



**QUILLEN
COLLEGE of MEDICINE**

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) and the Course and Clerkship Directors of the Quillen College of Medicine met for their Annual Meeting on Tuesday, June 15, 2021 via Zoom meeting.

Attendance

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Martha Bird, MD	
Thomas Ecay, PhD	<u>Subcommittee Chairs</u>
Russell Hayman, PhD	David Wood, MD
Jon Jones, MD	Robert Acuff, PhD
Paul Monaco, PhD	
Jason Moore, MD	<u>Academic Affairs Staff</u>
Antonio Rusinol, PhD	Kortni Lindsay, MS, Staff
Robert Schoborg, PhD	Mariela McCandless, MPH, Staff
<u>Student Members</u>	<u>Guests</u>
	Alicia Billington, MD
	Lindsey Henson, MD, PhD
<u>Ex Officio Voting Members</u>	Tom Kincer, MD, AD
Tom Kwasigroch, PhD, AD	Tory Street, AD
Amanda Stoltz, MD	Jennifer Gibson, MD
Rachel Walden, MLIS	Leon Dumas, MD
	Jerry Mullersman, MD
	Blair Reece, MD
	Patricia Amadio, MD
	Bill Block, MD, Dean
	Deidre Pierce, MD
	Cathy Peeples, MPH

Meeting Minutes

Welcome

Dr. Click opened the meeting at 3:33 PM and welcomed members and guests to the MSEC Annual Meeting of Course and Clerkship Directors. She announced that next year she would like to have a half-

day educational retreat in June to kick off the new TRAILS curriculum. She asked attendees to hold the date a year from now to accommodate this.

Dr. Click noted that this is the meeting where we reflect on MSEC actions over the past year, but also traditionally focus on integration and coordination of the curriculum. This year we will be focusing more on the clinical phase than the pre-clerkship phase of the curriculum.

1. MSEC Summary of Action.

Dr. Click presented a summary report of the MSEC activities for the 2020-2021 AY. Activities are defined as engagement around an issue related to the educational program. Not all activities may have resulted in a vote. Activities do not include approval of minutes or informational updates unlikely to need MSEC action. Actions are items that MSEC addressed that involved a vote. There were a total of 111 activities and 86 actions for the 2020-2021 AY. Actions were categorized as routine (62), substantive (15), and major (9).

Routine actions (62) included curricular review of course/clerkship reports, elective approvals, standing subcommittee reports, curriculum content reports, clerkship required procedures, skill logging requirements, etc.

Substantive actions (15) included votes on important issues such as changes and/or exceptions to policies, changes to the review process of courses and clerkships, and recommended changes to the curriculum from sub-committee reports.

Major actions (9) included an establishment of a Senior Scheduling policy. The remaining major actions were related to changes related to the TRAILS curriculum which will be implemented beginning 2022-2023 AY.

Dr. Click also reported on seven (7) MSEC items pending completion with recommendations for completion.

Please see the MSEC Activity report for 2020-2021 for further details.

Dr. Click noted that there was a change to the distributed agenda. Dr. Block will make comments next rather than as the last item on the agenda.

2. Comment from Dr. Block regarding clinical resources

Dr. Block thanked the committee members for the huge amount of work they have been involved with over the past year. He noted that many will be involved even more so as we get through the next two years of the curriculum transformation, and he is very thankful for the work of the faculty and committee. He also thanked Dr. Click and the Curriculum Transformation Steering Committee (CTSC) members for their work.

Dr. Block stated he remains committed to making sure we adequately resource the transformation over the next few years. He recognized that people have been stressed over the last year and a half dealing with COVID and the transition to virtual learning and developing a new curriculum at the same time. Dr. Block indicated that his office will support the curriculum in whatever way they can.

Dr. Block recognized there have been questions about class size, specifically regarding clerkships. He noted that as we have grown our practices and brought more students under faculty supervision, we have lost some of the community connections we previously had. There are community providers who

don't precept our students and patients that don't see our students in the learning setting. There are students from other institutions present in the community. He noted if we are going to expand our class size to as many as 100 students, a few decision points must be made. Do we have candidates to fill a strong class of 100 students? Are we starting with a good product and can we still expect the end product we are accustomed to producing? He is working with the Admissions Office and the Administrative Council to ensure this. Can we then get them through four years of the curriculum? Having adequate clerkship space is a huge part of that. To develop clerkship space, Dr. Block said QCOM is working with Ballard and continues to work with both the hospital system and their practices. Ballard Medical Associates has about 800 providers across Northeast Tennessee and Southwest Virginia and QCOM has very little penetration into their clinic system. Ballard seems receptive to having our students participate with them. He noted that we are going to need to look at each clerkship and find where community resources are and where we will be able to get students the best experience.

