



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, September 1, 2020, via Zoom meeting.

Attendance

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	<u>Academic Affairs Staff</u>
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	
Mitch Robinson, PhD	<u>Guests</u>
Robert Schoborg, PhD	Lorena Burton, CAP
	Cathy Peeples, MPH
<u>Student Members</u>	Theo Hagg, MD, PhD
Andrew Hicks, M1	Richard Kostrzewa, PhD
	Patricia Amadio, MD
<u>Ex Officio Voting Members</u>	Tory Street, MPH
Joe Florence, MD	David Taylor, M4
Tom Kwasigroch, PhD	
Rachel Walden, MLIS	

Meeting Minutes

1. Approve: Minutes from August 18, 2020 Meeting.

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the August 18, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

Announcements:

- M1 MSEC Representative – Dr. Click welcomed Andrew Hicks, as the new M1 student representative for MSEC.

- Faculty Development - Dr. Click shared a flyer containing the Faculty Development Series schedule and a link to the faculty development website. The flyer had also been emailed to faculty and the schedule was posted on the faculty development website. Dr. Click noted that past presentation recordings were also on the website and could be viewed on YouTube. CME credit was also available through CME enduring materials for presentations that offered CME credit. Dr. Ramsey McGowen and Dr. Ivy Click will present a curriculum mapping workshop to provide faculty with information on learning objectives and curriculum mapping on September 2.
- Faculty book club – The fall book club date is September 9 at 3:00 pm and the book is *Make It Stick* by Peter Brown, Henry Roediger, and Mark McDaniel. Participants should have received an email with a calendar invite and Zoom link from Dr. Amy Johnson.
- Reminder - Retreat Meeting in October. LCME report in December will be discussed as well as Curriculum Transformation Steering Committee update.

Dr. Monaco made a motion to accept the August 18, 2020 minutes as presented. Dr. Moore seconded the motion. MSEC approved the motion.

The MSEC minutes for August 18, 2020 were shared with MSEC Members via Microsoft Teams document storage.

2. Update: Curriculum Transformation Steering Committee

Dr. Click provided an update from the committee stating they are discussing specific things from other institutions that they like. The committee is planning a town hall or faculty forum in the next few weeks. Dr. Block, Dr. Olive and Dr. Click met with people from the Mayo Clinic School of Medicine to discuss the possibility of support for curriculum reform or shared curriculum but additional meetings would probably be necessary before an update can be provided.

No action was taken.

3. Update/Approve: Revisions to Previous minutes

Dr. Click discussed a document that was sent out with some necessary updates to previous MSEC meeting minutes. Dr. McGowen has been reviewing minutes from past meetings to excerpt pieces for the LCME report due in December. During this process, she has discovered items that needed to be clarified or updated to more accurately represent the content of the meeting. The document presented includes a table showing the date of the meeting, the issue for the LCME response which relates to either Element 8.1 or 8.3 where we were required to provide information regarding the MSEC minutes, the reason the revision is being requested and suggested wording for the revision of the minutes. Below the table is more detailed information regarding the minutes. Dr. Schoborg asked where this information was being extracted from and wanted to know if this was recorded meeting minutes, written notes or information that was recalled. Dr. Click responded that she did not believe recordings of the minutes were still available as these meetings occurred two years prior. Dr. Abercrombie pointed out that the third column of the table stating the reason for the revision included the documentation supporting the need for the revision. Dr. Click agreed and stated that often the information was included in the attachments that were sent out for review prior to MSEC

meetings with the agenda such as M1-M2 review reports, etc. These documents were referenced in the meetings, but the content of the attachments was not captured in the minutes. Dr. Olive stated that Dr. McGowen had also reviewed the revisions with him and they were in consensus that these things actually happened. Dr. Abercrombie stated she felt that everything reflected what she recalled, and the table did a good job in showing where to follow the documentation to support these changes and made a motion to accept the revisions as presented.

Dr. Abercrombie made a motion to accept the presented Revisions to MSEC Minutes as presented. Dr. Schoborg seconded the motion. MSEC discussed and approved the motion.

The presented Revisions to MSEC Minutes document is shared with MSEC Members via Microsoft Teams document storage.

