



QUILLEN  
COLLEGE of MEDICINE  
EAST TENNESSEE STATE UNIVERSITY

## Medical Student Education Committee

**Minutes: May 15, 2018**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, May 15, 2018 in Classroom C-002 of Stanton-Gerber Hall.

### Attendance

#### Voting Members

Ramsey McGowen, PhD, Chair  
Martha Bird, MD  
Russell Brown, PhD  
Thomas Ecay, PhD  
Steven Geraci, MD  
Russell Hayman, PhD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Rob Schoborg, PhD

#### Ex Officio Voting Members

Theresa Lura, MD  
Rachel Walden, MLIS

#### Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

#### Non-Voting Members & Guests

Robert Acuff, PhD  
John B. Schweitzer, MD

#### Academic Affairs Staff

Lorena Burton  
Mariela McCandless, MPH  
Cathy Peeples, MPH

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Shading denotes or references MSEC Concurrence and/or Action Items

### 1. Action: Approve Minutes from April 17, 2018 & Announcements

Dr. McGowen opened the meeting at 3:31 pm. The April 17, 2018 minutes were presented with no changes identified by MSEC.

Dr. Schoborg made a motion to accept the April 17, 2018 minutes as presented. Dr. Bird seconded the motion. MSEC voted to accept the April 17, 2018 minutes with Dr. Johnson abstaining from vote.

The following announcements were made:

- The June 12, 2018, is a Retreat meeting for MSEC with lunch beginning at 11:30 a.m. in C003. The MSEC Annual Meeting will follow, beginning at 3:30 pm in the large auditorium. Our guest speaker will be Dr. Bobby Miller, Vice Dean for Medical Student Education at Joan C. Edwards School of Medicine, Marshall University. Dr. Miller's presentation will be considered a Faculty Development session and thus additional College of Medicine faculty have been invited to participate.
- Faculty Development sessions are recorded and made available on the College of Medicine's Faculty Development Webpage.
- The Program Director and PGY-1 Resident surveys have been sent to recipients. Results from the surveys will be presented in a future MSEC meeting.

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- The LCME site visit will occur on October 27-October 30, 2019.

*The April 17, 2018 minutes are shared with MSEC members via a One Drive document storage option.*

**The agenda was rearranged to allow presentation of item #12, Biostatistics-Epidemiology-Evidence Based Medicine Thread Report by Dr. John Schweitzer, Chair.**

### **12. Report/Update: Curriculum Integration Subcommittee: Biostatistics/Epidemiology/Evidence-Based Medicine Thread** – presented by Dr. Schweitzer, Chair

The Biostatistics/Epidemiology/Evidence-Based Medicine Thread was previously reviewed in March 2015. Dr. Schweitzer offered references to include the USMLE Content Outline and the 2016-2017 course syllabus for the MEDU 1312 Biostatistics-EPID-EBM course, where 24 contact hours were identified for the thread. Dr. Schweitzer noted that with the 2018-2019 name change for this course to Clinical Epidemiology & Biostatistics, that none of the statistical content has been removed, but has rather enhanced its delivery to be more clinically related with a new textbook being used in the course.

The report listed courses and clerkships with relevant content, totaling approximately forty (40) contact hours in the first three (3) years of the curriculum. MSEC attendees identified additional thread content and/or methods of assessment in the Family Medicine clerkship, OB/Gyn clerkship, Microbiology course, Immunology lab content, and the 2017-2018 Biostatistics/EPID/EBM course. Dr. Schweitzer asked that they email their updates to him and he will add to the report and return an updated copy to Administration for the MSEC meeting files.

There does not appear to be anything that is uniformly delivered in the fourth (4<sup>th</sup>) year of the curriculum. The foundational course (Biostatistics/EPID/EBM) in the first (1<sup>st</sup>) year is very good. The additional Epidemiology content in the second (2<sup>nd</sup>) year Practice of Medicine course and the third (3<sup>rd</sup>) year clerkships is very good and fits well with our institutional mission. There are repetitions of evidence-based medicine principles in some of the clerkship didactics. A key objective of the thread is to create life-long learners by utilizing evidence-based medicine and increasing the repetition of evidence-based medicine principles in the second (2<sup>nd</sup>), third (3<sup>rd</sup>), and fourth (4<sup>th</sup>) years.