Dr. Block pointed to the expansion of the rural network of preceptors that Dr. Kincer has been facilitating. He would like to see similar expansion into Tri-Cities practices. He wants ETSU to be seen as a valuable resource in the community. We are the group producing clinicians that will serve this region in the future. The sole reason to expand is so we can provide more caregivers to the region. ETSU QCOM has the best rate of keeping students and residents in the area. We need to communicate that to everyone.

Dr. Block said if we go to 100 students, this would not happen quickly. He emphasized that if he is told we don't have a good candidate pool, or we shouldn't have more than 50 students then that is what we will do. He challenged the group to start building networks of community providers. He recognizes that some preceptors are accustomed to being compensated and that it is not out of the question to compensate them. Our compensation package should reflect who we are: training the trainers, CPA access, sporting events, other university sponsored events, CME etc.

Dr. Monaco asked Dr. Block his thoughts on what the class size might be as we roll out the new curriculum. Dr. Block stated that he didn't anticipate increasing above where we are currently for next year.

Dr. Moore commented that he appreciated Dr. Block's comments regarding incentivizing preceptors in the right way. We want the best preceptors and not people who only want to do this for the money. Dr. Block said it is important to have some standardization and that our students have high quality experiences. Dr. Jones commented that it is sometimes difficult to get good feedback from community physicians for our students. Dr. Block agreed and said that with compensating providers for their time, there is responsibility on their part for them to be completing evaluations and meeting our needs.

Dr. Ecay asked if we might have some brick and mortar investment needs to accommodate a class of 100 and if Dr. Block is looking ahead to what opportunities there are for us to physically expand? Dr. Block responded that Dr. Kwasigroch is leading a committee investigating space utilization. This included more immediate renovation needs as well as what are the needs to expand class size.

Dr. Click thanked Dr. Block for addressing MSEC and the faculty.

3. Presentation: TRAILS Curriculum Overview

Dr. Click presented an overview of the TRAILS curriculum. The new pre-clerkship curriculum will begin in AY 2022-2023. Elements in the presentation included:

- Reasons for changing the curriculum
- A timeline of events and actions taken to date
- The recommended curriculum framework:
 - Increased horizontal and vertical integration
 - Foundations of Medicine followed by organ systems-based courses
 - Increased early clinical experience
 - Increased basic science in clinical phase
 - Increased active learning
 - Philosophy of *assessment FOR learning*
 - Implementation of Learning Communities
 - Framework must be compatible with 3-year track and rural primary care track
- An overview of the TRAILS schematic and courses
 - 2 weeks of Mission-based Immersion
 - Foundations of Medicine
 - Immunology/Hematology
 - Cardiovascular/Pulmonary/Renal
 - GI/Nutrition
 - Endocrine/Reproduction
 - Neuro/Behavior/MSK
 - Doctoring – one course per semester

ETSU Quillen COM New Curriculum Schematic																																																					
		July		August				September				October				November				December				January				February				March				April				May				June									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Year 1	Pre-clerkship Phase																																																				
	Immersion	Foundations 13 weeks													Immuno/Heme 6 weeks				Assess	Winter Break	Cardiovascular/Pulmonary/Renal 14 weeks							Spring Break	Cardiovascular/Pulmonary/Renal 14 weeks				GI/Nutrition 5 weeks				Assess	Break 9 weeks															
Year 2	Pre-clerkship Phase																																																				
	Break	Endo/Repro 6 weeks						Brain, Body, Behavior 13 weeks													Assess	Winter Break	Step 1 Study 6 weeks				Transitions + Basic Science				Clinical Clerkships																						
Year 3	Clerkship Phase																																																				
	Clinical Clerkship													Winter Break	Clinical Clerkships							Advanced Basic Science				Selectives Electives Flex time																											
Year 4	Post-Clerkship Phase																																																				
	Selectives Electives Flex time													Winter Break	Selectives Electives Flex time							Keystone Course				Break	Graduation																										

Notes: Advanced basic science included at beginning of Post-clerkship Phase as placeholder. Could be distributed in other ways.

- Instruction & Assessment recommendations:
 - **Consistent, predictable** schedule for students across the pre-clerkship curriculum
 - 20-24 hours of scheduled contact time
 - All learning activities should be based on active learning:
 - Team-based learning (TBL)
 - Case-based learning (CBL)
 - Other active learning modalities
 - Assessment model based on continuous and progressive, low stakes formative assessment leading up to a final assessment with higher stakes. NBME customized exams will be used.
- Community Medicine (6-week clerkship) will become Underserved Medicine (4-week clerkship)
- Call for Course Directors is out now
- Next is Learning Communities implementation and planning an accelerated track.

Dr. Monaco asked if the course directors and co-course directors would be clinical and basic science faculty? Dr. Click indicated that would be preferred.

Dr. Ecay asked if Dr. Click could speak more to Learning Communities? Dr. Click stated this is being discussed by a working group led by Dr. Pierce. The matriculating class will all be included in a learning community. The current classes could opt into them. Dr. Pierce noted that 150 current students had opted in. She stated they would be sorted into groups during the White Coat Ceremony this year. This year the focus will be on wellness.