4. Discussion: MSEC duties

Dr. Olive began by noting that this discussion directly related to the previous item. Unsatisfactory performance had been noted in areas at the last accreditation site visit related to the work of MSEC under Element 8.1, which has to do with curricular management, and the finding of the LCME was that MSEC as an institutional body that oversees the education program, has the ability to ensure the curriculum is coherent and coordinated. However, there was not consistent evidence that these duties were being fulfilled. Evidence from the ISA, which was supported during discussions with current students, reflected continued dissatisfaction with the coordination and integration within and between the first and second years. The minutes review is part of the response to LCME as we are to provide copies of minutes that specifically illustrate MSEC's role in identifying and addressing concerns related to content integration, course organization and quality, and quality of the preclerkship phase of the curriculum. Dr. McGowen was working to identify those things and this is where she saw that there were things that MSEC discussed but were not adequately captured in the minutes.

Another item that we had to respond to related to this is describing steps that MSEC has taken to ensure it has the information needed about individual course and clerkship quality and curriculum phases to manage the curriculum. One of the actions MSEC took at the last meeting when Dr. Bird proposed we have a standard format for bringing course and clerkship reviews to MSEC begins to address that.

Dr. Olive stated that another area that was deemed unsatisfactory had to do with curricular design, review, revision, and content monitoring and the finding was that while the curriculum is subjected to monitoring, review, and revision by a variety of committees and individuals, evidence of the effectiveness of these reviews is lacking. LCME referred to student dissatisfaction in these areas and although MSEC has implemented some changes, the effect of the impact of those changes has yet to be determined. One of the things we have to report on in our response is steps taken to better align content to increase horizontal and vertical integration and to increase content integration within and across the first and second years, including the role of MSEC, its subcommittees, and the medical school administration in identifying and implementing changes. Dr. Olive noted that one MSEC tendency is saying we

will keep an eye on things when problems arise rather than taking direct action. He cited a few examples of this.

- On September 8, 2018, the quarterly Outcomes Subcommittee report identified five benchmarks related to preclerkship student satisfaction and knowledge, where specific courses did not meet the benchmarks. Neuroscience and the Cell and Tissue Biology courses missed at least two of these five benchmarks. MSEC noted reasons this could have occurred, but instead of looking to see if there was a curricular problem that could contribute to this and taking any sort of action, MSEC chose to monitor the situation.
- On June 11, 2019, the M1-M2 Review Subcommittee did a comprehensive review of Neuroscience and their report identified continued areas of weakness that still existed, yet again the only recommendation was for MSEC to monitor it.
- In October of 2019, the Outcomes Subcommittee discussed student course satisfaction based on an end of course evaluation and noted that all courses except Introduction to Clinical Psychiatry and one clerkship, Community Medicine, were meeting benchmarks related to student satisfaction and deemed this acceptable overall. However, the two courses with high dissatisfaction were recommended to have continued monitoring and a full administrative review.

Dr. Olive pointed out there are times when issues come before MSEC where something is not going as it should be going and instead of taking any action, MSEC tends to take a “wait and see” approach. While MSEC does not need to micromanage courses, this is an area where MSEC needs to step up as issues come forward and take specific actions to address the knowledge gap from the data coming forward. It could be in the form of a corrective action plan where the course director develops a plan to address the specific issue and then brings it back to MSEC, or some other way to actively address the issue, instead of waiting to see what happens. Moving forward, MSEC should be critical in thinking when something comes up as a shortcoming and determine if there is more that should be done other than to monitor it and hope it gets better.

Dr. Olive stated he did not feel it was necessarily MSEC’s job to tell the course director what needed to be done about a particular issue because the course director was typically in a better position to know the nuances to be able to address an issue; however, there are probably times that MSEC should ask the course director to address specific issues and bring back specific ways to address those issues to MSEC.

No action was taken.

