



**QUILLEN  
COLLEGE of MEDICINE**

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a Meeting on Tuesday, April 18, 2023 via Zoom.

**Attendance**

<b><u>FACULTY MEMBERS</u></b>	<b><u>EX OFFICIO NON-VOTING MEMBERS</u></b>
Ivy Click, EdD, MSEC Chair	Beth Anne Fox, MD, Vice Dean for Academic Affairs
Caroline Abercrombie, MD	Ken Olive, MD, Assoc Dean for Accreditation Compliance
Martha Bird, MD	
Jean Daniels, PhD	<b><u>SUBCOMMITTEE CHAIRS</u></b>
Joel Danisi, MD	Keelin Roche, MD
Jennifer Hall, PhD	
Russell Hayman, PhD	<b><u>ACADEMIC AFFAIRS STAFF</u></b>
Paul Monaco, PhD	Kortni Dolinger, MS
Jason Moore, MD	Chelsea Gilbert, MA
Jerry Mullersman, MD	Mariela McCandless, MPH
Antonio Rusiñol, PhD	Aneida Skeens, MPS
Amanda Stoltz, MD	
	<b><u>GUESTS</u></b>
<b><u>STUDENT MEMBERS</u></b>	Earl Brown, MD
Andrew Hicks, M3	Michelle Chandley, MD
RJ Leach, M4	Lean Dumas, MD
	Lindsey Henson, MD
<b><u>EX OFFICIO VOTING MEMBERS</u></b>	Amy Johnson, EdD
Deidre Pierce, MD	Ryan Landis, MD
Melissa Robinson, MD	Robert T. Means, Jr, MD
	Skylar Moore, MPH, HCMC
	Tory Street, Assistant Dean
	Doug Thewke, PhD

**Meeting Minutes**

Dr. Click opened the meeting at 3:30.

**Announcements:**

- Book Clubs
  - April 19, 2023 – 4:30-6:00 pm
    - *You're the Only One I've Told* by Meera Shah
- Pre-Clerkship Workload Policy
  - Approved electronically
- Evaluation Changes
  - Dr. Karpa has been leading a working group looking at potential changes to evaluation

- The group has continued to gather information from additional stakeholders including faculty and students.
- Dr. Olive will present at FAC on April 19.
- Dr. Click thanked RJ Leach for being on the committee. She is graduating and today was her last meeting.

### 1. Approve: Minutes from the MSEC Meeting – March 21, 2023

Dr. Click presented and asked for questions, comments and/or corrections to the March 21, 2023 meeting minutes, which were distributed to MSEC members via email on Monday, April 17, 2023.

**A motion was made to accept the March 21, 2023 meeting minutes and seconded. MSEC approved the motion.**

*The MSEC meeting minutes for March 21, 2023 are shared with MSEC Members via Microsoft Teams document storage.*

### 2. Discussion: Capacity Issues

Dr. Fox spoke about the capacity and availability issues on clerkships. Dr. Block has been working for several years with Ballad for our students to have more access to their community and inpatient physicians. Dr. Fox has met with multi-specialty groups but none had opportunities for students at this time even when compensation was offered. Other means to support clerkships are continually being reviewed. Dr. Fox asked committee members to look for opportunities to be innovative in altering the way their clerkship is given. If any aspect of core clerkships were to be moved to community, it would have to be assured that the students would have the same experiences as with our own departments. She also thanked everyone for being open to taking more students. An assessment was sent to the clerkship directors to try to gain more information about needs. Dr. Hayman pointed out that in doing clerkship reviews MSEC should be aware of these difficulties so it doesn't affect the review. Dr. Olive stated that he felt like this was something that would come up in the phase review of the curriculum. The Phase Review Subcommittee is looking at phases of the curriculum as a whole. They are currently collecting data and will present to MSEC in June. Dr. Click added that this could be followed up on at a later date and be addressed at a future Clerkship Directors meeting.