The following recommendations were made:

- Incorporate Evidence-Based Medicine in the Doctoring I and II courses as possible.
- Clerkships (where possible and feasible) add a didactic session that incorporates a topic that benefits from a use of Evidence-Based Medicine principles.
- With development of the Doctoring III course, and possible small group sessions, devise a means for students to review Evidence-Based Medicine practices in the sessions (Journal Clubs, etc.).

Dr. Schweitzer stated that the subcommittee reviewed the summary report and while they made a few recommendations, found no significant gaps in the curriculum covering the Biostatistics/Epidemiology/Evidence-Based Medicine Thread.

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MSEC accepted the report as presented with recommendations.

*The Biostatistics-EPID-EBM Thread Report is shared with MSEC members via a One Drive document storage option.*

**The agenda returned to its planned order of delivery.**

**2. Report: M3M4 Review Subcommittee reports** - all reports were presented by Dr. Olive in Dr. Wood's absence.

**Surgery Clerkship:** The Surgery Clerkship is directed by Dr. Tiffany Lasky. The subcommittee reviewed the current and past year self-study, and the report presented in 2016-2017 as well as the student evaluations of the clerkship for the last half of the 2016-2017 academic year. The clerkship has mapped its objectives with the Institutional Educational Objectives (IEOs) / Entrustable Professional Activities (EPAs) and have them clearly identified in the clerkship syllabus. The clerkship's Transitional Year (2018-2019) plans were also reviewed with no concerns. The clerkship's instructional and assessment methods are appropriate. The clerkship has 85% of its patient experiences identified as inpatient and 15% as ambulatory.

Educational outcomes include: no failures of the clerkship, though one (1) student received an incomplete. The NBME mean was 71.2 (National NBME mean of 73.6) with 67.44% of the students scoring at or above the national NBME mean and 6.98% scoring below the 10<sup>th</sup> percentile.

The 2016-2017 review subcommittee report included two short-term recommendations 1) to consolidate didactic lectures and 2) specify objectives/topics for the quizzes that would allow students to focus their studies and test their knowledge. The students continue to comment on the number of didactic lectures and the content of the mid-term exam not reflecting content from completed WISE MD modules.

- A short-term recommendation is made to the clerkship director to have the clerkship continue to modify didactic lectures as presenter schedules permit to maximize clinical continuity.
- There are no long-term recommendations.

In summary, students continue to rate the clerkship favorably with many students commenting that the attending physicians and residents have served as positive role models and have helped shape their future careers.

MSEC voted to accept the Surgery Clerkship Annual Review as presented with Dr. Hayman abstaining from vote.

**Psychiatry Clerkship:** The Psychiatry Clerkship is directed by Dr. Martha Bird (previously by Dr. Rushiraj Laiwala). The subcommittee reviewed the current and past year self-study and the report presented in 2016-2017 as well as the student evaluations of the clerkship for the last half of the 2016-2017 academic year. The clerkship has mapped its objectives with the Institutional Educational Objectives (IEOs) and are clearly identified in the clerkship syllabus.

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The clerkship's Transitional Year (2018-2019) plans were also reviewed and reflect minimal changes.

The clerkship provides experience in various fields within psychiatry but continues to have challenges in providing outpatient exposure and opportunities for students in psychotherapy experiences. Efforts are made to introduce psychotherapy through course didactics. Students noted improvement in reducing passive observation and more direct opportunities to learn, though there are multiple learners at times, which students have identified as a weakness and the clerkship director is now limiting the number of students going to the units where other LMU students are also rotating. The child and adolescent psychiatry experience continues in the Willow Unit and the construction on the Spruce Unit is now complete and does not interfere with learning this year.

Educational outcomes include: no failures of the clerkship, though one (1) student received an incomplete, but is expected to complete the clerkship soon; NBME mean was 0.8 points above the nation NBME mean; this year's NBME annual report showing improvement in the subject content "Mechanisms of Disease" from the previous year's annual report; and performance on the NBME in the Pharmacotherapy subject area exceeded the national mean. The average numeric score for the clerkship was 89.77.

There are no specific short-term or long-term recommendations for the Psychiatry clerkship.

