The Medical Student Education Committee of the Quillen College of Medicine met for a RETREAT meeting on Tuesday, January 8, 2019 in the Surgery Conference Room, Building I, 2nd Floor.

Attendance

**Faculty Members**
- Ramsey McGowen, PhD, Chair
- Caroline Abercrombie, MD
- Martha Bird, MD
- Ivy Click, Ed D
- Thomas Ecay, PhD
- Stephen Geraci, MD
- Russell Hayman, PhD
- Dave Johnson, PhD
- Paul Monaco, PhD
- Jason Moore, MD
- Mark Ransom, MD
- Robert Schoborg, PhD

**Student Members**
- David Cooper, M4 via phone

**Ex Officio Voting Members**
- Joe Florence, MD
- Tom Kwasiagroch, PhD
- Theresa Lura, MD

**Ex Officio Non-Voting Member**
- Kenneth Olive, MD, EAD

**Guests**
- Michelle Duffourc, PhD
- Kenneth Ferslew, PhD

**Jerry Mullersman, MD, PhD**
- Carol Plummer, Associate Registrar
- Mitch Robinson, PhD
- Brian Rowe, PhD
- Antonio Rusinol, PhD
- Doug Taylor, Associate Dean, Student Affairs

**Lorena Burton, CAP**
- Mariela McCandless, Skyla Moore, BSPH
- Cathy Peeples, MPH
- Sharon Smith, CAP

Shading denotes or references MSEC Concurrence and/or Action Items

1. **Approve: Minutes from December 11, 2018 Meeting & Announcements**

Dr. McGowen called the meeting in session at 12:00 p.m. with a quorum of voting members. There were no changes identified for the December 11, 2018 minutes.

MSEC unanimously voted to approve the December 11, 2018 minutes.

Dr. McGowen made the following announcements:

- The M3 Clerkship Exam and Grading Policy – MSEC 0111-3 was updated with action taken by MSEC at the December 11, 2018 meeting and posted to the MSEC webpage. The revisions to the policy are retroactive to the beginning of the academic year 2018-2019.
• The next faculty development Session is scheduled for January 29, 2019, with Dr. Jodi Polaha, PhD, from Family Medicine. She is presenting: *Innovation in Medical Education: Using Implementation Science Methods to Make Everyone Happy*. The session will be held in the small auditorium of Stanton Gerber Hall from 3:00 p.m. to 4:00 p.m.

The MSEC Meeting minutes for December 11, 2018 and the M3 Clerkship Exam and Grading Policy MSEC 0111-3 are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

2. Report/Update: Curriculum Integration Subcommittee (CIS) – Substance Use Disorder Thread

Dr. Jack Woodside introduced Elizabeth (Beth) Farabee, a second year medical student. Beth came to the College of Medicine (COM) with an interest in Addiction Medicine. She co-authored the *Substance Use Disorder (SUD) Thread* report.

Originally, the thread topic included both Substance Use Disorder and Pain Management, but in June 2018, MSEC accepted the CIS recommendation to divide it into two (2) separate thread reports (Pain Management is pending CIS actions). The Substance Use Disorder Thread report is an interim, not final, report.

Research for the Substance Use Disorder Thread report included identification of multiple sources of research-data and creation of a list of topics with identification of course/clerkship locations best suited for the content. The report considers content which has been identified in the curriculum and includes recommendations for additional content. The report identified both short- and long-term recommendations.

Preliminary Short-Term Recommendations

• Focus group
• Update current SUD related content in all courses to remove stigmatizing language

Preliminary Long-Term Recommendations include:

• Create a stand-alone preclerkship addiction medicine course for COM students
• Create a preclerkship addiction medicine elective that lives in the COM, as opposed to Pharmacy
• Create an M4 elective in partnership with the new Addiction Medicine fellowship hosted in the Department of Family Medicine

MSEC discussion included:

• Whether a stand-alone course could be placed in the M4 year, possibly tying to the Keystone course.
• Reviewing the Interprofessional Education (IPE) curriculum that currently has an opioid addiction case and is adding another on Substance Use Disorder.
• Confirmation that the Microbiology course includes Substance Use Disorder content.
• Step I exam does include questions on Substance Use Disorder content; therefore it is important to have the content within the preclerkship phase of the curriculum.
• Importance of M3 students being equipped and able to treat patients they may encounter with Substance Use Disorders. M4 students are seeing patients with Substance Use Disorders.
Disorders.

