QUILLEN
COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, May 18, 2021, via Zoom meeting.

Attendance

Faculty Members	Ex Officio Non-Voting Member
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	**Subcommittee Chairs**
Jennifer Hall, PhD	Robert Acuff, PhD
Russell Hayman, PhD	David Wood, MD
Paul Monaco, PhD	
Jessica Murphy, MD	**Academic Affairs Staff**
Antonio Rusinol, PhD	Kortni Lindsey, MAgr. Staff
Robert Schoborg, PhD	Mariela McCandless, MPH, Staff
	Aneida Skeens, BSIS, CAP-OM
Student Members	
Sarah Allen Ray, M3	**Guests**
Andrew Hicks, M1	Patricia Amadio, MD
	Lorena Burton, CAP
Ex Officio Voting Members	Leon Dumas. MMED
Joe Florence, MD	Tom Kincer, MD, AD
Tom Kwasigroch, PhD	Skylar Moore, HCMC, BSPH
Rachel Walden, MLIS	Keelin Roche, MD
	Tory Street, AD

Meeting Minutes

1. Approve: Minutes from April 20, 2021 Meeting.

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the April 20, 2021 meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Monaco made a motion to accept the April 20, 2021 minutes as presented. Dr. Abercrombie seconded the motion. MSEC approved the motion.

The MSEC minutes for April 20, 2021 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development
  - May 19, 3:30 – Designing Medical Education Research – Dr. Trena Paulus
  - June 1, 12:00 – Promotion & Tenure FAQs – Dr. Karen Schetzina
  - June 16, 3:30 – Educational Journal Club – Drs. Amy Johnson & Alicia Williams
  - August 4, 3:30 – Writing Exam Items and Use of Patient Characteristics – Dr. Ken Olive
- Book club
  - Summer selection – *This is Going to Hurt* by Adam Kay. Discussion date: June 23 at 4:30 pm
  - Fall selection – *What the Best College Teachers Do* by Ken Bain. Discussion date: August 18 at 4:30 pm
- CMS work group update
  - After reviewing several options and participating in demonstrations, the working group is recommending the purchase of Leo by DaVinci Education and is currently investigating the purchase process.
- Cellular and Molecular Medicine (CMM) using customized exams from NBME
  - CMM is going to use Customized Assessment Services from NBME as a pilot for future and the annual fee will be paid by Academic Affairs. This will cover unlimited exams in a 12-month period If anyone else is interested in using this service. Exams ordered are approximately $30.00 per student per exam. The exam fee is based on the number of questions. Interested course directors are encouraged to go ahead and consider implementing customized exams this year as a step towards the new curriculum, which will not support the old NBME exams. Course directors will need to determine who will need access to the system.
- Call for course directors
  - An email was sent out to faculty with details regarding the duties of course directors needed for the new curriculum. Interested faculty should contact Drs. Click, Olive or Schoborg by July 30, 2021.

2. Discussion/Action: Curriculum Transformation

- Assessment and Pedagogy (for action)

Dr. Rusinol provided a summary of the presentation presented at the last meeting on behalf of the Instruction and Assessment Task Force (IATF) in order to move forward with recommendations on the instruction strategy for the new pre-clerkship curriculum:

- Guidelines on the ration of didactic and active learning instruction methods
- Methods of incorporating active learning into the new curriculum
- Structure of a typical week (including contact hours)

The IATF recommendations regarding Instruction are as follows:

- Protected self-directed study time

    - Goal: 20 hours of scheduled contact time per week (maximum of 24 hours).
    - Target study time for assigned material: <2 hr/hr of contact time.
- Most learning activities should be based on active learning principles.
- TBL sessions will be the basis for the delivery of the curriculum
    - Three or four days per week
- CBL/PBL and SPECTRM occurring on Fridays
    - One PBL/CBL case covered over two consecutive weeks
    - SPECTRM/Lifelong Learning every third Friday
- Interactive Large-Group sessions will provide diversity in pedagogy
- Learning Communities once every four to six weeks
- Typical weekly schedule
    - Goal is for students to have consistent/predictable schedule
    - Examples are more detailed for the Basic Science components of the pre-clerkship curriculum than the Doctoring components
    - There may be some variation week to week depending on required activities

Recommendations regarding assessment are as follows:

- Overarching assessment strategy for the pre-clerkship curriculum
- Frequency of formative assessment and summative assessment per course/block
- Methods of assessment
- Premises for an assessment system for the Basic Sciences Courses
    - A formative and summative assessment system with a focus on the formative is proposed
    - The proposed model is based on continuous and progressive, low stakes formative assessments leading up to a final assessment with higher stakes
- In-class formative assessments:
    - TBL grade (IRAT, TRAT, Application, Peer Evaluation)
    - In-class grade from audience response devices
    - Other assessments which could include Narrative Assessments (via rubrics), essays, papers, laboratory practical exams, mini clinical exercises, simulations, presentations, etc.
- Out-of-class assessments:
    - End-of-week assessments with a specified window of time for completion
    - Midterm or interim exams (if used)
    - These assessments should test a portion of cumulative material and have progressively increasing stakes
- Final customized NBME exam

Implications of these recommendations included the following:

- Guidelines set by MSEC to ensure that the pedagogy and assessment plans are implemented as intended
- Student attendance mandatory any time in-class formative feedback counts towards grade.

Potential policy changes needed:

- NBME Policy for Pre-Clerkship Courses

- M1-M2 Syllabus Identification of Lecture/Non-Lecture Attendance and Assessments
- Student Promotions Committee Policy
- Others

Dr. Click felt there needed to be some decisions made regarding approving the recommendations from the IATF with more specific policy changes coming out of the recommendations at a later point. One question brought up was how this would work with rural track students, such as travel time to clinical sites and self-directed study time. Dr. Click stated that approving these recommendations as general principles allows room for specific policy to be developed. Dr. Kincer noted that there were 12 – 15 days in the entire academic year that students were in their rural track sites so this was not a weekly issue and they had been able to work it so that the time here and the time away was maximized. He thought the students would lose some of the self-directed study time, but it was something that could be worked through. Dr. Schoborg stated that another implication of these recommendations would be a uniform buy in to the idea that students have to come to class because active learning only works when the students are there. He felt this would be an issue, particularly as they get close to Step 1, unless the change to pass/fail overrode the trend. Attendance could either be made mandatory, or attendance was not mandatory, but the students would lose points for not attending. It was noted that students would not be attending four courses at a time, so there should not be decreased presence due to students studying for another course. Students would also be getting the self-directed study time to prepare for the active learning involved. It was stated that preparation for this shift in culture would need to start pre-matriculation and there needed to be a clear communication to potential students that attendance for active learning was mandatory. Dr. Click stated that was one of the reasons it was so important to get some of these decisions made so that the admissions committee could relay this information to potential students, so they knew what they were getting into. Dr. Click called for a motion to approve the recommendations presented by the IATF. She further stated that specific policies needing to be brought to MSEC could be discussed at a later meeting.

Dr. Bird made a motion to approve the recommendations from the Instruction and Assessment Task Force regarding instruction and assessment as guidelines for future policies in the new curriculum as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

The presented Recommendations from the Instruction and Assessment group document is shared with MSEC Members via Microsoft Teams document storage.

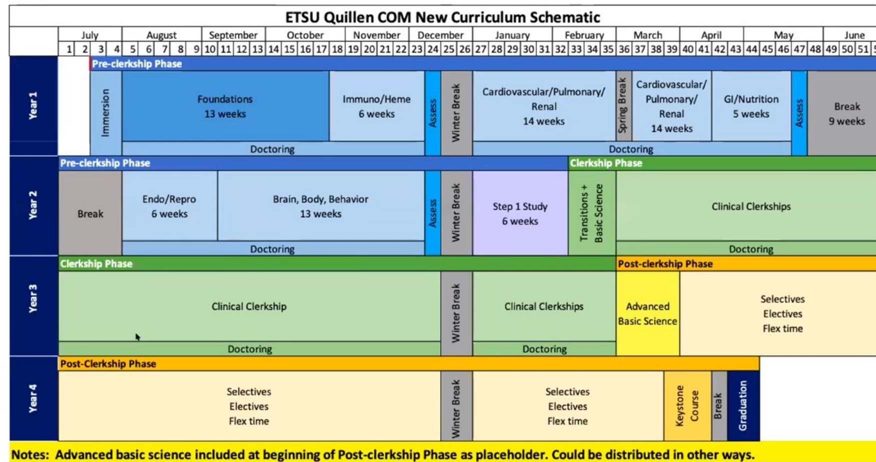
- Doctoring

Dr. Amadio presented a PowerPoint regarding the Doctoring Course Semesters 1 – 3. She stated the work group was still in the preliminary phase. The Doctoring Course Subcommittee includes the following:

- Dr. Ken Olive
- Dr. Jason Moor
- Dr. Brian Cross
- Dr. Ivy Click
- Dr. Caroline Abercrombie