5. Discussion/Approve: Course CQI Plans

- Medical Pharmacology (Kostrzewa)

Dr. Kostrzewa presented the Course CQI plan for Medical Pharmacology. He stated the focus is on general course organization where 15.16% of the students were dissatisfied. He noted they had reorganized the entire second year curriculum during many meetings towards the end of last year. Dr. Kostrzewa feels that different courses in the M2 year are well aligned now in

terms of topics and thinks they are well coordinated. The other item of focus was quality of teaching where 15.15% of students were dissatisfied. Dr. Kostrzewa stated they had added a faculty member last year and were adding another faculty member to the current year to decrease teaching per individual faculty member. He felt they were in reasonably good shape. Dr. Kostrzewa stated Dr. Schmeichel came around February of this year and had been mentored and working closely with Dr. Ferslew who had previously given the lecture that she would be delivering this year. He stated Dr. Frazier had been teaching for a number of years and had excellent scores on his topics in the past year and had picked up two new lecture times, so he felt he was in a reasonably good position. Dr. Click noted that Pharmacology was usually a well-received course and it was barely above the 15% dissatisfaction rating so she felt that the goal of getting below 15% in those two areas was very attainable. Dr. Olive commented that Pharmacology, and subsequently Doctoring II whose Course CQI plan would be presented next, that the things included in the plans were consistent with the preclerkship phase CQI plan that had been discussed in the previous meeting. The course directors have been making a good faith effort to try and address the concerns that are there and improve performance to try and improve satisfaction.

Dr. Monaco made a motion to accept the Medical Pharmacology Course CQI Plan as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the motion.

The presented Medical Pharmacology Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

- Doctoring II (Amadio)

Dr. Amadio presented the Course CQI plan for Doctoring II and stated that there have been issues for numerous years with students commenting on inconsistency in grading or providing feedback on their SOAP notes. This feedback was purely formative and did not count towards their class rank. Dr. Amadio had tried to improve this in the past by creating a rubric, but it seemed that different individuals were applying the rubric differently so it was decided to work on a goal of increasing the inter-rater reliability and application of the rubric and its use of assessing the SOAP notes. The course faculty are going to try to work on increasing the inter-rater reliability for assessing the oral final with the rubric.

To improve the interrater reliability on the rating of the SOAP notes, there was a meeting on July 27 with all of the people doing any kind of faculty grading or providing feedback on the SOAP notes and each person was given a rubric and a sample H&P to work on and then there was a group discussion about how the rubric was applied and what sort of comments would have been made. Dr. Amadio said she was planning to do this again in the spring and maybe once or twice a year to kind of keep her hand in to see if it helped with students perceiving the assessments between different raters were reasonably consistent.

Regarding the course organization, one of the problems seemed to be that the students got very focused on the master schedule and some downloaded the master schedule but if necessary changes were made during the course and the schedule was updated, students were not necessarily keeping up with the changes and instead were still looking at the old schedule. Dr. Amadio thought the best way to correct this would be to only include the most basic

information on the master schedule and refer students to the course schedule for information on dates, times, and groups so the students do not use the master schedule they way they are trying to use it. Dr. Click asked if the course schedule would be found on their D2L site and Dr. Amadio confirmed that it would. Dr. Amadio further stated that she had changed the organization of Doctoring II from being organized by content to being organized by weeks to be similar to the organization of Doctoring I. Dr. Amadio has also been working with Dr. Florence more closely to keep rural track up-to-date on the D2L site. She stated that Dr. Olive had suggested she reach out to Dr. Abercrombie for best practices for course organization, which she has not done yet but does plan to do so. Dr. Click also suggested talking with Chelsea Dubai in Academic Technology Support and Dr. Amadio said she would do that as well.

The last item for improvement was the oral exam. Dr. Amadio stated that in the past she had conducted faculty development training on how to do that but this year she was planning to get a recording of a student delivering the final exam as they would at the end of the year and submit that recording to her graders and review this for consistency for how they would assess that student with the rubric. She thought they should talk through some of those things because that exam is a large portion of the student's grade. Dr. Amadio also mentioned recording the oral exams and having a second assessor grade it kind of like is done with an OSCE and provide the student with the average of the grades; however, that would be very labor and time intensive as exams are allotted 45 minutes and there are 73 students. Dr. Click thought recording the exams was a good idea, even without a second grader, just so you could go back and look to see if there were any questions or to use those for training. Dr. Amadio thought that was a great idea because if a student had a complaint you could review the recording or have another grader look at it.

Dr. Olive noted that Dr. Amadio mentioned an important thing that was not necessarily part of her Course CQI plan, but one of the things she has done to try to improve things this year was to work on content alignment with other courses in the second year. Dr. Click agreed that Dr. Amadio did a good job of trying to move her content around to match up with basic science and she hoped the students appreciated that.

