



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a Retreat Meeting on Tuesday, June 20, 2023 in the Medical Library Basement Classroom.

ATTENDANCE

<u>FACULTY MEMBERS</u>	<u>EX OFFICIO NON-VOTING MEMBERS</u>
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	
Jennifer Hall, PhD	<u>SUBCOMMITTEE CHAIRS</u>
Paul Monaco, PhD	Michael Kruppa, PhD (new M1/M2 Review Subcom Chair)
Jason Moore, MD	
Jerry Mullersman, MD	<u>ACADEMIC AFFAIRS STAFF</u>
Antonio Rusinol, PhD	Kortni Dolinger, MS
Amanda Stoltz, MD	Chelsea Gilbert
	Aneida Skeens, MPS, Staff
<u>STUDENT MEMBERS</u>	
Helen Mistler, M2	<u>GUESTS</u>
	Patti Amadio, MD
<u>EX OFFICIO VOTING MEMBERS</u>	Michelle Duffourc, PhD
Deidre Pierce, MD	Leon Dumas, MMED
Melissa Robinson, MD	Amy Johnson, EdD
Robert Schoborg, PhD	Kelly Karpa, PhD
Rachel Walden, MLIS	Robert T. Means, Jr., MD
	Tory Street, EdD
	Doug Thewke, PhD

Meeting Minutes

1. Approval of Minutes and Announcements

Approve: Minutes from the MSEC Meeting – May 16, 2023

Dr. Click opened the retreat meeting at 12:00 p.m. and asked for comments/updates to the May 16, 2023 meeting minutes, which were distributed to MSEC members via email on Friday, June 16, 2023.

A motion was made to accept the May 16, 2023 meeting minutes and seconded. MSEC approved the motion.

The MSEC meeting minutes for May 16, 2023 are shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development Needs Assessment: Please complete survey emailed to you if you have not already
- Items sent out for electronic vote in May
 - M4 Year Requirements Policy - Passed
 - Updated Outcomes Benchmark Proposal - Passed
- July MSEC meeting has been moved to July 11, 2023
- TRAILS Faculty Retreat is this Friday, June 23

2. Discussion: Consent Calendar/Agenda

Dr. Johnson gave a slide presentation on adopting a consent calendar/agenda. Dr. Johnson noted that a consent calendar/agenda is a useful tool for approving a large number of routine or noncontroversial matters thus allowing MSEC to approve a number of items together without discussion or individual motions. Dr. Johnson stated that consent agenda items may include minutes, subcommittee meeting summaries, course reviews that do not require MSEC action, reports for information only, and appointments to committees/subcommittees. Dr. Johnson stated that if MSEC were to adopt using a consent agenda, the MSEC Chair would determine which items would be placed on the consent agenda. Dr. Johnson noted that the consent agenda would be distributed beforehand and items on the consent agenda would be numbered. Supporting documents would be included in the same manner as currently practiced. Dr. Johnson noted that any MSEC member can request that an item be removed from the consent agenda prior to the start of the meeting. Items on the consent agenda would be presented at the beginning of the MSEC meeting and the MSEC Chair would ask members if any items should be removed and placed on the agenda as part of the regular meeting. Dr. Johnson stated when the consent agenda is finalized, the MSEC Chair will call for a motion to adopt the consent agenda as presented or adapted. MSEC members will then vote on the consent agenda items as a whole.

Dr. Johnson stated that for MSEC to adopt the consent calendar/agenda, that an MSEC member would need to make a motion to adopt a special rule of order allowing for the implementation of the consent agenda.

MSEC discussed the adoption of the consent calendar/agenda. A motion was made to adopt the special rule of order allowing the MSEC Chair to present a consent agenda at the beginning of the meeting noting items may be removed from the consent agenda at the request of any one member and items not removed will be voted on as a whole without debate.

A motion was made that MSEC adopt a special rule of order allowing the MSEC Chair to present the consent agenda at the beginning of the MSEC meeting, removing any items from the consent agenda at the request of any one member, and items not removed voted on as a whole without debate and seconded. MSEC discussed and approved the motion.

The presented Consent Calendar/Agenda PowerPoint slides are shared with MSEC Members via Microsoft Teams document storage.