- Dr. Jerry Mullersman (Course Co-Director)
- Dr. Patricia Amadio (Course Co-Director)

It was noted that only the first three semesters of Doctoring were being discussed today and this would occur concurrently as one course per semester during the pre-clerkship courses with Doctoring I occurring during the fall semester of the M1 year, Doctoring II occurring during the spring semester of the M1 year, and Doctoring III occurring during the fall of the M2 year. A schematic example was provided to illustrate this:



An example schedule was also provided wherein Doctoring occurred on Tuesday and Thursday afternoons, but the granular details of the Doctoring courses had not yet been worked out, so it was noted that this example was only for visualization purposes.

Example Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:50	TBL	Human Structure: (Anatomy, Embryology, Histology)[1] or Simulation or other course sessions	TBL	SDST	CBL or Doctoring: SPECTRM[2]
9:00-9:50					
10:00-10:50	Interactive Large Group		Interactive Large Group		TBL
11:00-11:50	Interactive Large Group		Interactive Large Group		
12:00-12:50					
1:00-1:50	SDST	Doctoring: Clinical Preceptor Every other week Day of week varies among students	Learning Community Activity (~every 4-6 weeks) or SDST	Doctoring: Clinical Skills	SDST
2:00-2:50					
3:00-3:50					
4:00-4:50					

[1] Human Structure every day during Foundations; every 2-3 weeks during systems courses
[2] SPECTRM: System, Professional, Ethical, and Community Topics Relevant to Medicine

Dr. Amadio noted that there was a considerable amount of logistics to be considered and there would need to be some flexibility in scheduling and how students rotated through, including travel time for the rural track students. She noted there would also be a further degree of complexity if any of the Doctoring components were made to be interprofessional. The Doctoring courses would not only be aligned with system courses but integrated and would be all active learning.

Doctoring Guiding Principles:

- Cases will be fully integrated with basic science content, using consistent language to describe concepts
- Simulation is active learning and applies clinical skills. Simulations to be developed in conjunction with basic science faculty as active learning team-based activities. NOTE: Faculty development in sim/debriefing will be critical (CMS course)
- Interprofessional learning opportunities may be leveraged. Ex: P3s with M2s for medications in sim lab.
- Active learning for all synchronous activities.

"SPECTRM" Doctoring content was also discussed noting that this was an acronym developed by Dr. Mullersman for "**S**ystem, **P**rofessionalism, **E**thical, and **C**ommunity **T**opics **R**elevant to Medicine". The content of this component would include the following:

- Components and practice of medical professionalism
- Professional identity formation
- Cultural awareness and cultural humility; health/care disparities
- Medical ethics and its application
- Legal underpinnings of medicine
- Systems of Healthcare; organization of healthcare delivery
- Research
- Community medicine and public health

The time slot for SPECTRM content is suggested to take place on Friday mornings. Integrated Ground Rounds (IGR) may also end up being on Friday mornings sometimes, but that has not been worked out yet. Another piece of Doctoring content is the Immersion course where the students get a chance to learn some hands-on skills such as taking vital signs and using a stethoscope or learning how to talk to a patient, so they sort of feel like a doctor and bond with their classmates. This will focus on a patient-centered approach with basic foundations of professionalism that is service oriented.
Content for the Doctoring courses was discussed and were divided into "clinical" and "SPECTRM" pieces for each semester:

Doctoring Semester 1: Clinical

- Introduction to physical examination
- Introduction to SOAP format, history-taking, differential diagnosis, case presentation
- Communications
- IPE Semester 1
- IGR: Role of semester 1 students may change. Discussing whether to start IGR in 1st semester. Foundations content highlighted in fall cases
- Front office preceptorship/patient shadowing

Doctoring Semester 1: SPECTRM

- Introduction to Medical Ethics: Asynchronous Medscape Medical Ethics course: Certificate-based
- Introduction to Bias/Diversity/Disparities: Gender, Unconscious bias, Micro/Macroaggressions (possibly asynchronous)
- Human Sexuality

- Medical Professionalism Foundations
- Self-Care: Resilience Foundations
- Patient-Centered Care
- The Donor as a Patient
- Cultural Humility

Doctoring Semester 2: Clinical
- Organ block integrated content: Advanced physical diagnosis and ROS for each system: Cardiac, Pulmonary, Renal, GI
- Cases apply physical diagnosis/communications skills of DS1
    - Standardized Patient Cases
    - Sim Lab cases (may be part of the basic science content/time slot: full integration)
- Cases sequentially designed to practice a particular DS1 skill
- Airway w/Pulm; Rhythms/EKG/Invasive monitoring with Cardio
- IPE Semester 2
- IGR cases integrated with basic science content
- Clinical preceptorship