Dr. Schoborg made a motion to accept the Doctoring II Course CQI Plan as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

The presented Doctoring II Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

6. Administrative Review: End of Year Review

- 2019 - 20 Elective summary
- 2019 - 20 Selective summary

Dr. Olive stated that the electives were evaluated every year and he was presenting a summary of the evaluation of the senior electives. The summary shows the number of students that actually participated in the electives, the overall evaluation, and the strengths and weaknesses and other comments regarding the course. He pointed out that multiple students took many of these electives, and there were really only two electives that merited any specific mention. He stated a theme that came up in some of the online electives was students expressing a desire

for more interaction with the instructors than the online format allowed. Dr. Olive pointed out that Internal Medicine Dermatology, which was mentioned at the last meeting when the junior clinical experience was discussed, had some issues come up related to the learning environment in the two-week junior elective and in the comments of this elective summary. While the evaluations for the junior clinical experience were numerically significantly more negative, around a 3.5, the eight senior students' averaged rating was 4.6, but the general theme related to learning environment did come up. The Pediatrics Genetics elective was the course that numerically was evaluated the lowest of the electives. This year, its overall evaluation was a 3.3. Thirty-six students took the elective and the comment was that the faculty member did not really do a lot of teaching and that it was more of an observership. Dr. Olive discussed these comments the chair and the faculty member will get that specific feedback. Otherwise, all of the evaluations were very positive. There were some electives that only a few students took but on the whole, the evaluations were positive.

The selectives, are the required courses of the senior year and they are in three categories; Intensive Care Inpatient, Sub-Internship, and Ambulatory. Thirty students that took medical intensive care and 14 that took trauma critical care. There is an exception where students on away electives may get critical care selective credit if they are doing an appropriate rotation, which would explain why there are only 44 evaluations. The numeric evaluations were positive. The themes that came up here, and in other selectives as well, were that sometimes it seemed like there were too many students for the circumstances and not enough patients. For the inpatient sub-internship selectives options including Family Medicine, Internal Medicine, and Pediatrics. Most students took the internal medicine sub-internship. These were evaluated positively as well. The overall evaluation scores were 4.6 and 4.8. The last category is ambulatory selectives in Family Medicine, Internal Medicine, Ob-Gyn, Pediatrics, Psychiatry, and Rural options. All of these rotations were evaluated positively in the mid 4 range and above. The review of the selectives this past year reveals that they have generally continued strong performance with themes being that students felt like at times there are too many learners and not enough patients. One of the things that may address that to some degree this year is the fact that we did decrease the number of weeks on critical care and ambulatory care, which should mean there will be fewer students per assigned block than in previous years.

Dr. Schoborg commented that he noted in the comments that PA students were given precedence in various situations over the medical students in terms of doing procedures. Dr. Olive stated he thought that was only with surgery at Holston Valley. Dr. Hayman added that as a member of the M3-M4 Review Subcommittee, that comment had come up several times from students in the past. Dr. Click asked Dr. Hayman if it seemed to be more of an issue with PA students from his past experience because comments here also mentioned NP students. Dr. Hayman did not know if it was necessarily one type of student or another but noted that a couple of years ago it was medical students from other institutions but that might have changed. Dr. Olive stated the issue in the past had been osteopathic students in Bristol, but that situation had been addressed. Dr. Click noted that overall the ratings looked very positive for the electives and selectives and that the only one that seemed to be of any concern was the Pediatrics Genetics course and Dr. Olive had already met with the chair.

Dr. Schoborg made a motion to accept the 2019-2020 Elective and Selective Summary End of Year Review as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

The presented 2019-2020 Elective and Selective Summary End of Year Review document is shared with MSEC Members via Microsoft Teams document storage.

7. Report: M3M4 Review Subcommittee 2019-2020 Reports

- M3 - Psychiatry Clerkship

Recommendations for Course Director: Complete clerkship session mapping for input in New Innovations and outline a timeline for this to be successfully completed.

