The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, July 16, 2019 in C000 of Stanton-Gerber Hall, Building 178

Meeting Minutes

Faculty Members
Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Ivy Click, EdD
Thomas Ecay, PhD
Paul Monaco, PhD
Jason Moore, MD
Anthony Rusinol, PhD
Robert Schoborg, PhD

Student Members
Sarah Allen Ray, M2

Ex Officio Voting Members
Theresa Lura, MD

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

Guests
Robert Acuff, PhD
Gina Botsko, M2 Class President
Earl Brown, PhD
David Johnson, PhD

Academic Affairs Staff
Lorena Burton, CAP
Mariela McCandless, MPH
Skylar Moore, BSPH
Cathy Peeples, MPH
Dr. McGowen announced that the agenda had been changed to add an M1 Review Subcommittee report recently received which necessitated the re-ordering of the previously shared agenda.

1. **Approve: Minutes from June Retreat and Annual Meeting of June 11, 2019**
   - Announcements – See separate document with all announcements for the July 16, 2019 meeting.

Dr. McGowen opened the July MSEC meeting at 3:30 pm with a quorum present and asked for comments and approval of the June Retreat Minutes and the June Annual Meeting Minutes as received by MSEC.

Dr. Schoborg made a motion to approve the MSEC June Retreat minutes. Dr. Monaco seconded the motion. Ten (10) members approved the motion and one (1) abstained from vote. The motion passed.

Dr. Schoborg made a motion to approve the MSEC June Annual Meeting minutes. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

*The MSEC Retreat minutes and the MSEC Annual Meeting minutes for June 16, 2019 are shared with MSEC members via a One Drive document storage option.*

2. **Report: Clerkship Grade Turn-Around for 2018**

Dr. Olive presented the 2018-2019 clerkship submission of final grades. This is an area noted for attention in our Liaison Committee on Medical Education (LCME) Data Collection Instrument (DCI). The MSEC policy requires clerkships to submit all final grades for students within three (3) weeks (21 days) after completion of the clerkship. This allows students to have their clerkship grades back before completion of another clerkship rotation. The LCME standard requires submission of final grades within six (6) weeks after completion of the clerkship. For the most part this year, we have done well, but the Surgery Clerkship, on two (2) separate occasions, reported grades over six (6) weeks. No other clerkships in the past academic year have exceeded the LCME standard.

In prior years, the Surgery Clerkship and the Community Medicine Clerkship exceeded the LCME standard of six (6) weeks. The LCME DCI requires three (3) years of data for clerkship grades submission. We do not know how the LCME Site Visit Team will respond to our grade submission data.

MSEC discussed how the LCME Site Visit Team might respond to our data and the reasons for the late submissions and what, if any, processes may need to be addressed to ensure future compliance with the LCME standard. Each of the clerkship directors and support staff have been reminded of the policy requirements for grade submission as well as the M3/M4 Review Subcommittee as they review the Self-Study document submissions.

*The presented Clerkship Submission of Final Grades document is shared with MSEC members via a One Drive document storage option.*
3. Update/Action: Clerkship Skill Logger Added Diagnosis OB-Surgery-IM
Cathy Peeples presented an update to the clerkship skill logger listing for the OB/GYN, Surgery, and Internal Medicine clerkships. Changes were recommended by the consultant who reviewed our LCME documents. The need for changes were discussed with clerkship directors. Changes include listing patient types/diagnoses related to required procedures performed by students and updating lists of patient types/diagnoses by identifying that students will perform versus observe the patient types/diagnoses. In addition, the Transfer of Care/Patient Hand-Over for the OB/GYN clerkship had been left off the previously MSEC approved skill logger listing. The Clerkship Directors have approved the changes/updates and this is now being brought back to MSEC for approval. The clerkship syllabi and New Innovations have been updated.

Dr. Abercrombie made a motion to accept the updated skill logger listing with added patient types/diagnosis. Dr. Rusinol seconded the motion. MSEC unanimously approved the motion.

The updated clerkship skill logger listing is shared with MSEC members via a One Drive document storage option.

   • M1 Human Gross Anatomy & Embryology
Dr. Robert Acuff presented the Comprehensive review of the course, directed by Dr. Tom KwasiGroch. The course is very strong with capable faculty members. It has consistently had high NBME scores; 2018-2019 had 72.5% of students scoring above the NBME mean. Students are very happy with the rapid grade turn-around.

Weaknesses of the course included limited access to a clinical Neurologist. The course director is concerned the course is too compressed for optimal student integration and retention of the material. Students are requesting in-class questions be designed to be more like NBME style questions. Students commented on the quality of the video material and that class notes do not always coordinate with the videos. Students also requested added faculty instruction in the lab. The course director indicated in his self-study the steps being taken to address the student concerns.