Doctoring Semester 2: SPECTRM
- Ethics cases: One to two per semester integrated with block content
- Disparities: One to two per semester integrated with block content
- Medical error
- Systems thinking: (AMA Health Systems Science) asynchronous
- Human sexuality
- Cultural humility/Trauma-informed practice
- Resilience
- Professionalism

Doctoring Semester 3: Clinical
- Organ block integrated content
- Advanced physical diagnosis and ROS for each system: Endocrine, Reproductive, Neuro, Mental Status
- Continue to apply physical diagnosis/communications skills
    - Standardized patient cases
    - Sim lab cases
- Cases increase in complexity and intentionally include comorbidities recalling/reviewing earlier systems
- IPE Semester 3
- IGR: Foundations content highlighted (since DS1 students)
- Clinical preceptorship

Doctoring Semester 3: SPECTRM
- Ethics cases: One to two per semester
- Disparities: One to two per semester
- Health care systems

- Human sexuality
- Cultural humility/Trauma-informed practice (Behavioral health)
- Medical Apology
- Pain
- Addiction
- Resilience
- Professionalism

Things still to be determined are:

- Exact schedule: SP cases would take a whole day to run all 80 students through, for example. More than one sim lab would likely have to run simultaneously to be feasible.
- Class rank: Doctoring leadership strongly recommends not having numerical class rank.
- Rural track of Doctoring: Undetermined at this time. More content will be done with the Generalist track.
- Content of M3 Doctoring on Clerkships: Undetermined
    - Balint groups/debriefing difficult clerkship experiences?
    - Based in Learning Communities?
    - Active learning to review relevant basic science: Simulations?

The question was asked if there had been given any thought to using the electronic medical records system as a way to present cases or store case data and Dr. Amadio stated it seemed like it would be better to provide the students with the basic knowledge of what they were supposed to be documenting before they started using the different templates. Purchasing devices to simulate heart sounds was discussed. A question was asked if there were Doctoring type content on the NBME exams? Dr. Olive stated that there were increasing questions on communication skills, system-based practice, ethics, heart sounds, and motivational interviewing on the NBME exams. End-of-course assessments for Doctoring were discussed.

- Rural/Community Medicine

Dr. Kincer addressed rural track in the context of the Doctoring courses and stated that for consistency's sake and due to dwindling resources, he wanted rural track in the community to be very experiential for their precepting and then centralize as far as standardized patients, sim lab, and anything else the generalist track students are doing so that content is more consistent and students are on campus together. This has been discussed with Dr. Amadio and is going to be attempted during the coming fall semester.

Dr. Kincer also discussed the Community Medicine Clerkship in the third year, noting that this clerkship has consistently had some of the poorest evaluations from the students over the past several years. He also noted there were some dwindling resources at the Sevierville site and this year Community Medicine would be branching out into Greeneville with between four to six students per clerkship. Dr. Kincer stated the main goal as to why he was hired was to emphasize part of the mission of the College of Medicine to train medical students to be primary care physicians in rural and underserved communities. He stated there were a lot of underserved communities in the region that were not rural, naming street medicine and global health as examples of underserved communities needing to be incorporated in this clerkship.

A working group has been formed and is discussing revamping "Community Medicine" into a new clerkship called "Underserved Medicine." Currently the clerkship is six weeks, however some students will actually take part of their Community Medicine clerkship and try to use part of it for extra elective time, so they are not getting a full six week Community Medicine experience. Dr. Kincer proposes to decrease the Community Medicine clerkship from six weeks to four weeks to free up two more weeks for elective time and using those four weeks to really concentrate on an underserved experience. He notes the Doctoring courses will incorporate health care disparities and community medicine lectures or small group experiences that will give students a basic foundation of what a health care disparity is, what inequity is, and vulnerabilities some of our patients face so that when they get to their third year clerkship, the generalist track students will have a four-week experience in underserved medicine that is not embedded with as many didactics or downtime.

Dr. Kincer also discussed the similarities between the underserved clerkship and what the rural primary care track is accomplishing. The rural primary care track will be specifically those students who want to practice in a rural or underserved community. The twelve-week rural primary care track clerkship will be a version of underserved medicine that is a deeper immersion in rural and underserved medicine so that students will have the true ability when they graduate to follow up with a primary care residency and do well in a rural or underserved community. Additional community sites have been contacted and expressed interest such as the VA outpatient clinics, the Health Wagon in Southwest Virginia, and Rural Medical Services in Newport and Parrottsville. He hoped to have some items ready for MSEC to vote on at the next meeting.