While waiting for Dr. Wood, Dr. Olive asked Dr. Bird to speak to the review. She stated that the main issue was they did not know from period to period if they were going to have enough rotation sites for students. She mentioned that residency was in the same position because a number of the locum tenens physicians and Woodridge Hospital had opted out of working with residents and students. Because of COVID-19 some units at the VA where students used to be sent could not be utilized due to safety requirements for the patients and the VA prioritized residents over students. She stated she was not putting too many requests on people because she was afraid they would back out of rotations and she would have to overload rotations due to lack of sites. Ballard folks had told Dr. Bird there were attendings in Virginia that wanted to have students, but that when she provided details regarding student roles and the requirements for evaluation, she had not heard back. They would not give much teaching because they were stretched across multiple units. Dr. Bird stated that the residents had been great about trying to teach the students. Overall, the most pressing need was adequacy of clinical placements for students. Dr. Bird stated she felt the placements we had were adequate, but there just weren't enough of them.

Dr. Olive asked about the recommendation to the course director about session level mapping and Dr. Bird noted that Lorena Burton and Aneida Skeens had provided a hands-on Zoom training session with her and she felt that she would be able to work on that this year. Dakotah Phillips asked Dr. Bird if they were still using the New Leaf unit as it was listed in the strengths and Dr. Bird replied that it was a strength when they had it, but Dr. Coyle had left and Sycamore Shoals did not feel that their locums were of a caliber or had an inclination to teach. Dr. Coyle is back and occasionally doing weekend rotations at Woodridge and Dr. Blue is there about half of the time. They are the two attendings willing to work with students and residents but the timing of when they are available can be difficult.

Data regarding student numeric evaluations was missing from the review. Dr. Olive commented that this missing was one of the issues that will be addressed by the action approved at the previous meeting that we have a standardized rubric for data coming forward to MSEC. Dr. Wood stated that would be helpful. Dr. Click relayed to Dr. Wood that Dr. Bird had commented that the major concerns for the course was that there were not enough placements for students and not enough attendings and preceptors, and there was a challenge for finding them not only for students but for residents as well right now. Dr. Click asked if

there was anything Dr. Wood would like to add and he stated that the main things were enough clinical material, which had been mentioned and the mapping, which is an issue across most of the clerkships, but is currently being addressed.

Dr. Hayman made a motion to accept the M3 Psychiatric Clerkship Administrative Review 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.

The presented Psychiatric Clerkship Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- M3 - Surgery Clerkship

Recommendations for Course Director: Complete clerkship session mapping for input in New Innovations and outline a timeline for this to be successfully completed.

Dr. Wood presented the administrative review of the M3 Surgery Clerkship and stated that all of the standard documents had been reviewed including the syllabus and the self-study. They looked at grades and student evaluations. The course objectives were tied to the Institutional Educational Objectives; however, like several of the other clerkships, the session level mapping is incomplete, but they are working on it. The content looks appropriate. The instructional methodology is appropriate. Surgery uses multiple instructional methods such as case-based instruction, some ambulatory and inpatient, conferences, large and small group discussions, lectures, simulation, problem-based learning, self-directed learning, ward rounds, and workshops. There is a wide variety of instructional methods and this clerkship is delivered in three different locations, Johnson City Medical Center, Holston Valley Medical Center, and the VA so the students get a wide variety of experiences. Under assessment methods, they are using the NBME exam and ward evaluations, that comprise 35% of the grade each, WISE MD modules and quizzes are 10% each, and case presentations and simulation labs are 5% each. There is also documentation required for skills that gets a 5% deduction from the final grade if not documented. The reviewers did not see last year's comprehensive review or forward any recommendations from last year and Dr. Wood apologized for that. He stated under course outcomes, all students passed the NBME exam with a 71.3 mean, which was slightly below the NBME national average of 74.2 but less than half (42%) scored at or above the national mean and 5% scored below the 10th percentile, but we are going to be using a benchmark of 5% from now on. Dr. Wood noted that Dr. Browder felt that the surgery NBME was more difficult than others and combined with less time to study due to long hours on rotations and could explain some of the lower scores.