In summary, students are performing well and are benefitting from a well-managed clerkship with clinical variety and exceptional instruction. The clerkship director is encouraged to continue exploring clinical partnerships so that the students will continue to receive training in outpatient psychiatry.

Dr. Bird noted that there have been faculty that recently left the outpatient clinic experience which makes it difficult to offer the rotation within the clerkship on a regular basis. In review of other Psychiatry clerkships, the outpatient experience is not a rotation regularly offered. Dr. Bird is reviewing the rotations offered within the COM Psychiatry clerkship to ensure that all students are receiving meaningful experiences. She has begun lunch and learn didactic sessions covering psychotherapy as a meaningful intervention.

MSEC discussed the memorandum of understanding between ETSU and Ballad Health and the fact that Lincoln Memorial University has a like understanding. Students from both colleges may be found on the Psychiatry and Surgery clerkship rotations and assurance that ETSU/COM students will have first priority with patient experiences cannot be guaranteed through this process. However, clerkship directors can use student placement decisions to assure students rotate in locations where appropriate learning opportunities and faculty involvement occur.

MSEC voted to accept the Psychiatry Clerkship Annual Review as presented with Dr. Bird abstaining from vote.

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**OB/Gyn Clerkship:** The Ob-Gyn clerkship is directed by Dr. Mark Ransom. The subcommittee reviewed the current and past year self-study and the report presented in 2016-2017 as well as the student evaluations of the clerkship from the last half of the 2016-2017 academic year. The clerkship has mapped its objectives with the Institutional Educational Objectives (IEOs) and as stated in the clerkship syllabus.

The clerkship's Transitional Year (2018-2019) plans were also reviewed and reflect changes and the combining of specialty clinics as well as discussion about implementing weekly quizzes using the UWISE question bank to ensure students are learning from relevant sources with the most current practice guidelines.

Educational outcomes include: all students passed the clerkship and an NBME mean score of 76.6, (National mean of 78.3) with 58% of the students scoring at or above the national mean and 4% scoring at or below the 10<sup>th</sup> percentile. The average numeric score for the clerkship was 91.84.

- Short-term recommendations were directed to the course director and included that the continued encouragement of student participation and engagement on the inpatient service continue to be addressed.
- There were no long-term recommendations for the OB/Gyn clerkship.

In summary, students felt attending rounds in the hospital and ambulatory activities contributed to effective learning. Students continue to be impressed with the attending physicians on this rotation. Students enjoy a wide variety of clinical experiences on this clerkship. Strides continue to be made to increase student engagement and responsibility in the inpatient setting. The clerkship director, with assistance from attending physicians and residents, helped create a written guideline of expectations for inpatient services, as well as an outline of expected conduct and participation while on the inpatient service.

MSEC unanimously voted to accept the OB/Gyn Clerkship Annual Review as presented.

*All of the clerkship annual reviews are shared with MSEC members via a One Drive document storage option.*

### **3. Report: M1M2 Review Subcommittee – Lifespan Development course**

Lifespan Development Course AY 2016-2017 & 2017-2018: The Lifespan Development course is currently directed by Dr. Luis Isaza, MD. In AY 2016-2017 the course was taught by Dr. Steadman, PhD. The subcommittee reviewed the course syllabi, self-study, student evaluation of faculty, and the course objectives for both academic years. Course objectives are appropriate for the course and have been mapped to the Institutional Educational Objectives and are reflected in the course syllabi. The course moved from a spring delivery in 2016-2017 to a fall delivery in 2017-2018 as part of the curriculum changes approved for the M1 curriculum. The course is primarily delivered in an online format with a minimal amount of instructor-student classroom time.

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In 2016-2017 the students had concern about the excessive amount of preparatory work required for the online discussion sessions and online lectures and what seemed to be a “disconnect” with the course director and students. In 2017-2018, there was not the same concern reported by the students, though the delivery format of the course did not change. The 2017-2018 overall evaluation of the course was 4.01/5.00.

There are no short-term or long-term recommendations to MSEC.

The M1/M2 Review Subcommittee does recommend to the course director that he consider reduction of preparatory course work for online discussions as well as possibly increasing instructor-student contact time.

