Policy – Revision to Current Policy**

It was discussed in a previous meeting that the LCME requirement for fair and timely summative assessment is six weeks, but the Quillen policy states it is 21 days. LCME said if the policy stated 21 days but six weeks was being allowed then the policy was not being met. It was recommended at the prior MSEC meeting that the policy be amended to be consistent with the LCME six-week time period. The policy has been revised and is now being brought back for a vote. Clerkship composite assessment grades will be due six weeks after the end of the clerkship period. Individual faculty assessments should be submitted in two weeks as they must be submitted before the composite assessment is submitted by the clerkship director. Clerkship directors will be reminded to complete assessments at three weeks after the conclusion of the clerkship, but the new policy will be that assessments are due six weeks from the conclusion of the clerkship. The department chair for any clerkship that fails to meet the six-week deadline should meet with the clerkship director and departmental faculty responsible for completing the assessment forms. This meeting should result in a plan to assure future assessments are reported within the required six weeks. This plan should be reported on the clerkship director's self-study and the plan's

effectiveness should be monitored by the clerkship director and the M3-M4 Review Subcommittee.

**Dr. Lura made a motion to accept the amendment to the Fair and Timely Summative Assessment policy as presented. Dr. Moore seconded the motion. MSEC discussed and approved the motion.**

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### MSEC Meeting Documents

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

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

### MSEC Meeting Dates 2020-2021: \* NOT the 3<sup>rd</sup> Tuesday of the month

August 4 – 3:30 – 5:30 pm – Zoom meeting  
August 18 – 3:30-6:00 pm – Zoom meeting  
September 1 – 3:30 – 5:30 pm – Zoom meeting  
September 15 – 3:30-6:00 pm – Zoom meeting  
October 6 – 3:30 – 5:30 pm – Zoom meeting  
October 20 – **Retreat** – 11:30 am-5:00 pm - Zoom meeting  
November 3 – 3:30 – 5:30 pm – Zoom meeting  
November 17 – 3:30-6:00 pm\* - Zoom meeting  
December 15 – 3:30-6:00 pm - Zoom meeting  
January 19, 2021 **Retreat** – 11:30 am-5:00 pm - TBD  
February 16 – 3:30-6:00 pm - TBD  
March 16 – 3:30-6:00 pm - TBD  
April 20 – 3:30-6:00 pm - TBD  
May 18 – 3:30-6:00 pm - TBD  
June 15 – **Retreat** 11:30 am-3:00 pm – TBD  
June 15 - **Annual Meeting** - 3:30-5:00 pm – Lg. Auditorium