Short- and long-term recommendations to MSEC included:
   • Monitor to ensure there are sufficient faculty to teach this important course.
   • Limit academic calendar schedule changes as much as possible as there is great impact on course faculty to invest time to update videos/course material.

The short- and long-term recommendations to the course director included providing a tutorial for using D2L. MSEC discussion centered on a need to add a session to the M1 Orientation in the first week, but the recommendation is not identified for MSEC follow-up.

MSEC voted to accept the M1/M2 Review Subcommittee Comprehensive Review of the M1 Human Gross Anatomy & Embryology course with short- and long-term recommendations to MSEC.
The M1/M2 Review Subcommittee Comprehensive Review of M1 Human Gross Anatomy & Embryology course is shared with MSEC members via a One Drive document storage option.

5. Follow Up: Annual Meeting
Dr. McGowen asked for comments on the Annual meeting held in June. The Annual meeting provides an opportunity for course and clerkship directors to come together and discuss the curriculum across all phases, vertical and horizontal integration, and any gaps or redundancies, etc. The information and priorities identified at the Annual Meeting will be distributed to the Working Groups that are conducting the evaluation of the curriculum as a whole, with the suggestion that groups place a priority on horizontal integration issues. MSEC comments included the meeting being a positive experience and that it would be good to have additional opportunities throughout the academic year for the course and clerkship directors to come together and talk about the curriculum. Ensure sufficient preparation is made available before and during the meetings that will allow participants to have an understanding of curriculum terminology and needs. Dr. McGowen thanked MSEC for their feedback and asked that if there is additional feedback that it be sent to her via e-mail.

6. Discussion/Action: Year 4 Ad hoc Phase Committee Identification/Objectives/Process:
Dr. McGowen presented an outline of the Year 4 Phase Review (part of the 5-year Periodic and Comprehensive Evaluation of Curriculum cycle) beginning with the identification of an Ad hoc Phase Committee consisting of the EAD, Associate Dean for Curriculum, Review Subcommittee Chairs, and Academic Affairs Administrative Staff. The Ad hoc Phase Committee charge is to review the two phases (pre-clerkship and clinical) of the curriculum and the educational outcomes, teaching, assessment, content, sequencing, integration, gaps and unplanned redundancies, and overall effectiveness of the phases of the curriculum. To accomplish this charge, goals were identified for each phase. MSEC was asked to endorse the phase goals presented.

The Ad hoc Phase committee will convene in late August/early September and complete their work within a relative short period of time and forward to the Working Groups (yet to be identified) who will review the curriculum as a whole to identify recommendations for changes/updates to the curriculum in Year 5.

MSEC preferred to have additional time to review the curriculum Phase goals and requested that the outline of the Year 4 Phase Review previously sent with the MSEC meeting reminder, be sent out separately for review with anticipation of action at the August MSEC meeting.

Dr. McGowen asked that any questions regarding the review process, committee formation, working group(s) formation, and/or phase goals be sent via e-mail by Wednesday, August 14, 2019, so that they may be included in the discussion/action at the August MSEC meeting. The outline of the Year 4 Phase Review will be sent to the MSEC members.

The Year 4 Phase Review document is shared with MSEC members via a One Drive document storage option.
Dr. McGowen introduced the M1/M2 Lecture and Non-Lecture Notification-Assessment policy which captures the discussion/actions that MSEC took last spring after numerous meetings and discussions. MSEC approved specific motions and the proposed policy reflects those adopted actions in policy format as they affected all the courses in the Preclerkship phase. MSEC was asked to confirm the policy text to ensure it captured the general consensus of MSEC discussions and decisions. Dr. McGowen walked through the policy statement and each of the actions from prior approved minutes.

MSEC discussion, comments, and actions:
• Language related to expected attendance and courses with required attendance. MSEC questioned how this could be perceived as QCOM having a double-standard. MSEC discussion agreed that all sessions have educational merit and value, but that those educational sessions contributing to a student’s grade must be identified clearly to the student so that the student understands and knows the consequences for non-attendance at these identified sessions.

Dr. Monaco made a motion to change the first two sentences of the policy statement to read “All instructional sessions have educational merit and value and students are expected to attend. For some course sessions, attendance is mandatory.” Dr. Bird seconded the motion. Ten (10) members voted to accept the motion, one (1) member opposed.