### 3. Report: M3/M4 Review Subcommittee

#### Family Medicine Clerkship

*Please see the Family Medicine clerkship Annual Review Report for additional data.*

Dr. Roche presented a review for the Family Medicine Clerkship. Dr. Jason Moore is the clerkship director. The reviewers were Dr. Keelin Roche and Riley Parr M4.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery and Environment: **Exceeded expectations.**
- Assessment, Feedback and Grading: Feedback provided to students **exceeded expectations.** Mid-clerkship review, one student stated that they did not receive it but there is documentation that they did so it **met expectations.** Formative assessment, fair and transparent grading, and timeliness of grades **met expectations.**
- Educational Outcomes: grade breakdown **exceeded expectations** with 96% of students passing with an average grade of 90.85. The clerkship has transitioned from the regular NBME to custom NBME so there are no comparisons to NBME performance.
- Student Feedback: Quality, Organization and Teaching all **exceeded expectations.**
- Previous Reviews: changed from Aquifer test to NBME custom exam, **met expectations.**

- Strengths of the Clerkship:
  - Student comments:
    - Excellent teaching with a lot of variety.
    - Great course organization.
    - Patient variety and complexity was seen as a strength

Weaknesses of the clerkship:

- Student comments:
  - Occasional downtime in hospital.
  - Lack of feedback on hospital notes. Also, more autonomy and ability to write inpatient notes.
  - More outpatient procedures and sim lab experiences.

Comments from Clerkship Director:

- The on-going challenge of balancing direct observation and autonomy in the learning environment.
- Limited time of rotation with students limits continuity.

Recommended Changes for the Clerkship Director: Once data is available, review performance of NBME custom exam compared to national averages. If this proves not possible, may need to adjust evaluation metrics.

Recommendations for MSEC: Possible need for adjustment of evaluation tool if no longer possible to compare to national NBME averages with NBME custom exam as shelf.

Because of Aquifer ending its summative assessment, the transition to the custom NBME exam was made. It was thought that once 20 students took the exam a comparison to national norms could be made however, there needs to be 20 students who take the exam at one time for a comparison. Dr. Click stated that because it was a customized exam it could not be compared with national data, but data could be used to compare past takers of the exam questions. Data from this year could be used to create expectations around where the passing line would be. Dr. Roche stated that an option for the next cycle could be that the question is not applicable; once there is sufficient data for the M3/M4 evaluations to compare to past years, the evaluation tool can be updated. Dr. Olive suggested to have Dr. Moore suggest what a reasonable standard for the written exam would be and to bring it back to MSEC for approval.

Dr. Bird commented that with all the other clerkships being held to a national standard, it seems inequitable that family medicine has tailored exams. Dr. Click stated there was an exception made around NBME because family medicine does an OSCE which is a substantial portion of the student's grade. Dr. Olive commented that a question that had to be asked is what is it that we are trying to get out of the NBME exams? Is it how well the clerkships train students for specific things that are being covered or how well we are preparing them for success on USMLE Step 2? The way to be equitable is to let all clerkships give customized assessments but that wouldn't meet the concern of knowing how our students are doing in terms of their preparation for Step 2. Dr. Click stated one thing that was approved at the last meeting was to have the rising M3s take the comprehensive clinical science examination to find out how prepared they are. This specific discussion will be tabled until a future meeting where the Family Medicine final exam can be brought back up for discussion.