4. **Facilitated discussion: Small Groups of Clinical and Basic Science Faculty**

Participants were separated into four breakout rooms and asked to provide feedback on one of two topics regarding the requirement to include more basic science in the clinical phase of the curriculum.

Groups 1 and 2:

Develop a proposal for advanced basic science in the **3-week Transition to Clerkship** course that has the following characteristics:

- Provides the equivalent of at least 2 weeks of advanced basic science (~10-12 half days of contact time)
- Covers content that is relevant to all core clinical disciplines
- Employs active learning pedagogies

Groups 3 and 4:

Develop a proposal for inclusion of **advanced basic science in the clerkship phase** of the curriculum that has the following characteristics:

- Provides the equivalent of at least 2 weeks of advanced basic science (~10-12 half days of contact time) during the clerkships
- Ensures that students in both the regular (4-year) track and accelerated (3-year) track complete all sessions
- Includes content that is relevant to specific clinical disciplines or combinations of clinical disciplines
- Employs active learning pedagogies

5. **Summary of Breakout Groups**

Groups 1 and 2 (Transition to Clerkships):

How should content be identified? Role of clerkship directors vs. basic science faculty? Role of suggestions from student working group?

- Core clinical disciplines- basic cardiac, pulmonary, nephrology, anatomy, genetic reproduction, GI, pharmacology with case based learning in teams presented to each other with peer assessment

What active pedagogies could/should be included?

- Use PBL with some advanced monitoring in sim labs to introduce relevance of basic sciences – combine with SPs? In sim lab set vent settings > get ABG > Review relevant physiology/pathophysiology > Interpret lab results > discuss therapy and review pharm – could also work into Reid's EKG refresher session.

- Can we build off of cases from basic sciences courses? Carefully consider student suggestions for cases.
- Cover serotonin discontinuation syndrome for a Psych-related and Pharm-related activity. Asthma case from peds.
- Advanced cases with multidisciplinary problems, with role of basic sciences and clinical directors not yet determined but facilitate the teams and cover areas not well understood after teams finish.

How can the sessions be made relevant/exciting for students who are preparing to start clinical rotations?

- See above in pedagogies question.
- Ask the 4th years what they would have liked covered prior to clerkship

What will be needed to pass the course? Should student acquisition of knowledge be assessed? If so, how? When?

- Use similar approach to basic sciences courses with progressive assessment and weekly cumulative quizzes covering most important concepts for basic sciences knowledge. Use small customized “mini” NBME exam at end to give practice for STEP 2?
- Use grading rubrics during sessions – including key basic sciences concepts, differential, rationale, treatment to increase objectivity? YES or NO – you got it or you did not. Important to validate.

Groups 3 and 4 (Advanced Basic Science in Clerkships):

How should content be identified? Role of clerkship directors vs. basic science faculty?

- Clerkship directors identify key areas, in collaboration with basic science faculty/thread directors AND/OR Foundations faculty
- Needs to be done in advance—planning group/committee. Should be narrow
- Simulations, Journal Clubs, Surgery/Anatomy, OB/GYN/Anatomy, Internal/Micro (GS, Mechanisms of Action, MIC), Cell Biology/BioChem/Clotting Cascades, Hematology/Blood smears and tissues. Help from Basic Science Faculty in question review sessions.

How much content should cut across all clinical disciplines? How much should be clerkship specific? Will clerkship specific content be repeated for each offering of the clerkship? Should sessions be linked to/integrated with other didactics in clerkships? Could this vary across clerkships?

- Have to avoid redundancy but certainly should be some clerkship specific content
- Hybrid format—one session in person, one zoom
- What topics make sense across multiple disciplines/specialties-- do this in large groups (ex. Acid-base issues across IM, Surg, FM; Genetics in OB, Peds, FM)
- Should be integrated into clerkships because of the 3-year track

What active pedagogies could/should be included?

- Consistency of organization of sessions for students to know what to expect
- Case-based, not didactics in majority

How should time be structured? Dedicated non-clinical weeks during Year 3? An afternoon each week? A full day every other week? Other?

- Should not be didactics
- Should NOT be set aside 2-week block because
 - this going against idea of integration
 - Set up for student dissatisfaction
- Consider inclusion into elective/selective would be a fertile, now underused time
- Full day bookending a weekend (Monday or Friday) once a month
- Case presentation by students
- 1-hr week within clerkship, during academic ½ days?

Who should teach?

- Students!! Basic science faculty and clerkship faculty facilitate

How (if at all) should student learning from these sessions be assessed?

- Rubric of case presentation

The MSEC Annual meeting adjourned at 5:00 p.m.

MSEC Meeting Documents

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

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

MSEC Meeting Dates 2020-2021:

May 18 – 3:30-6:00 pm - Zoom meeting
 June 15 – **Retreat** 11:30 am-3:00 pm – Zoom meeting
 June 15 - **Annual Meeting** - 3:30-5:00 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