No action required for these items

The presented Doctoring Course Semesters 1-3 document is shared with MSEC Members via Microsoft Teams document storage.

3. Update: New Medical Education Department

Dr. Schoborg provided an update on the new Department of Medical Education (DME). He stated he was currently in the process of creating policies to develop a uniform process for people to transition from one department to another. A budget has been submitted but more things could be added to the budget if needed. Specifically, TBL training with the TBL Collaborative as well as memberships, travel and faculty development were budgeted for. Improvements to the anatomy labs was also included in the budget. There has been no specific approval back from the Dean yet. Dr. Schoborg noted they were still looking for course directors for the new courses. The question was asked as to who would be in the Department and if there would be a final roster or if the list would be fluid. Dr. Schoborg stated it would be fluid, but he wanted to have defined policies in place beforehand. He stated that approximately 11 people from the Department of Biomedical Sciences (DBMS) had self-identified that they felt they belonged in the new department and he agreed. He felt that would happen this summer in time for FAP-FAR-FAE because he would be helping people develop their plans for next year. He also thought that medical education faculty from

Academic Affairs would be migrating to the department as well but that will probably occur a little bit later to get the DBMS faculty moved first.

Dr. Schoborg has talked to the Dean about having a suggested three year period of time where faculty in the DBMS would agree not to reduce their teaching to medical students during that time because there will be an overlap between the legacy curriculum and developing and delivering of new courses. Dr. Krishna Singh is the new chair of the DBMS and Dr. Schoborg is in negotiations with her as well as the chairs of the other departments where there might be faculty who would come into the DME or not. Recruitment of faculty for courses would be course director initiated, but if the course directors needed assistance in identifying appropriate faculty and Academic Affairs and the DME would assist with that. Academic Affairs would also help with identifying potential gaps in the curriculum as content is moved around. Dr. Schoborg stated another reason he wanted to get people moved into the DME as soon as possible is to create promotion and tenure guidelines that are education specific and department specific guidelines.

No action required for this item.

4. Discussion/Action: M4 Electives

- Dr. Christy Lawson Surgery

Kortni Lindsay presented an M4 elective from the surgery department for an Acute Care Surgery Elective. Dr. Christy Lawson will be the rotation director for this elective. This will be a two-week elective that will be offered across all periods beginning this academic year if approved with a maximum of two students per period. Most of the time will be spent at the Johnson City Medical Center with a small portion of time spent at the Johnson City Medical Center Trauma Clinic. This is an opportunity for M4 students only. This elective is different than the current surgery elective being offered as this is more of an acute care surgery based elective focused on emergency general surgery cases both in the operating room and in the clinic. There are currently two clinics per month, but they are anticipating adding two more additional clinics at some point within the next few months. There is high interest in this elective and students already awaiting approval to take the elective.

Dr. Abercrombie made a motion to approve the Surgery – Acute Care Surgery Elective as presented. Sara Allen Ray seconded the motion. MSEC discussed and approved the motion.

The presented Surgery –Acute Care Surgery Elective document is shared with MSEC Members via Microsoft Teams document storage.

- Dr. Kirkpatrick Anesthesiology

Kortni Lindsay presented an M4 elective from the surgery department for an Anesthesiology Elective, which is currently being offered as an individually arranged elective and is very popular so Dr. Kirkpatrick was asked to submit documentation to make this a formal elective offering rather than students having to go to her to complete the Individually Arranged Elective form. Dr. Kirkpatrick will be the rotation director. This elective is a two-week offering for M4 students only and will be offered across all periods and it will not share slots with any other selective.

There is a maximum of one student per period as long as there is not already an IAE scheduled for that period. This should no longer be an issue after the 2021-22 academic year as it will only be offered as an elective, however, students have already submitted IAE forms for the 2021-22 academic year. This elective will be offered at the VA Hospital only.

Sarah Allen Ray made a motion to approve the Anesthesiology Elective as presented. Dr. Hall seconded the motion. MSEC discussed and approved the motion.

The presented Anesthesiology Elective document is shared with MSEC Members via Microsoft Teams document storage.