- Modifying content or adding a course changes the curriculum and curriculum time management requires content hours to be adjusted and shifted from previous locations to new placements.

Dr. Woodside will continue the research to gather information from other schools, particularly Stanford School of Medicine and how they integrated Substance Use Disorders into their curriculum. The gathered information will be included in the final report to MSEC. MSEC would also like to know what type of curriculum the schools have that have been able to incorporate added SUD content, i.e., block, systems-based, spiral, etc.

Dr. Olive thanked Beth Farabee for a well-organized report and presentation.

Dr. McGowen introduced Dr. Troxler, Addiction Fellowship Director for Family Medicine. Dr. Troxler is excited to hear about the possibilities for adding Substance Use Disorder content to the COM curriculum and awaits the final report delivery.

Dr. Woodside confirmed the final Substance Use Disorder Thread report will be delivered at the June 2019 MSEC meeting.

*The Draft Substance Use Disorder Thread report is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.*

3. Discussion: Volunteers to give content reports at MSEC meetings for 2019

Dr. McGowen referenced the presentation by Dr. Olive in October 2018, when he walked through the process for identifying where specific content is located in the curriculum. MSEC and COM faculty are now being asked to share the responsibility for creating and sharing content reports. The added list of presenters will demonstrate to others that both MSEC members and COM faculty are involved in looking at the curriculum and identifying content for review.

MSEC discussion included:

- Providing a list of content reports that have already been shared – a list will be placed on the MSEC website.
- Content can be new or a review and update of prior delivered content.
- Reviews have been completed on identified LCME topics.
- Suggestion for an email to be sent by Academic Affairs Administration inviting participants to commit to each MSEC meeting for content presentation.

4. Report/Update: Portfolios

Dr. Olive provided an update on the Portfolio assignments to M3 students with a completion date by December 31st of the M4 year. The completion of Portfolio assignments was identified by MSEC as a graduation requirement. Approximately two (2) years ago, a review of the College’s Educational Institutional Objectives (IEOs) identified several that did not have a readily available method of assessing whether students were meeting/satisfying the objectives prior to graduation: 1.10, 3.4, 4.4, 5.2, 6.5, 6.6, 7.4 and 8.3. A process of using student written examples of experiences that allowed them to meet each objective was put into place – Portfolios.
Students receive the assignments with examples of submission for each of the IEO assignments. Feedback is provided to the student after each submission. They are graded as pass/fail.

The Class of 2019 (M4s) have a 100% response rate. The current Class of 2020 (M3s) are behind in their submissions, but reminders have gone out and will continue as needed. The Portfolio process is working.

The Portfolio presentation is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

5. Follow-up/Discussion/Action: Grading System
Dr. Olive summarized the recommendations from the ad hoc committee on grading systems presented at the December 11, 2018 MSEC meeting and included suggestions for consideration by MSEC. Staff from the Admissions/Registrar office were present to provide comment, clarification, and assistance as needed.

Recommendations from the ad hoc committee were that the grading system at Quillen College of Medicine (QCOM) should be changed. The group proposed two (2) options: 1) “Pass” or “Fail” (two-tier system) grades reported for all courses and clerkships across the curriculum (recorded on the student transcript) and awards or honors designation (not an official grade) given at the course/clerkship director’s discretion, based on well-defined criteria; or 2) “High Pass”, “Pass” or “Fail” (three-tier system) grades reported for all courses and clerkships (official grade recorded on the transcript). In both options, class rank is retained and reported.