MSEC unanimously voted to accept the Lifespan Development Course Annual Review as presented.

*The Lifespan Development course annual review is shared with MSEC members via a One Drive document storage option.*

### **4. Report: Administrative Review – Human Sexuality I & II Workshops**

A review of the Human Sexuality I & II (HS I & HS II) Workshops was presented by Dr. Olive. A comparison of the two workshops delivered in 2017 and 2018 were reviewed. Both workshops were a full-day workshop in 2017, but in 2018 each moved to a half-day workshop with pre-course work of approximately 1 to 1 ½ hours.

- HS I Workshop received an overall student evaluation of 3.88/5.00.
- HS I OSCE received an overall student evaluation of 3.79/5.00.
- HS II Workshop received an overall student evaluation of 3.49/5.00.
- An OSCE is delivered one week later after the HS I Workshop.
- An online exam concludes the HS II Workshop.
- The focus of the HS I Workshop/OSCE are the Five P's: Partners, Practices, Protection from STD, Past History of STD, and Prevention of Pregnancy.
- The focus of the HS II Workshop/exam is the PLISSIT model: Permission, Limited information, Specific Suggestion, and Intensive Therapy.
- Students had positive comments overall about both workshops and appreciated the shortened format.
- A few student comments identified that the HS I Workshop should have more medical information and information about relevant disorders.
- A couple of comments in the HS II Workshop identified geriatric content as pre-course work but was not sufficiently covered and general healthcare issues for LGBT patients needed to be covered.

MSEC discussed student comments on the workshops and how best to react to personal student bias/opinions while teaching that a physician is expected to treat all patients equally and professionally. MSEC felt that the curriculum must continue to provide the human sexuality content and continue to actively look for instruction methods and mentoring techniques that will assist anyone with personal bias/opinions they may have towards patients.

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The overall recommendation from the administrative review is that the current format be retained for another year and monitor the evaluations after delivery of both workshops in 2019.

*(Dr. Olive did note that a possible conflict of interest may be identified as he is the Doctoring I course director and the HS I workshop is a component of the course. He will also be the Doctoring II course director which the HS II workshop will be a component of in 2018-2019.)*

MSEC unanimously voted to accept the Human Sexuality I & II Administrative Review as presented.

*The Human Sexuality I & II Administrative review is shared with MSEC members via a One Drive document storage option.*

### **5. Follow-Up IEOs: 3.10, 8.2, 8.3, 8.6, 8.7, & 8.8**

Dr. McGowen, provided an update on plans for increasing coverage in the curriculum of six (6) Institutional Educational Objectives (IEOs). Plans were developed for addressing these IEO's in the 2016 review of the curriculum as a whole. Incomplete action was identified in the on-going COM Quality Improvement process. Updates included that no further action is needed on plans for IEO 8.3 since further investigation determined an existing portfolio assignment addressed it. MSEC offered suggestions on IEO 8.6 where in simulated sessions, IGR activities, journal club activities, and course teaching activities, students are required to fulfill an identified leadership role in the activity. We would need to ensure that each student has an opportunity to participate in the leadership role of that activity. Dr. McGowen asked that all ideas be emailed to her for follow-up and MSEC discussion.

MSEC concurred with the planned action of each IEO with continued updates to be delivered to MSEC.

*The presented follow-up to IEOs is shared with MSEC members via a One Drive document storage option.*

### **6. Follow-Up/Action: M3 Attendance/Leave Policy MSEC 0316-13 and M4 Attendance/Leave Policy MSEC 0111-4**

Ms. Peebles reviewed the changes to each policy that included needs of immediate family as a reason for unanticipated absences. The language is similar in both policies and found in the previous MSEC approved M1/M2 Attendance/Leave Policy. The M3 Attendance/Leave Policy is identified with an exemption to the policy for the 2018-2019 academic year (transition year) that students will not be permitted to request time off for Step 2 exams. The M3 and M4 students are required to submit and receive approval by the clerkship and course directors before participating in Education Leave/Quillen Activity (official QCOM committee or Integrated Grand Rounds/Other Teaching Activity). Each policy contains a statement of *Consequences of Policy Violations* whereby a student may receive a Professionalism form, submitted by the clerkship/rotation director and/or the student will receive an incomplete for the clerkship/rotation.