- Anesthesia Pain Associates/Surgery

Kortni Lindsay presented an M4 elective from the surgery department for an Anesthesia-Anesthesia Pain Associates Elective. This elective is a two-week offering for M4 students only and will be offered across all periods and it will not share slots with any other selective. There is a maximum of one student per period. Part of the rotation will be done at the Johnson City Medical Center, but the majority will be at the Anesthesia Pain Associates clinic itself. Dr. Wilkinson will be the rotation director. This will be primarily an outpatient setting elective.

Dr. Abercrombie made a motion to approve the Surgery-Anesthesia-Anesthesia Pain Associates Elective as presented. Sara Allen Ray seconded the motion. MSEC discussed and approved the motion.

The presented Surgery-Anesthesia-Anesthesia Pain Associates Elective document is shared with MSEC Members via Microsoft Teams document storage.

5. **Report:** M1-M2 Review Subcommittee 2020-2021
   - Anatomy

Dr. Acuff presented a course review for Anatomy. Dr. Tom Kwasigroch is the course director. The reviewers were Dr. Brian Rowe and Sarah Bridgeman, M2.

Goals, Outcomes, and Objectives: Met expectations. Objectives have not been mapped since the 2015-16 year, however, the objectives and content have not changed, only rearranged in sequence of order taught, so updating is not necessary at this time.

Content, Delivery, and Environment: Met or exceeded expectations. Student satisfaction rating with characteristics of learning environment was 97% and the content integrates well within the curriculum. The only student concern mentioned was how the cardiac sounds fit into the curriculum.

Assessment, Feedback, and Grading: Met expectations.

Educational Outcomes: Met or exceeded expectations. 98% of students passed the course, no students failed, and 1 student had an incomplete. 56% of students scored at or above the national mean on NBME. 6% of students scored at or below the 10th percentile on NBME.

Student Feedback: Met or exceeded expectations. Student satisfaction rating was 91% for course quality, 91% for course organization, and 88% for quality of teaching. All instructors were above the 3/4 satisfaction rating.

Previous Reviews: Met expectations. Two additional faculty have been added to improve coverage I the lab and the video quality has been addressed.

Strengths: Well organized; order of units made sense; interactive and engaging; teachers were great; organized with the quizzes and presentation of class material; large amount of learning materials available, requiring no additional learning resources; instruction by faculty was methodical; cadaver lab matched well with lecture material; content for each day was clear; in spite of Covid, the course was conducted to a very high standard; all content was covered in a way that allowed students to learn the material well; the schedule and syllabus were clearly laid out; the course material was related to clinical correlation; having embryology at the beginning allowed reinforcement through each section; the flipped classroom approach allowed me to feel knowledgeable about the dissection each day; very concise information for the NBME exam.

Weaknesses: Professor should be more unified in terms of teaching style; some professors gave wrong answers on various occasions; some faculty notes contradict the notes of other faculty on certain details; wish we could have gone over cardiac sounds and waves, since those were tested on the shelf exam; D2L was a bit of a disorganized mess when it came to the material; there is too much material in the notes not cover the other exams; it is difficult to sift through all of the zoom recordings prior to the shelf; more time is needed with important things and less time and other things; would be awesome to spend more time and make the course longer; make the course a whole semester; embryo should be integrated; on my first day in lab up we had zero introduction to the cadavers, how to dissect, what tools to use, etc.; lecture should be updated; VR video snips were difficult to follow; there should be a better way to do daily quizzes with the lab group.

Dr. Kwasigroch noted that students are told on the first day of class if they felt that they had received misinformation that they needed to ask him for clarification.

Recommendations to the course director: There were no recommendations for the course director.

Recommendations for MSEC: There were no recommendations for MSEC.

Dr. Hayman made a motion to accept the Anatomy Annual Course Review as presented. Dr. Bird seconded the motion. MSEC discussed and approved the motion.

The presented Anatomy Annual Course Review is shared with MSEC Members via Microsoft Teams document storage.

6. Report: M3-M4 Review Subcommittee 2020-2021

- OB/GYN

Dr. Wood presented a course review for OB/GYN. Dr. Jessica Murphy is the course director. The reviewers were Dr. John Yarger and Nelly Grigorian, M4.

Goals, Outcomes, and Objectives: The course has not updated mapping since 2016-17 and there have been changes to the session levels that need to be communicated to the new clerkship director, but otherwise has met expectations.

Content, Delivery, and Environment: Exceeded expectations in all areas. Students note they are able to be actively involved in teaching activities and faculty and residents are very active in teaching and are available throughout the clerkship.

Assessment, Feedback, and Grading: Met expectations.

Educational Outcomes: Met expectations.