Some of the strengths identified were dedicated surgical residents and attendings and the multiple venues and multiple ways people are taught, including suture classes and simulation. All of the faculty received over 3.5 on their evaluations. There was good enthusiasm and good exposure to surgical techniques and the students felt like they had a reasonable level of autonomy to care for patients. The students felt the team-based approach was really good. The overall numerical score for the students was 4.24 for core faculty and 4.51 for specialty and that has improved from prior years especially for the core faculty. For weaknesses, Dr. Browder notes that the clerkship has limited at home study time due to the intensity of clinical

hours as mentioned previously. They also felt, like other clerkships do, that if there are a lot of students, it erodes the clinical experience and the exposure to teaching. Students felt that the quizzes were sometimes unrelated to the didactic and happened too early in the clerkship, some experienced limited surgical exposure if there were multiple students, or other students, or PAs to attend. Students also felt there was inadequate or limited feedback from residents due to lack of time or little or no time in the ambulatory clinic. They also felt the WISE MD modules for exam preparation were ineffective. Generally, it was a very positive collegial environment, but there were some comments about misbehavior like yelling or derogatory comments about other specialties but was very few things. The main recommendation, like many other clerkships, is to continue to do the session level mapping. Dr. Olive noted that in terms of the comments, there were a fair number of things that sounded negative; however, there were not really any recommendations to MSEC. Dr. Wood stated he had to push pretty hard to get the review done and he did not think they did an adequate job in identifying the shortcomings. He thought recommendations needed to be added and reviewed more carefully.

Dr. Jones stated that they have had changes in the surgery department and Dr. Browder was acting as the interim director because Dr. Lasky had not been replaced yet. They were hopeful that one of the new faculty joining in November would take over the position as course clerkship director. Dr. Jones also stated he thought they should try to get the topics of the surgery NBME to the faculty who were doing the lectures. Dr. Click stated that it would be a good idea for Dr. Browder or the new clerkship director to be able to review the most recent NBME shelf exam and share the content on that with the faculty teaching in the clerkship. Dr. Click felt that should be added as a recommendation to the course director on the report. Dr. Wood suggested taking the report back and he would personally review it and have a discussion with Dr. Browder and come up with more specific recommendations. Dr. Olive stated that one of the concerns he had based on the previous discussion about MSEC's propensity to "watch it and see what happens" and was this another one of those examples or should we be doing something more than watching to see what happens? Dr. Jones suggested adding to the recommendations to MSEC that the students be given a number of expected days in the clinic for different rotations because he thought the students tended to concentrate on going to the operating room and did not realize they have required clinic days and the attendings probably have no idea that the students need to be in the clinic more. Dr. Wood said he would make a note of that and review it with Dr. Browder. MSEC agreed that Dr. Wood should take the report back for revisions and then re-present it to MSEC.

Dr. Wood requested return of the M3 Surgery Clerkship Administrative Review to the subcommittee for specific recommendations to the course director and/or MSEC. MSEC agreed and the report was tabled until a future date for re-review.

The presented M3 Surgery Clerkship Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- M3 - Transitions

Recommendations for Course Director: Revise informed consent learning material for students. Work with ETSU administration to liaison with Ballard to identify all forms needed for

3rd and 4th year students. Consideration be given to expanding the opportunity to conduct and present full H&Ps and Psychiatric Mental Status examinations.

Recommendations for MSEC: The Course Director needs assistance in confirming hospital/University requirements, forms, and deadlines before the D2L site rolls out in April. Develop a relationship with Ballard to have them provide direction on all forms that need to be filled out by the students prior to starting their clerkships.

Dr. Wood presented the administrative review of the M3 Transitions course. He stated the clerkship director annual report, syllabus and learning objectives had all been reviewed. The learning objectives were mapped to the Institutional Educational Objectives and also to the session level. There was a follow up from last year where they were emphasizing performance, documentation, physical exam, and informed consent. They did not evaluate the H&P or the informed consent very well and the director said she was looking for additional content and working to coordinate with Doctoring II so they could comprehensively transmit the information related to informed consent and H&P. Doctoring I covered informed consent and they may need to put more emphasis on this in Doctoring II so when they get to Transitions they don't feel that has been left out. One thing from last year that was of concern was trying to coordinate all of the forms with Ballard and Dr. Abercrombie continues to work on that. The educational methodology was diverse and appropriate. They do case-based learning, peer teaching, demonstration, small group discussions, simulations, independent learning, lectures and workshops. All students passed the course. The course is pass/fail and is assessed through documentation that they did all of the things required, the clinical performance, their participation, as well as the exams they are given during the course. For the strengths, there is a lot of hands-on workshops, simulations and some exposure to attendings and residents. They believe they have good instructors and get good reviews. There is a diverse range of topics. Dr. Abercrombie looks at the reviews by the students each year to decide if they need to add or subtract different topics. The schedule seems appropriate and the students feel that the sessions helped them feel more prepared after the time off for dedicated Step exam study. The weakness is there are many different elements to coordinate with many people involved with multiple schedules and this is difficult to do. Dr. Abercrombie stated that some students wanted access to D2L a month beforehand but given the fluidity of the schedule this was difficult, and some of the communications with the hospital made that difficult. One of the difficulties for Dr. Abercrombie was to figure out how much interaction the students had with the online material. They are looking into really beefing up the informed consent material. The overall ratings were down a bit this year, but they are still over 4. Dr. Abercrombie does continuously review and make changes based on every class year review, like the move to a more flipped classroom and more material online before the class. Dr. Abercrombie is working to balance the coordination of schedules and make sure they are able to have the appropriate forms to fill out to get them ready to go into clerkships. The changes with informed consent were already mentioned with the coordination with the Doctoring courses to make sure this is adequately covered.