Considerations and recommendations from Dr. Olive included:

- Agree to change grading system (MSEC action needed).
- Adopt Option 2 with the high grade called an “honors” grade.
- Use a relative standard for “honors” set by MSEC for all courses and clerkships (i.e., top X percent - 5%, 10%, 15% of grades in each course and clerkship to be considered an “honors” grade). If not defined it would vary by courses and clerkships and create grade inflation problems.
- Decide on an implementation process (e.g. students matriculating in fall 2019 or all students (new and currently enrolled) beginning with fall 2019.
- Issues involved with calculating class rank and alternatives such as reporting out as quartiles. We could use class rank internally only (if we report quartiles) for purposes such as AOA eligibility.
- Additional grades would still be needed for situations like incompletes or withdrawals.

MSEC Discussion included:

- Clerkships set identifying “honors” or class rank at the end of the year. Students would know they passed, but would not know “honors” status until after all clerkships were completed.
- Performance in clerkships can be dependent on the order in which clerkships are taken.
• Reasons for and against using a defined top percent of students; not based on a fixed grade percent, to determine “honors”. MSEC had mixed opinions whether including an “honors” definition in addition to the “Pass/Fail” would remove the stress level students are feeling now with the A, B, C, F grades. The Registrar’s office noted that the difference between an “honors” grade and “pass” grade would be very small. Not reporting class rank, but rather quartile might reduce stress.

• Issues in residency selection related to reporting quartiles versus class rank. Most schools report some form of “Honors” or “High Pass” with a “Pass/Fail” system in the clinical years and this allows Residency Directors to know the top achievers.

• The Registrar’s office hypothesized that not reporting class rank until the end of the year could eliminate stress throughout the year; students would not continually be comparing themselves. It is important to the Registrar’s office to maintain class rank as we move forward with any grade system changes until the full effect can be seen in both residency programs and our own grade system. COM is required by the Federal Educational Rights and Privacy Act (FERPA) to allow students access to their educational records, which would include class rank if it is maintained, but this does not have to be done until the end of the academic year. There does not seem to be a clear direction on what other medical schools are moving to with methods of reporting grades, but the Registrar’s office recommends keeping the change as simple as possible; keeping the grade system Pass/Fail.

• Consideration of a “Pass/Fail” grade system in preclinical years with a multiple tiered grade system in the clerkship years was identified, but not supported.

• Benefits and problems associated with “High Pass” or “Honors” recognition considered an unofficial grade with expectations for achievement set by the course or clerkship director. Issues identified included designation noted in the MSPE letter and/or application for a senior elective, just as a numeric ranking could be added. Academic Affairs confirmed that the Visiting Student Application Service (VSAS) does not require award recognition or numeric ranking to be included in the application. It would be up to the student to add this information to their personal statement. It is not requested on the application.

• Student members supported retaining class rank and straight “Pass-Fail” grading. The additional identification by a course or clerkship director for “High Pass” or “Honors” recognition would be a “nice to have”, but not required. There is more subjectivity in some of the courses in the Doctoring courses and M3 evaluations; having a “Pass-Fail” grade system helps remove the subjectivity.

• Option 1 concern that there could be the perception of subjectivity and/or favoritism if a course or clerkship director is not aware of students who are working extra hard/going the extra mile to complete the course or clerkship requirements in an above standards manner.

• If class rank is calculated from the time grades are first turned in by the course or clerkship director would they have to be immediately reported or as requested? Per the Registrar’s office class rank is calculated at the end of a term (semester) and made available to the student as requested/needed.

• A decision has not been made on the effective date of switching to “Pass-Fail” grades, but it would not be appropriate to go back and make retroactive changes to a grade system already identified and for which grades have already been issued.
Either implement a change with new students only, beginning with a new academic year; or implement the change across all students, with the beginning of a new academic year. Per the Registrar’s office a grade system can be changed provided specific identification is made as to when the grade system changed is made.

- There are already courses that are “Pass/Fail” that do identify an “Honors” award. Dr. Olive clarified that there are several preclerkship course directors that do identify, in a letter to Academic Affairs (EAD), a student’s exemplary performance in that course. The commendation is noted in the student’s MSPE letter.