Student Feedback: Met or exceeded expectations. Student satisfaction rating was 85% satisfied with clerkship quality, 85% satisfied with clerkship organization, and 90% satisfied with teaching quality by residents and attendings.

Previous Reviews: Met expectations.

Strengths: many students commented positively on the flipped classroom style didactics and felt it enhanced their education and covered most of the necessary topics for the shelf exam.

Most residents and attendings received positive feedback scores (3.5-3.9) and were reported to enjoy teaching and involving students.

Students had almost uniformly positive comments about their two outpatient weeks, they particularly appreciated the autonomy they had and the opportunity to work one on one with attendings.

The clerkship director identified the variety/breadth of experiences the students are exposed to over the course of the clerkship and the staffs' interest in and dedication to teaching as strengths.

Weaknesses: Several students commented on inconsistencies throughout the rotation during different periods in L&D week; some were able to be active members of the team and had the opportunity to deliver babies/placentas, while others were only allowed to watch.

Students commented on the last-minute nature of getting notice of their schedules and required meetings, stating they occasionally got no notice of schedule updates from the coordinator.

The clerkship director identified weaknesses as the inability to schedule simulations due to COVID and difficulty providing consistent experiences for students to due the varying nature of the faculty's week-to-week surgical and clinical schedules.

Recommendations to the course director: Overall, this clerkship appears to be performing well and meeting its stated objectives. The most actionable change would be:

1. Notice farther in advance regarding required meetings and weekly schedules.
2. Develop strategies to help make more consistent the experience across weeks/students
3. Mapping needs to be updated based on changes to Clerkship Objectives and/or Session content delivered.

Recommendations for MSEC: None.

Dr. Bird made a motion to accept the OB/GYN Annual Course Review as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the motion.

The presented OB/GYN Annual Course Review is shared with MSEC Members via Microsoft Teams document storage.

- Pediatrics

Dr. Wood presented a course review for Pediatrics. Dr. Jennifer Gibson is the course director. The reviewers were Dr. Gigi Miranda and Isaac Weintraub, M4.

Goals, Outcomes, and Objectives: The course has not updated mapping since 2015-16 but updated session level mapping is in progress and the clerkship director hopes to have this completed by Fall 2021. Otherwise, the course has met expectations.

Content, Delivery, and Environment: Met or exceeded expectations. There is some work going on to have a central location for students to find resources and not be dependent on emails. Students did express dissatisfaction with being relocated to an unused conference room known as the “fishbowl” during inpatient days as it reduced student interaction with residents and patients, however, this was an issue specific to COVID and a non-issue in years prior.

Assessment, Feedback, and Grading: Met or exceeded expectations.

Educational Outcomes: Met expectations in that 93% of students passed the course and 7% of students scored at or below the 5th percentile on the NBME. However, the rating was below expectations for the benchmark of 50% of students scoring at or above the national mean on the NBME or other nationally normed exam with a percentage of 25.6% scoring at or above the national mean. It was felt that lower scores were due to the effects of the COVID 19 pandemic from the shortened clerkship, decreased clinical experiences and added stress due to the pandemic. Also, students in the last two periods of 2019-20 did not take the NBME so there were no scores available for consideration.

Student Feedback: Exceeded expectations.

Previous Reviews: No formal recommendations from prior reviews. There are efforts taking place to improve student autonomy and EHR access per the self-study.

Strengths: Interprofessional interaction was noted as a strong point of the clerkship in a number of evaluations with multiple comments on working with behavioral health standing out

(e.g. “so grateful to have an amazing behavioral health team available in clinic”) in addition to interactions with pharmacy, nutrition, PT, RT, Speech, and nursing noted. Attendings and sub-specialty electives were also very highly reviewed in student evaluations.

The clerkship director identified strengths including teaching faculty and residents who are almost always willing to work with students to improve their performance and knowledge; the variety of clinical experiences we are able to offer in a short clerkship; and the opportunity for our students to work in an integrated care model with behavioral health and social workers in our outpatient setting. I also feel that our clerkship experience is fairly well organized and is balanced in the graded components across medical knowledge (NBME and quizzes) and professionalism and patient care skills (faculty evaluations and directly-observed examination.

Weaknesses: There were several comments from students on autonomy and documentation – e.g. there were either not opportunities to document H&Ps or progress notes in the EHR or that the expectations for student documentation in the EHR was not clear. Other weaknesses were certainly a product of COVID related changes – technology issues with Zoom lectures, the use of the fishbowl on inpatient services to increase social distancing in the resident workroom, the reduction of the clerkship from 6 weeks to 5 weeks, and the reduced ability of patients to see most pediatric acute care in clinic due to restrictions on students.