• Recording of course delivery (lectures) can sometimes be difficult due to technical issues, guest speaker preferences, or confidential information being presented. Recording of course content is not meant to cover all course materials, but only that presented in a lecture format.
• The requirement that “new” lecture content “should” be captured and made available to students outside of class, when feasible and available, does not align with the requirement made earlier that lecture content “will” be captured and made available. Identification of content “new” or “all” and “will be” or “should be” needs to be clarified.
• There is also confusion with the term “capture” and whether it means to record on video or document on paper and provide a handout to the students.
• There was discussion about the term “feasible.” MSEC clarified that feasible meant there are circumstances (power outage, equipment failures, simulation models shown, confidential information discussed, flipped classroom design, student discussions back/forth (unless a microphone is passed back/forth), etc.) where recording was not able to be done.
• The heading of Mandatory Attendance (Lecture and Non-Lecture) is confusing and should be removed as it does not apply to the four (4) requirements listed after the heading.
• Policies are not normally read in full, only the specific requirements that must be followed. Therefore, the policy activities should outline the most important points identified in the policy statement.
• Section “D’s” last statement was not about the recording of new lecture material, it was intended to identify that the presentation of new material on the day of assessment should not be included in the graded assessment given that day. Students need to receive all material (whether in class or through recorded material) before an assessment (not on the day of the assessment) so as to allow them to review it.

• The terms “outset” and “onset” were both used, but there should be consistency

• An additional policy statement regarding faculty not being able to record any or a majority of lectures for a course needs to be addressed in the policy with a requirement that MSEC needs to approve an exception/waiver for the course.

Dr. Bird made a motion to accept the MSEC Policy 0219-26 with modifications proposed by MSEC. Dr. Abercrombie made a motion to amend the motion to include an additional requirement that any course that deems the recording of lectures is not feasible for the majority of lectures will request a waiver/exception to the policy from MSEC. Dr. Bird accepted the amendment to the motion. Dr. Rusinol seconded the motion. Nine (9) members approved the motion, one member (1) opposed, and one (1) member abstained from vote. The motion passed.

The policy has been approved in principal, but will be brought to MSEC at the August meeting to review the modifications before distribution and posting to the MSEC webpage.

8. Update/Action: Policy: Revision of QCOM Exam Administration Policy MSEC/ADMIN 0515-11
Mariela McCandless presented proposed changes to the exam administration policy. Changes include when students are able to use provided scratch paper or green sheets to make calculations or notes during exams and that all College of Medicine provided items, i.e., scratch paper, green sheets, and/or pencils are to remain in the secure testing area as the student exits the secure testing area.

Dr. Schoborg asked that the policy include language for ExamSoft examinations requiring students to show the ExamSoft green uploaded screen to the exam proctor before leaving the room.

The student is to bring only their identification card, computer, and required computer connection cords into the secure testing area.

Dr. Schoborg made a motion to accept the MSEC Policy 0515-11 with modifications proposed by MSEC. Dr. Bird seconded the motion. MSEC unanimously approved the motion.

The policy has been approved in principal, but will be brought to MSEC at the August meeting to review the modifications before distribution and posting to the MSEC webpage.
The finalized QCOM Exam Administration Policy MSEC/ADMIN 0515-11 is shared with MSEC members via a One Drive document storage option.

Dr. McGowen brought back to MSEC a revised exam question rebuttal policy based on MSEC discussion in June. The policy was distributed in advance to MSEC members for review. MSEC discussed the added language regarding the Academic Environment and Relations Committee (AERC) and their role and student perception of the AERC’s role and what is expected from AERC.

MSEC requested additional text be added to the policy that will not preclude the AERC from discussing student feedback, provided the feedback is collected in the mechanisms described in the policy as identified by the course director. Dr. McGowen reminded MSEC that the policy does contain language that prohibits question challenges, regardless of who brings them to the course director, for the purpose of changing individual student grades.

Dr. Bird made a motion to accept the MSEC Policy 1212-5 with modifications proposed by MSEC. Dr. Schoborg seconded the motion. MSEC unanimously approved the motion.

The QCOM Exam Question Rebuttals Policy MSEC 1212-5 is shared with MSEC members via a One Drive document storage option.

10. Action: Revision to the M3 NBME Grade Conversion Methodology
Dr. Olive presented a modification to the M3 Clerkship Exam and Grading Policy MSEC-0111-3. A policy change is needed so that the policy reflects previous action to set clerkship passing as requiring an NBME subject exam score above the 5th percentile. Current policy related to using NBME scores sets the 10th percentile equal to a grade of 70 which is not congruent with requiring above the 5th percentile in order to pass. It is requested that the policy be modified to say that for NBME clerkship exams, the score for the 5th percentile will be set at a grade of 69. The 90th percentile will remain at 100 and there is a regression completed for those grades in-between.