Dr. Geraci made a motion to accept the M3 Attendance/Leave Policy MSEC 0316-13 and the M4 Attendance/Leave Policy MSEC 0111-4 as presented. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion.

*The M3 Attendance/Leave Policy and the M4 Attendance/Leave Policy are shared with MSEC members via a One Drive document storage option.*

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### **7. Follow-Up: 2018-2019 M1 and M2 Schedule Status**

Dr. Olive reviewed the 2018-2019 M1 schedule as it stands to date. The start and stop dates are set, as are the exam dates. Still to be finalized are the Integrated Grand Round (IGR) dates, which are being considered for either a Monday or Friday day of the week. Cellular and Molecular Medicine course topic coverage is pending. Once finalized, the M1 schedule will be placed on the COM webpage under Student Schedules.

The 2018-2019 M2 schedule is basically complete with course start and stop dates and exam dates. Once the IGR date is solidified, the schedule will be complete.

Dr. Olive noted that on the LCME site visits he has been on, there is an expectation that student schedules will identify student self-directed study time. These are blocks of time in increments of 2, 3, 4, or 5 hours and not an hour here or there. There will be an understanding by course directors that the blocks of time are not to be used to hold class activities.

*A DRAFT M1 2018-2019 Didactic/Exam Schedule is shared with MSEC members via a One Drive document storage option.*

### **8. Follow-Up/Action: Administrative Actions/M2 Doctoring Schedule/Grading Structure**

Administrative actions planned for both the M1 and M2 courses were reviewed and include course name changes, course numbers, contact hours, credit hours, and placement in the curriculum (fall and spring) that result for modification to the curriculum. The changes will be submitted to the Registrar's Office to facilitate student scheduling and the nightly interface with Banner and New Innovations.

Dr. Olive reported on the ongoing planning for the Doctoring II course. The course will have two course directors, Dr. Olive and Dr. Amadio, the present course director for The Practice of Medicine course. Plans include: The Practice of Medicine (POM) course will be the largest component of the Doctoring II course, modification of one case to add a domestic violence component, deploying a longitudinal clinical and community experience twice a month to replace Preceptorship II, incorporating Career Exploration II, and transferring some content that was previously covered in the M1 year to the Doctoring II course (i.e., Global Health, Health Care Systems/Health Care Reform, Medical Rules and Regulation, and Patient Safety/Quality Improvement). Comprehensive Pain Management content is being added to the Doctoring II course. In 2019-2020, an Interprofessional Education activity will be incorporated into the course. The total contact hours for the course is approximately one-hundred fifty (150) hours, which is equivalent to about ten (10) credit hours. The course will meet every Tuesday with fourteen (14) hours of time on other days.

The grading needs to be defined as it was for the Doctoring I course. In the Doctoring I course a numeric component is reported for each student, which contributes to class rank. This is in addition to the Pass/Fail grade for each student. A like grading structure is recommended for the Doctoring II course with the following percentages:

- Attendance – 15%
- Career Exploration – P/F – 5%
- Online Modules – P/F – 5%
- Clinical and Community Experiences (Preceptorship) – 10%

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- Professionalism and Ethics Quiz – 5%
- Practice of Medicine
  - Case Quizzes – 20%
  - Mid-term – 20%
  - Oral Exam – 20%

MSEC agreed that we should be as consistent as possible with the grading for our courses and clerkships. MSEC discussed class attendance and the process Doctoring I is using to monitor attendance. The course uses sign-in sheets and are reviewed for completeness after each required session. The attendance component has been taken seriously by the students.

Dr. Johnson made a motion to include a numeric score that will contribute to class rank with a Pass/Fail grade given for the Doctoring II course. Dr. Geraci seconded the motion. MSEC unanimously voted to accept the motion.

*A DRAFT M1 2018-2019 Didactic/Exam Schedule is shared with MSEC members via a One Drive document storage option.*

*The presented listing of Administrative Action is shared with MSEC members via a One Drive document storage option.*

*A summary of the Doctoring II course is shared with MSEC members via a One Drive document storage option.*

### **9. Information: 2018-2019 M3 Clerkship Assessment Form**

Ms. Peeples presented the revised M3 assessment form. Last year, we used a broad assessment of each EPA and this year, there are specific EPA assessments selected for the M3 year and/or M4 year. The responses to each EPA question are limited and specific to the student's performance rather than the physician's role in assisting the student. No one response is universal to each EPA question. The student's overall performance grade and final numeric grade are independent of the assessment responses for each EPA. The clerkship directors have approved the revised form.