The clerkship director identified weaknesses as either directly related to COVID or have been exacerbated by COVID restrictions. One weakness is the shortened duration of the pediatric clerkship for this academic year—it was necessary due to COVID-related schedule changes, but it is still difficult to accomplish a broad pediatric experience in only 5 weeks (and often even less due to holidays or quarantines). Another weakness is the lack of acute illness exposure—currently, most “sick” children are presenting with fever/cough/congestion/GI symptoms, and all are considered “PUIs” for COVID—so students have been restricted from seeing them in order to prevent exposure. These issues are the “bread and butter” of a career in general pediatrics, and the students are unfortunately missing out on these experiences. This issue has also worsened overcrowding in the outpatient clinic. Because 1-2 pediatricians per afternoon are assigned to cover our “possible COVID clinic,” the students cannot precept with these physicians—as a result, the students are all consolidated in the afternoon to work with fewer attendings and residents which further diminishes their number of patient encounters. Learning experiences on the inpatient service have also been affected by COVID—both in the number/types of patients that students can see and in the way students/residents interact.

Recommendations to the course director:

1. Continue with Session level mapping to reach goal of completion by Fall of 2021.
2. Continue with exploring creative ways for Medical Student interaction during zoom lectures.
3. Continue with exploring easily accessible central location for zoom lectures or other resource materials, versus emails as new zoom links or materials come available. Consider using D2L to upload links and resources.

4. Continue with goals of increasing student autonomy and exposure to EHR, giving students the opportunity to document in the EHR.

Information/Recommendations for MSEC:

1. Consider limiting the number of students for one-on-one faculty/resident interaction to <10.
2. Only 26% scored above the NBME mean and 7% scored below the 5% mean
3. Students be granted access to Allscripts, given logins and trained on Allscripts prior to starting clinic.
4. Program clerkship director voices that 5 weeks was not enough time to adequately teach the depth and breadth of pediatric diagnoses and experiences. Dr. Gibson understands many of the changes were due to COVID modifications. If faced with a shortening the clerkship again, she plans to eliminate subspecialty rotations to increase clinic/nursery for more exposure to well childcare, which are high yield areas for NBME.

It was noted that the number of students on a rotation is determined by the class size and the number of locations we have and the number of faculty and preceptors available. This precludes MSEC from recommending or approving a reduction in students per rotation. One issue affecting the ability to obtain community preceptors is the competition from osteopathic students and nurse practitioner students. It was stated that recruiting more community preceptors is being worked on at an administrative level. It was also noted that Pediatrics has done well on the NBME exam in the past and there was really nothing for MSEC to do regarding action on the second recommendation. As concern was expressed regarding the number of students per clerkship and the lack of resources available, it was suggested that perhaps Dr. Olive or Dr. Block could provide an update regarding the status of community preceptors. This would be very beneficial in light of the concerns regarding increasing class size in a couple of years.

Dr. Abercrombie made a motion to request an update from Dr. Olive or Dr. Block on the status of community preceptors. Dr. Rusinol seconded the motion. MSEC discussed and approved the motion.

Dr. Schoborg made a motion to accept the Pediatrics Annual Course Review as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

The presented Pediatrics Annual Course Review is shared with MSEC Members via Microsoft Teams document storage.

Due to time constraints, the annual clerkship reviews for Surgery and Psychiatry were tabled until the next meeting.

The MSEC meeting adjourned at 6:20

p.m.

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:
June 15 – **Retreat** 12:30 am-3:00 pm – Zoom meeting
June 15 - **Annual Meeting** - 3:30-5:30 pm – Zoom meeting

MSEC Meeting Dates 2021-2022: (Location TBD)
July 20, 2021 – 3:30 – 6:00 pm
August 17 – 3:30-6:00 pm
September 21 – 3:30-6:00 pm
October 19 – Retreat – 11:30 am-5:00 pm
November 2 – 3:30 – 5:00 pm*
November 16 – 3:30-6:00 pm
December 14 – 3:30-6:00 pm*
January 18, 2022 Retreat – 11:30 am-5:00 pm
February 15 – 3:30-6:00 pm
March 15 – 3:30-6:00 pm
April 19 – 3:30-6:00 pm
May 17 – 3:30-6:00 pm
June 21 - Retreat -11:30 am-3:00 pm
June 21 - Annual Meeting - 3:30-5:00 pm