**A motion was made to accept the M3/M4 Review Subcommittee Family Medicine clerkship report as presented and seconded. The Family Medicine final exam will be addressed at a future meeting. MSEC discussed and approved the motion.**

*The presented Family Medicine annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.*

### OB/Gyn Clerkship

*Please see the OB/Gyn Clerkship Annual Review Report for additional data.*

Dr. Roche presented a review for the OB/Gyn Clerkship. Dr. Brad Wood is the clerkship director. The reviewers were Noah Rutherford M3 and Dr. John Yarger.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: **Met expectations.**
- Assessment, Feedback, and Grading: **Below expectations** with 82% of students satisfied with feedback provided.
- Educational Outcomes: Grade breakdown **exceeded expectations** with 100% pass rate. There were 38% of students who scored at or above the national NBME mean, which is **below expectations.** There were 43% of students who scored at or above the national mean on the NBME, which was **below expectations.**
- Student Feedback: There were 82% of students satisfied with resident teaching which was **below expectations.** All other categories **met expectations.**
- Previous Reviews: On CQI previously for two areas that fell below expectations.

Strengths of the Clerkship:

- Student comments:
  - Fast paced and different learning environments are a plus.
  - Benefit from working with the attendees.
  - Appreciated the organization of the clerkship.

Weaknesses of the Clerkship:

- Student Comments
  - Ability to have continuity with providers makes it difficult to ask for evaluations.
  - More hands-on experience in the clinic, especially when working with residents.
  - Lectures could be shortened to once a week instead of twice a week.

Issues requiring MSEC action: Continue CQI plan due to three areas below expectations.

At least 85% of students are satisfied with the timeliness and quality of feedback they received.

- **BE** / 82% student feedback satisfied or very satisfied.

At least 50% of students scored at or above national mean on NBME or other nationally normed exam.

- **BE** / 38% students at or above national NBME mean – also **BE** for 21-22 review.

At least 85% of students were satisfied or very satisfied with the quality of resident teaching.

- **BE** / 82% student feedback satisfied or very satisfied – also **BE** for 21-22 review.

Previous CQI:

At least 85% of students were satisfied or very satisfied with clerkship organization. **ME**

Last year: **BE** / 66% of students were satisfied with clerkship organization

Current: **ME** / 85% student feedback satisfied or very satisfied.

At least 50% of students scored at or above national mean on NBME or other nationally normed exam.

Last year: **BE** / 36.1%

Current: **BE** / 38% of students at or above national NBME mean.

At least 85% of students were satisfied or very satisfied with the quality of resident teaching.

Last year: **BE** / 83%

Current: **BE** / 82% student feedback satisfied or very satisfied. Also, **BE** for 21-22 review.

MSEC recommendation: MSEC requires a CQI plan for the upcoming year and Dr. Wood to present that at a later date.

Dr. Click stated that one thing being discussed related to the NBME is to institute a practice exam in the middle of the clerkship. Dr. Olive noted resident teaching has been identified the last two years without significant change. The clerkship director should address what is being done about the quality of resident teaching on the clerkship.

**A motion was made to accept the M3/M4 Review Subcommittee OB/Gyn clerkship report as presented and seconded. A CQI plan will be required which Dr. Wood is to present to MSEC at a later date. MSEC discussed and approved the motion.**

*The presented OB/Gyn annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.*

### Pediatric Clerkship

*Please see the Pediatric Clerkship Annual Review Report for additional data.*

Dr. Roche presented a review for the Pediatric Clerkship. Dr. Jennifer Gibson is the clerkship director. The reviewers were Dr. Renee Miranda and Sarah Bridgeman M4.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: **Met expectations.**
- Assessment, Feedback, and Grading: **Met expectations.** All students were satisfied with the timeliness of feedback and transparency of grades.
- Educational Outcomes: Pass rate **exceeded expectations** but fell **below expectations** on NBME performance, both on the criteria of students at the national mean and greater than 10% of students scoring below the fifth percentile.
- Student Feedback: **Exceeded expectations.**
- Previous Reviews: **Prior recommendations were met.**

#### Strengths of the Clerkship:

- Student comments:
  - Residents and attendings are warm, friendly, approachable and eager to teach.
  - The clerkship was well organized
  - There was good variety of patient encounters and experiences.
  - Students commented positively about simulation sessions, use of the Aquifer cases and the organized curriculum.