Dr. Schoborg asked discussion of the NBME Policy for Preclerkship Courses MSEC 1212-12 in light of this discussion. Dr. Olive asked that this be brought forth as a separate agenda item for MSEC discussion so as to not mix discussion and action of two separate policies.

Dr. Abercrombie made a motion to accept the M3 NBME Grade Conversion as presented to MSEC. Dr. Moore seconded the motion. MSEC unanimously approved the motion.

The M3 NBME Grade Conversion Methodology, found in the M3 Clerkship Exam and Grading Policy – MSEC 0111-3, is shared with MSEC members via a One Drive document storage option.
11. Report: Program Director and PGY1 Survey Results
Dr. McGowen presented a summary report of the 2019 Program Director and PGY1 surveys. The subjects of the surveys are our 2018 QCOM Graduates. Each year, we survey both the Program Directors and the Graduates about how well prepared they were for residency.

This is completed towards the end of the spring PGY1 year. The questions and grade scale are the same in both surveys.

For the most part, the response averages were very similar with a few areas identifying a difference (entering and discussing orders, giving or receiving patient handovers, and obtaining informed consent). The one area that seems to stand out with the PGY1 responses is that they did not feel confident, yet the Program Directors felt the PGY1 residents were well trained, had good work ethics, and conscientious. Overall, both the Program Directors and PGY1 gave a rating of 2.90 out of 3.00 = 88%.

MSEC discussion included the rating for informed consent and that this is now part of the M3 OSCE as students were identifying that they have never had this training and faculty were assuming they had the training. Students learn the importance of an informed consent, but they may not have sufficient opportunities learning how to perform in the clinical settings. It may be an area to watch.

The M4 Subinternships would be an option for all the areas identifying with a difference in ratings. Dr. McGowen thanked MSEC for their input and noted that the survey results/MSEC comments can be included in our overall curriculum review and recommendations.

The 2019 (Class of 2018) Program Director and PGY 1 Survey Results document is shared with MSEC members via a One Drive document storage option.

Dr. Johnson presented the curriculum content report for Osteoporosis, describing his approach for searching the curriculum of specified content coverage to include New Innovations, D2L posted course materials, and input from the EAD about where it should be covered. The content search was broaden to include search terms of Osteoporosis, Osteogenesis, and Bone. Courses and clerkships identified to contain content search terms included: Human Gross Anatomy & Embryology, Cellular & Molecular Medicine, Physiology, Cell & Tissue, Microbiology and Immunology, Pharmacology, OB-Gyn Clerkship and the Family Medicine Clerkship.

Dr. Johnson offered his conclusion to MSEC that there is sufficient coverage of Osteoporosis content in the curriculum.

Dr. Johnson added that he created a video of how to complete a curriculum content search in New Innovations. He offered comments about the challenges associate with searching the New Innovations Database. Dr. Olive identified that NI is the system that allows curriculum
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data to be transmitted to the AAMC on a yearly basis which allows COM to receive curriculum data reports on other LCME schools’ data for comparison. The quality of information that comes from New Innovations is based on the receipt of updated data from courses and clerkships.

Dr. Rusinol made a motion to accept the curriculum content report of Osteoporosis as verification of sufficient coverage of the topic content in the curriculum. Dr. Monaco seconded the motion. MSEC unanimously voted to accept the motion.

The Osteoporosis Curriculum Content report is shared with MSEC members via a One Drive document storage option.

• Jr. Clinical Experiences

The MSEC Retreat meeting adjourned at 6:00 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=%2personal%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
carrollmo@etsu.etsu / 423-439-2407

MSEC Meeting Dates 2019-2020: * NOT 3rd Tuesday
August 20, 2019 – 3:30-6:00 pm – C000
September 17, 2019 – 3:30-6:00 pm – C000
October 15, 2019 Retreat – 11:30 am-5:00 pm* - TBD
November 19, 2019 – 3:30-6:00 pm – C000
December 17, 2019 – 3:30-6:00 pm – C000
January 14, 2020 – Retreat – 11:30 am-5:00 pm* - TBD
February 18, 2020 – 3:30-6:00 pm – C000
March 17, 2020 – 3:30-6:00 pm – C000
April 21, 2020-3:30-6:00 pm – C000
May 19, 2020- 3:30-6:00 pm – C000
June 16, 2020 Retreat – 11:30 am-3:30 pm – Annual Meeting 3:30-5:00 pm – TBD