Dr. McGowen reminded MSEC that the reasons for considering a change to the grading system were 1) reducing student stress; 2) addressing grade inflation; 3) identification of a grade system that all schools understood (letter grades can mean different things between schools, i.e., an “A” grade at one school may not be equal to an “A” at another school.

It was suggested that MSEC vote on acceptance of the recommendation for a grade system change. MSEC would then vote on the grade system to be employed, and finally MSEC would vote on how to employ the grade system change.

Dr. Schoborg made a motion to accept the recommendation from the ad hoc committee on grading systems to change the grading system for the Quillen College of Medicine. Dr. Monaco seconded the motion. MSEC voted twelve (12) YES; four (4) NO. There were no abstentions. The motion passed.

Dr. Monaco made a motion to adopt Option 1 utilizing a two-tier grading system of “Pass-Fail” reported for all courses and clerkships. This does not preclude a course or clerkship director from identifying an unofficial “Honors” award based on identified course or clerkship director criteria. A numeric class rank would be retained and reported by the Registrar’s office. Dr. Abercrombie seconded the motion. MSEC voted six (6) YES; eight (8) NO. There were no abstentions. The motion did not pass.

Dr. Florence made a motion to adopt Option 2 utilizing a three-tier grading system of “High Pass”, “Pass” or “Fail” reported for all courses and clerkships. The official grade of “High Pass”, “Pass”, or “Fail” will be recorded on the student transcript. A numeric class rank would be retained and reported by the Registrar’s office. Dr. Moore seconded the motion. MSEC voted eight (8) YES; six (6) NO. There were no abstentions. The motion passed.

Dr. Olive noted that there will have to be determination of the criteria for the “High Pass” grade and the implementation process [classes and effective date(s)]. Dr. McGowen proposed that this be brought back to MSEC for decision at a later date based on MSEC meeting availability, but it is something that will need to be decided upon soon. Clarification was made that the present courses that are “Pass-Fail”, but do not have class rank calculated will be absorbed.

**BREAK – 10 minutes 1:40-1:50**
6. Presentation: Cognitive Load
Dr. McGowen shared two (2) video links regarding the Cognitive Load Theory, an influential and important framework among contemporary educators that looks at how students cognitively manage input and retention of information for actual learning. The information presented relates in part to the upcoming discussion for agenda item 7 – Student Attendance Quiz Policy, focusing on students’ participation in class activities and factors that affect learning.

The Cognitive Load presentation and video links are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

7. Follow-up/Discussion/Action: Student Attendance Quiz Policy
A “structured discussion process” was used to facilitate decision-making on the quiz/attendance policy discussion since MSEC had previously had open-ended deliberations on this topic. Affirmative statements based on recommendations presented at the November 13, 2018 MSEC meeting were grouped into two key categories—communication issues and assessment issues. Each MSEC member and guest had two opportunities to comment with positive, negative or a pass on each statement, with a consensus of comments taken at the end of discussion, followed by MSEC action(s) and voting.

Communication issues for discussion included:

(1) Sessions (lecture or non-lecture) with mandatory attendance should be identified in the syllabus and on course schedules at outset of course;
(2) All graded assessments (including quizzes) should be identified in the syllabus and on course schedules at outset of course;
(3) All lecture content should be captured and made available to students outside of class (Tegrity, podcasts, etc.).

Assessment issues for discussion included:

(1) Graded assessments should not cover material presented on the day of assessment;
(2) Schedule a time for quizzes in sessions so that quizzes occur at the beginning of class time;
(3) Sessions with graded assessments are, by definition, mandatory.

For each issue, discussion included a wide range of supporting and opposing opinions and reasons behind them. These included: practical considerations (e.g., guest presenter’s willingness to be recorded and course directors’ needs for flexibility in course management); the need for a syllabus and/or course schedule to inform students of expectations and how grades are determined; the roles of formative and summative assessment; the value of clarity related to content and expectations of educational sessions; the role of resource material, including recordings, of material related to learner variability in mastering information; the need for clear rationale for how assessments are designed; faculty effort related to preparation of educational sessions; development of students for the clinical phase of education; and the source of medical student stress related to session expectations and activities relative to STEP 1 preparation.
Following the structured discussion, MSEC engaged in general deliberation and action on each point.