#### Weaknesses of the Clerkship:

- Student Comments
  - Some students do not like the Aquifer cases and would rather choose their own references to learn like AMboss or UWorld.
  - Students would like to be assigned to an attending instead of choosing whom to work with.
  - Students would like dedicated periods during the weekdays to study vs patient experiences.

Recommendations for MSEC: CQI is recommended due to two areas within Educational Outcomes that fell below expectations (<50% scored at/above national mean & >10% scored below 5<sup>th</sup> percentile).

**A motion was made and seconded to accept the M3/M4 Review Subcommittee Pediatric clerkship report. A CQI plane will be required due to two areas within Educational Outcomes that fell below expectations. MSEC discussed and approved the motion.**

*The presented Pediatric annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.*

### Rural Primary Care Track Clerkship

*Please see the Rural Primary Care Track Clerkship Annual Review Report for additional data.*

Dr. Roche presented a review for the Rural Primary Care Track Clerkship. Dr. Melissa Robinson is the clerkship director. The reviewers were Dr. Sheree Bray and Noah Rutherford M3.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: **Exceeded expectations.**
- Assessment, Feedback, and Grading: **Met expectations.** 100% of students were satisfied or very satisfied with feedback and teaching.
- Educational Outcomes: Pass rate **exceeded expectations** with 100% student pass rate.
- Student Feedback: **Exceeded expectations.**

Strengths of the Clerkship:

- Student comments:
  - Students reported strengths in direct patient care, unique and diverse experiences, effective communication, and flexibility.
  - Preceptors made students feel like a team member.

Weaknesses of the Clerkship:

- Student Comments
  - Weaknesses in explanations of what each sub-rotation experience involves before asking students to select and rank.
  - More continuity in precepting locations.

Dr. Robinson stated that preceptors are an issue. Rural locations are increasingly non-physician providers. Physicians are constantly being recruited. There was a discussion about transportation costs and there are no more resources to offer. Rural cars are needed for the M1/M2 students. Clerkship resources are going into accommodations and not transportation. Dr. Hayman questioned if other clerkships are using non-physician providers and if using non-physician providers could be an issue in the future. Several members commented that a great amount can be learned from non-physician providers but there needs to be a balance of primarily working with physician supervision vs non-physicians.

**A motion was made to accept the M3/M4 Review Subcommittee Rural Primary Care Track clerkship report as presented and seconded. MSEC discussed and approved the motion.**

*The presented Rural Primary Care Track annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.*

## 4. Year 2 Questionnaire

*Please see the year 2 questionnaire for additional information.*

Dr. Olive stated that each year AAMC conducts the year 2 questionnaire with emphasis on stress, wellness, adjustment, career plans, and learning environment. It was administered from October, 2022 to January, 2023. The report was issued on March 31. The purpose of this survey is to look at issues that are crucial to medical education and the well-being of students.

General Information

- National response rate is 54%. Quillen’s response rate was 50% which was down from the previous year.
- 83% satisfied with quality of their medical education – up from 80% in 2021
- In-class attendance improved – 25% reported almost never attend class vs 29% in 2021
- Was administered to M2 students at 155 LCME accredited medical schools with a response rate of 54%
- QCOM students tend to be older and less diverse
- Overall satisfaction with education is below the national average
- Class attendance is lower but consistent with national trends.
- Experiences with faculty are generally positive but there are areas of needed improvement.
- Mistreatment levels similar to national trends
- Learning environment at or slightly below national averages.
- Stress and burnout levels slightly above national averages
- Higher interest in primary care.
- Most would choose medicine again – at national average
- Similar factors in selecting career choices

Dr. Olive commented that we have a good institution and our doing a good job but our learning environment is not as positive as we believe it is. Dr. Rusinol expressed concern on the number of students that indicated faculty does not respect diversity. He would like to have more details or study this issue and see what they mean. Dr. Henson stated that 50% response rate would be 40 people and there is no way to tell how representative those 40 students are. It’s hard to make conclusions based on small differences between national data with only 40 students responding. She cautioned placing too much emphasis on the conclusions. Dr. Click added that three people threatened with harm is three too many. Dr. Olive stated the faculty are not necessarily the source of mistreatment. It could have been fellow students or in the clinical setting. Dr. Johnson remarked that she is currently in discussion with Rachel Walden about launching a faculty development series related to the AAMC diversity standards. Dr. Click asked that a plan be brought back to MSEC on the plan for this series.