Dr. Johnson made a motion to accept the 2018-2019 M3 Clerkship Assessment Form as presented. Dr. Hayman seconded the motion. MSEC voted to accept the motion with Dr. Monaco abstaining from vote.

*The M3 Clerkship Form is shared with MSEC members via a One Drive document storage option.*

### **10. Report/Update: 2018-2019 M3 Required Skill Logger/Patient Types**

Ms. Peeples noted that with each new academic year, the M3 Required Skill Logger and Patient Types listing is presented to MSEC for approval. The clerkship directors have identified those skills and the number of times the skill will need to be performed by the student while on the clerkship rotation. Many of the skills are identified as QCOM skills which indicates the skill may be performed throughout the academic year in any of the clerkship rotations as well as be specific to a clerkship. Ms. Peeples walked through the changes for the 2018-2019 academic year.

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Dr. Moore made a motion to accept the 2018-2019 M3 Required Skill Logger and Patient Types for QCOM and Clerkship specific as presented. Dr. Schoborg seconded the motion. MSEC unanimously voted to accept the motion.

*The 2018-2019 M3 Required Skill Logger and Patient Types Listing is shared with MSEC members via a One Drive document storage option.*

### **11. Report: LCME Standards-Element Review: Element 7.1 Biomedical, Behavioral, Social Sciences** – reviewed by Dr. Olive

*The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.*

Dr. Olive shared the Data Collection Instrument (DCI) tables, narrative responses, and survey report guide and team findings that will need to be completed as part of our LCME Self-Study and site visit. In each table or narrative, a sample of data was provided and discussed as to how it would be viewed by a site visitor. In the data that comes from the AAMC Graduation Questionnaire (GQ) it must be remembered that the data for the preclerkship content is reporting on a number of years prior to the student graduating. The data coming from the data from the independent student analysis will not be available until the student analysis is completed later this year.

*The presentation on LCME Element 7.1 is shared with MSEC members via a One Drive document storage option.*

**The agenda was rearranged to allow presentation of item #12, Biostatistics/Epidemiology/Evidence-Based Medicine Thread Report by Dr. John Schweitzer, Chair at the beginning of the meeting.**

### **13. Report: Curriculum Content Query: Preventive Care**

Dr. Olive presented a summary report on Preventive Care content in the curriculum, identifying each course and clerkship that includes coverage of the content. The summary includes a review of the curriculum database content, reviews of course and clerkship syllabi and schedules, and direct conversation with course and clerkship directors. Dr. Lura identified additional coverage in the Keystone course that will be added to the report. Dr. Olive asked others that may identify coverage not included in the summary, to email him the additions/changes and he will update the Preventive Care report for MSEC. MSEC concurred that Preventive Care content is adequately covered in the curriculum.

Dr. Bird made a motion to accept the Curriculum Content Query: Preventive Care as presented. Dr. Monaco seconded the motion. MSEC unanimously voted to accept the motion.

*The Content Query: Preventive Care is shared with MSEC members via a One Drive document storage option.*

**14. Information/Discussion: Keystone Course instructional methods and in-class schedule duration**

Before elaborating on the pilot, Dr. Lura, Keystone Course Director, provided MSEC with background on the development of the Keystone course in 2002 to its present format. Dr. Lura then presented this year's pilot project, developed by using materials from OnlineMedED, titled Intern Boot Camp. The online course materials includes an intern guide, videos, table references, and quizzes. It was offered this year as an option to all COM graduating seniors on a "first-come, first-served" basis with all eighteen (18) available slots filled. The pilot project was conducted to explore resolution to several needs: seniors asking to shorten the course, the challenge to cover the six (6) required MSEC topics at least twice within the course and within a three (3) week period, and Dr. Lura's pending retirement after the 2019 course. At the end of the pilot, the participating students were sent a survey asking about the pilot, and their responses were shared with MSEC. Dr. Lura presented the following recommendations based on the student responses:

- Make the online materials and book a required part of Keystone 2019
- Reduce the in-class schedule from three (3) weeks to two (2) weeks
- Course Director to work with Dr. Olive with reference to course evaluations to determine what to keep and what to consolidate or omit from 2019 schedule
- Seek a replacement course director as soon as possible to be part of planning for 2019
- Continue to monitor topics/videos to include in the Free Intern Content and as new videos are available, to determine if the in-class portion of the course may be reduced further to one (1) week
- Another option: Remain at two (2) weeks in class, but consider making some online materials required for all seniors while others optional up to a pre-determined percent of total course credits

MSEC discussion noted that the moving of much of the Keystone course to an online format would be beneficial. Dr. Lura has devoted many hours of hands-on attention to making the course a success. It is unlikely that MSEC will see the same amount of attention given to the course when Dr. Lura retires. The online format would allow a successor to step into the course director role without much interruption.

MSEC agreed with the course director's recommendation to move forward with certain parts of the Keystone course delivered in an online format. The course should continue as a 3-week course with online content offered for one (1) week of the three (3) weeks.

*Dr. Lura's PowerPoint presentation of Keystone Course and the Pilot Program is shared with MSEC members via a One Drive document storage option.*

**15. Report: Comprehensive Basic Science Exam Results**

Dr. Olive presented a summary and explanation of the data received for this year's exams. MSEC discussion included students seeming not to take the exam seriously, including leaving within one hour of beginning the exam that is allocated for five (5) hours. MSEC noted that this year, the M1 students had a full week of exams before the CBSE I was delivered on the last day of the week. Students were exhausted. MSEC discussed expected benefits and questions related to the CBSE I.

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MSEC ideas included: moving the exam to the first day of the M2 year when students come back rested, making the exam optional, or dropping the CBSE I and utilizing the funds to purchase the exam for other course delivery options, i.e., Keystone online content.

Dr. McGowen asked MSEC to consider the options for administration of the CBSE I exam and place the discussion on a future meeting agenda for action. MSEC was in agreement.

### M2 CBSE Results

	2015	2016	2017	2018
<b>Mean</b>	71.5	76.4	73.8	75.1
<b>Number below predicting passing threshold</b>	25 (34%)	15 (21%)	19 (28%)	16 (25%)
<b>Number above 240 threshold</b>	4 (5%)	8 (11%)	12 (18%)	6 (9%)
<b>Step 1 Pass Rate</b>	93%	99%	95%	
<b>Step 1 Mean</b>	221	230	230	

### M1 CBSE Results

	2015	2016	2017	2018
<b>Mean</b>	48.2	50.1	44.7	42.9
<b>Step 1 Pass Rate</b>	99%	95%	-	-
<b>Step 1 Mean</b>	230	230	-	-

The Comprehensive Basic Science Exam Results presented summary is shared with MSEC members via a One Drive document storage option.

**16. Standing Agenda Item:** Subcommittees, Implementation Groups & Technology Updates  
No items identified.

The meeting adjourned at 6:03 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](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.

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

Matthew Carroll  
Instructional Design and Technology Manager  
Quillen College of Medicine  
[CARROLLMO@mail.etsu.edu](mailto:CARROLLMO@mail.etsu.edu)  
423-439-2407

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**MSEC Meeting Dates: \***

**NOT 3rd Tuesday –**

June 12, 2018 Retreat 12:00-3:00 pm	Room C003
June 12, 2018 Annual Meeting 3:30-5:00 pm *	Large Auditorium

**Academic Year 2018-2019 – Locations to be determined**

July 10, 2018 – 3:30-6:00 pm\*

August 21 – 3:30-6:00 pm

September 18 – 3:30-6:00 pm

October 16 – Retreat – 11:30 am-5:00 pm

November 13 – 3:30-6:00 pm\*

December 11 – 3:30-6:00 pm\*

  

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

February 19 – 3:30-6:00 pm

March 19 – 3:30-6:00 pm

April 16 – 3:30-6:00 pm

May 21 – 3:30-6:00 pm

June 11– Retreat 11:30 am-3:30 pm\*

June 11 - Annual Meeting - 3:30-5:00 pm\*