Summarily, the transition course does a very good job across a broad range of topics and it is continually improving. The recommendations made were to continue to work on making sure informed consent was covered and give students the opportunity to present a full H&P and psychiatric mental status exam that was covered before they enter clerkships, and to work on the coordination with Ballard.

Dr. Olive noted that this was a 2019-2020 academic year report, so this iteration happened in the summer of 2019 and while this has been rolled into the Doctoring III course, there has already been a subsequent iteration of this course that has been delivered. Dr. Abercrombie stated that she was not sure how comparable they were because this year was mostly virtual. She stated the informed consent was very good this year. She completely changed the module for prep and essentially added content. Dr. Abercrombie taught the entire session herself in smaller groups since it was virtual and was able to provide a formal pre-brief and debrief for each group of six to seven students, which was much better, and the students got a lot more out of it. Dr. Abercrombie felt these students were much more prepared and they were eager to engage. She thought they were more prepared in sessions across the board.

Dr. Click stated if she was reading the report correctly, there were two recommendations yet to be addressed, one of which was assistance in confirming hospital university requirements, forms, and deadlines. She asked Dr. Abercrombie if she felt as though that had been addressed now or did she still need assistance? Dr. Abercrombie stated that it was hard this year because the course got pushed back to June, which was right in the staff transition, but there was a planning meeting and things were figured out quickly. Dr. Abercrombie agreed that it had been addressed.

Dr. Click stated that the other recommendation is consideration to expand the opportunity for H&P and psychiatric mental status exams. She said we could ask Dr. Abercrombie to come back when she was planning for next May and present the changes she has made ahead of time. Dr. Olive stated that something else we could consider is does the mental status exam really belong to Introduction to Clinical Psychiatry and not Transitions? Dr. Abercrombie stated it would be a great standardized patient session to add to that course. Dr. Click stated that Dr. Gouge was looking at adding standardized patient sessions to ICP and she had asked for information and been connected to Perry. Dr. Click stated this would be a good opportunity to have a motion to have Dr. Abercrombie come back in the spring to discuss some of the changes. Dr. Abercrombie stated some of the changes had already been made. Dr. Wood stated that they would be meeting to set up the M3-M4 Review Subcommittee for next year and their timeframe was usually to wait until February or March to start working on these reviews but they could start immediately to take up the Transition review from May and come back to MSEC before the other reviews because this one is off cycle. Dr. Click thought it was a good suggestion if it were possible to go ahead and have the 2020-2021 Transitions course reviewed earlier because that will be the more up-to-date version of the course. Dr. Monaco asked in the chat if the report needed a motion to be approved and Dr. Click said she was trying to address whether a motion was needed for any of these specific recommendations that were included

for MSEC. However, since there is a more recent iteration of this course and because some of the issues have already been addressed, it may be that we could make a motion to have the M3-M4 Review Subcommittee bring the Transitions review back this fall for the most recent version.

Dr. Florence made a motion to require the M3-M4 Review Subcommittee bring back the 2020-2021 M3 Transitions Administrative Review this fall for the most recent version of the course. MSEC discussed and approved the motion.

The presented M3 Transitions Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 6:08 p.m.

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. Telephone contact is: 423-439-6233.

MSEC Meeting Dates 2020-2021:

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