#### **No voting action required**

*The Year 2 Questionnaire document is shared with MSEC Members via Microsoft Teams document storage.*

### **5. M1/M2 Review Subcommittee**

#### Foundations of Medical Knowledge

*Please see the Foundations of Medical Knowledge Review Report for additional data.*

Dr. Kruppa presented a review for the Foundations of Medical Knowledge. Drs. Antonio Rusinol and Michelle Chandley are the clerkship directors. The reviewers were Dr. Melissa Robinson and Caleb Brown M1.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery and Environment: **Met expectations.** A small number of students report dissatisfaction with methods such as in-class instruction. 96.1 % of students were satisfied with the learning environment which **exceeded expectations.**
- Assessment, Feedback and Grading: **Met expectations.**
- Educational Outcomes: grade breakdown **exceeded expectations.** NBME exam was customized this year so there is no comparison to NBME exam performance.
- Student Feedback: Quality, Organization and Teaching all **exceeded expectations.**

- Previous Reviews: **None.**

Strengths of the Clerkship:

- Student comments:
  - Faculty were flexible and strongly appreciated.
  - TBLs kept students engaged.
  - Quizzes helped keep students accountable and NBME exams were helpful in preparing students for future exams.

Weaknesses of the clerkship:

- Student comments:
  - Lack of efficiency especially regarding TBLs and to some extent JITTs.
  - Lack of consistency among faculty in amount of pre-work and quality of hand-outs, videos, and third-party resources integration.
  - Mandatory class time was felt to be excessive.

Comments from Clerkship Director:

- Consistency of pre-work form and volume.
- Anatomy time and placement.
- Time management in daily sessions.

Recommended Changes for the Clerkship Director:

Dr. Rusinol has identified the following changes, some of which have been addressed and corrected in subsequent courses as reported by students.

- Course efficiency especially related to TBL.
- Consistency of pre-work among different faculty, especially Anatomy.
- Microbiology / pharmacology lecture and lab sequencing and time allotted.
- Sequencing of anatomy sessions within the overall course.

Reviewers recommend specific attention to:

- Pelvic anatomy pre-work.
- Limit student argument over specific quiz questions as it promotes an adversarial environment and can potentially ingrain conceptual errors.
- Limit student conversation during lecture.

Recommendations for MSEC:

- Support technology needs requested by Course Director.

Dr. Click asked Dr. Rusinol if there was anything specifically related to the review that he would like to address and for more information on technology needs. Dr. Rusinol stated that they agreed with some of the comments the students had made. In regard to efficiency related to TBL and JITT, 80% of the faculty had never done this before. The sessions have become shorter with faculty gaining experience. As to limiting student conversation when faculty are talking, that can be done but some faculty might take it as a pedagogy tool. The new screen for the Large Auditorium will be very helpful. Students were having a hard time seeing figures on the current screen. Audio is also an issue. Dr. Rusinol noted that he is currently researching other platforms like InteDashboard which is designed to administer a TBL or active learning in general. Dr. Click asked him to bring more information to MSEC. Dr. Click stated that the faculty and course directors were doing a great job and she was very pleased with the first iteration of this course.