Dr. Abercrombie made a motion for the Communications Category, Issue 1: Sessions with mandatory attendance (lecture and non-lecture) should be identified in the syllabus and on the course schedules at the onset of the course as available. Dr. Florence seconded the motion. MSEC voted fourteen (14) YES; one (1) NO; one (1) abstention. The motion passed. MSEC clarified that the motion pertains to Preclinical years only.

MSEC asked about the penalty for missing a mandatory session. David Cooper stated that the student group felt this was a professionalism issue and should be left to the course director to identify the penalty in the course syllabus.

Dr. Abercrombie made a motion to the Communication Category, Issue 2. All scheduled, required, graded assessments should be identified in the course outline. Dr. Moore seconded the motion. MSEC voted eleven (11) YES; four (4) NO. The motion passed.

Dr. Abercrombie made a motion to the Communication Category, Issue 3. New lecture content should be captured and made available to students outside of class, when feasible and available. Dr. Lura seconded the motion. MSEC voted twelve (12) YES; three (3) NO; one (1) abstention. The motion passed.

Dr. Ecay made a motion to the Assessment Category, Issue 1. Graded assessments should not cover new lecture material on the day of assessment. Dr. Moore seconded the motion. MSEC voted twelve (12) YES; three (3) NO; one (1) abstention. The motion passed.

Dr. McGowen offered a consensus that discussion on Assessment Category, Issue 2 did not identify agreement with scheduling time for quizzes, in sessions, at the beginning of class time. Course directors may do this if they choose to do so, but there was no support to adopt this recommendation and make it part of the policy.

Dr. McGowen offered a conclusion that discussion also did not identify agreement with Assessment Category, Issue 3-(Sessions with graded assessments are, by definition, mandatory).

She suggested these items did not require a motion since not acting on them left things as currently in place. Dr. McGowen invited any MSEC member who interpreted the consensus differently to voice an alternative conclusion on this statement of consensus if they perceived the conclusion differently, but no disagreement was offered.

All documents related to the Student Quiz Policy discussion are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

8. Breakout Session: Review of Institutional Educational Objectives (IEOs)
Dr. McGowen reminded MSEC that with the upcoming LCME site visit in October 2019, we need to review the current list of Institutional Educational Objectives (IEOs) that we use to organize, manage and evaluate the curriculum.
MSEC has modified the IEOs a couple of times since they were originally adopted and now we need to review again and be able to say that they continue to identify what is expected of students graduating from the Quillen College of Medicine. MSEC was asked to break into two (2) groups, each reviewing four (4) of the eight (8) IEOs and come back together to report and discuss any modifications.

MSEC identified changes as follows to the Institutional Educational Objectives:
1.6, 2.5, 3.1, 3.4, 3.5, 3.6, 3.9, 3.10, and 4.1

Dr. Geraci made a motion to approve the changes identified to the specified Institutional Educational Objectives. Dr. Lura seconded the motion. MSEC unanimously agreed. The revisions will be effective with academic year 2019-2020 with an approval date of January 8, 2019.

The Institutional Educational Objectives with identified changes is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

9. Review/Discussion: Element 7.2 - TABLED
MSCE Review DCI 7.2


The MSEC meeting adjourned at 5:00 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: https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/_layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents

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 CARROLL@etsu.edu / 423-439-2407

MSEC Meeting Dates 2018-2019: * NOT 3rd Tuesday
February 19, 2019 – 3:30-6:00 pm
March 19, 2019 – 3:30-6:00 pm
April 16, 2019 – 3:30-6:00 pm
May 21, 2019 – 3:30-6:00 pm
June 11, 2019 – Retreat 11:30 am-3:30 pm* June 11 - Annual Meeting - 3:30-5:00 pm*