**A motion was made to accept the Foundations of Medical Knowledge report as presented and seconded. MSEC discussed and approved the motion.**



*The presented Foundations of Medical Knowledge review document is shared with MSEC Members via Microsoft Teams document storage.*

## **6. Approval: Update on FMK**

*Please see Dr. Rusinol's slides for specific information*

Dr. Click stated that in January Dr. Rusinol and Dr. Chandley presented a proposal to MSEC to consider the feasibility of splitting the Foundations of Medical Knowledge course into two courses called Foundations of Medical Knowledge I and Foundations of Medical Knowledge II. A motion was made at that time to continue to study the possibility of reorganization. This is an update on that investigation. Dr. Rusinol stated he and Dr. Chandley studied the feasibility of creating two courses, FMK 1 and FMK2. All structure would be in Foundations 1 and the function in Foundations 2. This needed a great deal of schedule changes so the idea was discarded. They then looked at reorganization. All the changes, with the exception of one or two dates, will be within FMK. The first five weeks will contain structure and will include Embryology, Anatomy and Histology. Five Anatomy sessions from Immunology & Hematology would be moved to FMK. Four immunology sessions would be moved to Immuno/Heme. The final exam would be the Monday of week 14 instead Friday of week 13. Weeks 12 and 13 are currently being worked on to make them more student friendly. There are several topics they are waiting for input from Drs. Schoborg, Karpa and Hayman.

Dr. Click summarized saying the courses are no longer suggested to be split rather the content within FMK will be reorganized by moving five half days from Immunology to FMK and moving some content to Immunology. The only time frame difference would be the final exam would be Monday afternoon instead of the Friday morning before. Dr. Click asked Dr. Hayman for input as the course director of Immunology & Hematology. He said that he has not reviewed the proposed schedule closely as of yet but feels it would work. Dr. Robinson expressed concern that sessions on Tuesday afternoons would have a big impact on Rural Track because the students cannot get back from their sites in time and the same for Monday afternoon and Tuesday morning. She asked that the schedule be shared with her. Dr. Click stated that she would follow up with her with a more up-to-date schedule.

Dr. Fox was concerned about the moving of sessions among courses and the change in some of the structure at a time when the entire curriculum is being revised. She was concerned it might make it harder to find gaps especially since the full curriculum hasn't been run through once. Dr. Click asked Dr. Rusinol to discuss the content versus the structure. Dr. Rusinol stated that it was exactly the same content except for one session on vaccine hesitation. Dr. Hayman stated he would be in favor of the proof of concept knowing the possibility that one or two sessions might move as long as the final exam is on the proposed day.

Dr. Click asked for a motion to approve the proof of concept with the possibility of some content switching between the two courses but no loss in content.

**A motion was made to approve the Foundations of Medical Knowledge proof of concept with the possibility of some content moving but no content lost and seconded. MSEC discussed and approved the motion.**

*Please see Dr. Rusinol's slides for specific details.*

## **7. Report: USMLE Scores – Ten Year Trend**

*Please see Dr. Click's presentation slides for additional information.*

Dr. Click gave a slide presentation regarding the USMLE Score Ten Year Trends. Last year was the first year it was pass / fail so there isn't a score just the pass rate. The national first-time takers pass rate was down and the QCOM rate was also significantly down from the national level. In general, our pass rate has been right around the national rate plus or minus a few points. This is the first year since 2008 that we were considerably down. On the USMLE Step 2 CK for 2021-2022 we had 100% pass rate which put us at the national mean. There is no more Step 2 CS. The last data for Step 3 was for 2019 and the pass rate was a few points below the national rate. Similar to Step 1, the rate has been right around the national rate up or down by a few points depending on the year. Dr. Rusinol asked if there was data on how this class did on shelf exams and CBSE. Dr. Click stated that this class did poorly on many of their pre-clerkship shelf exams and CBSE. Last year's second year shelf exams were way below average and the CBSE was much below our traditional average. National numbers were also down.

**No voting action required**

*The presented USMLE Scores – Ten Year Trend presentation slides are shared with MSEC members via Microsoft Teams document storage.*

**8. Approval: Patient Types and Procedures**

*Please see Dr. Click's presentation slides for additional information.*

Dr. Click presented Patient Types and Procedures. Every year MSEC approves the required patient encounter types which includes the diagnosis that students are required to log while on clerkships as well as procedures students do. Kortni stated there were several changes made this year mainly from Family Medicine and Rural Primary Care Track to ensure comparable experiences across the two clerkships.

The five global requirements students can do on any clerkship. Dr. Rusinol asked if students had to be in clerkships to meet for example the blood draw requirement which has previously been done in anatomy sessions. Dr. Click stated that these requirements were specifically for clerkships. Dr. Abercrombie stated that the subcutaneous injections are in the Transitions course and students are logging it. Universal precaution techniques are also in Transitions and being assessed by competency scoring. These three could be moved to Transitions. The first three global requirements could be moved to transitions as the students are already logging them in the transitions course. Dr. Click asked for a motion to approve the list with the change of moving the top three Global Requirements to the transitions course.

**A motion was made to approve the Patient Types and Procedures list with the change of moving the top three from global requirements to transitions. MSEC discussed and approved the motion.**

*The Patient Types and Procedures requirements is shared with MSEC members via Microsoft Teams document storage.*

**9. Approval: Doctoring TRAILS 4 Course 24/25**

*Please see Dr. Click's slides for additional information*

Kortni presented information on changes to the Doctoring TRAILS 4 course. Doctoring 4 consists of keystone which is a three-week course; two weeks in person and one week online. Portfolios are introduced in the M3 year. Professional portfolios are not currently tied to a course but they are part of the graduation requirement. It's a requirement of promotions to promote a student for graduation and the next academic year. In reviewing what Doctoring 4 would look like in the future, it was decided to attach portfolio reflections. Portfolio reflections were voted on by MSEC. They are gaps in the curriculum in which students write reflections on certain topics related to our Institutional Educational Objectives. Currently,

portfolio reflections are introduced during transitions. Students have all of their M3 year and part of the M4 year to complete these reflections. In looking at the new curriculum, it was thought to make Doctoring 4 a longitudinal course starting for the 24-25 academic year. Doctoring 4 would include portfolio reflections. Students would be introduced to this on March 4, 2024, the first day of the M4 year and they would be due in the spring of 2025. In addition, the Keystone component of the course would be extended to four weeks. ACLS and masking fitting would be in the last week. Due to auditing purposes, financial aid asked that keystone be moved closer to the graduation date. Tentative dates: April 7 – May 2, 2025. Keystone would end one week before graduation. We would like MSEC to approve the idea of a Doctoring 4 course. Course syllabus and description would be brought back at a later date. Dr. Click stated that for the reflections the students are reflecting on the institutional educational objectives and how they have met those objectives using clinical examples. With the 3-year accelerated track, the requirement would be due in the third year but this would still need to be brought back for discussion of how students would meet this requirement.

**A motion was made and seconded to move the portfolio reflections to be a requirement of Doctoring 4 and Keystone will be moved closer to graduation and will include ACLS. MSEC discussed and approved the motion.**

*The presented Doctoring TRAILS 4 document is shared with MSEC members via Microsoft Teams document storage.*

The MSEC meeting adjourned at 5:35 p.m.

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#### **MSEC Meeting Documents**

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

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

#### **MSEC Meeting Dates 2023: (Zoom meetings unless noted)**

January 17, **2023 Retreat** – 11:30 am-5:00 pm (**in-person**)

February 21 – 3:30-6:00 pm

March 21 – 3:30-6:00 pm

April 18 – 3:30-6:00 pm

May 16 – 3:30-6:00 pm

June 20 - **Retreat** -11:30 am-3:00 pm (**in-person**)

June 20 - **Annual Meeting** - 3:30-5:00 pm (**in-person**)