3. Report: M1/M2 Review Subcommittee

Doctoring II (Legacy)

Please see the Doctoring II (Legacy) Annual Review Report for additional data.

Dr. Kruppa presented a review for the Doctoring II (Legacy) course. Dr. Patricia Amadio is the course director. The reviewers were Dr. Jennifer Hall and Abbey Johnson, M3.

- Goals, Outcomes, and Objectives: **Met expectations.**

- Content, Delivery, and Environment: **Exceeded expectations.** Student satisfaction with educational methods and course integration were both rated as 97.3%. Student satisfaction with the learning environment was rated as 100%.
- Assessment, Feedback, and Grading: Student satisfaction with narrative assessment and grading transparency **met expectations.** Student satisfaction with formative assessment and feedback **exceeded expectations** with 95% of students agreeing or strongly agreeing.
- Educational Outcomes: Student satisfaction with grade breakdown **exceeded expectations** with 100% of students agreeing or strongly agreeing. There is no NBME exam for this course.
- Student Feedback: Student satisfaction with course quality (98.6%), course organization (92%), and teaching quality (97.3%) **exceeded expectations.** There were no instructors who received a score below 3.0, which **met expectations.**
- Previous Reviews: There were no previous recommendations for this course.

Strengths of the Course

- Student Comments:
 - Student commented positively about the clinical relevance of the course and its integration of pre-clinical course work into clinical practice situations.
 - Students appreciated the variety of clinical experiences, simulations, and standardized patient encounters.
 - Students noted the strengths of the faculty in the course and the materials provided.

Weaknesses of the Course

- Student Comments:
 - Students noted inconsistencies in grading of SOAP notes between SP graders in regard to what information each grader thought was or was not important to include in a SOAP note.
 - Students expressed dissatisfaction with a couple of quizzes in regard to the availability of the study material prior to the quiz and the overall weight of the quiz in the course grade.
- Comments from Course Director:
 - I was surprised that students could see numeric grades in D2L, as I had set the rubrics to not give a numeric grade, in order to avoid students focusing excessively on numbers. Am not sure how the transition to Leo Rubrics will affect that.
 - I plan to gather all of the feedback-providing faculty to come up with some more consistent standards for TRAILS doctoring note feedback. I was not able to do this for this academic year due to overwhelming responsibilities for preparing for TRAILS doctoring 2 and for running TRAILS and legacy Doctoring II simultaneously.

Recommended Changes to the Course Director:

- Overall, the course was very well received by the students, with numerous positive comments about the excellent opportunity to integrate preclinical material into clinical situations (SP, Sim lab or preceptorships). The students also appreciated the dedication of the numerous faculty involved in the course, especially the course director.
- There were a few common negative comments regarding consistency in grading, quizzes, and scheduling. If possible, we recommend that graders for SP encounters and SOAP notes receive a training session on the expectations for the students' performance so that they can provide more consistent feedback. As noted by the Course Director, graders are provided with a detailed grading rubric for each case. While the detailed rubrics are useful, members of the review subcommittee suggest that simplifying the rubric may lead to more consistency in grading. Alternatively, it may be useful to remove the numerical portion of the SOAP note grade in Doctoring, as the composition of these notes varies between physicians, leading to highly subjective grading.
- It may be beneficial to provide it to the TRAILS IQ Case facilitators so that they could help reinforce the same standards when students create SOAP² notes for IQ cases. Likewise, including

IQ Case facilitators in SOAP note grading training sessions would help them reinforce the key points students need to address in a SOAP note.

- There was a wide range in the amount of time students spent engaged in required pre-work for course sessions. This was evident in the course evaluations and noted by the course director. We recommend that the course director evaluate session pre-work requirements going forward in the TRAILS curriculum to aid in consistency between sessions and to not overburden students.

Course Director Comments in Response to Subcommittee Feedback.

- There already are detailed case-specific grading rubrics for every single case the students do write-ups for. The problem is that different graders apply them differently. I am planning a faculty development session in July for graders to try again to standardize rubric application by graders and try to improve inter-rater reliability. To do this effectively would probably require all graders to meet to standardize grading for each specific case. It will be quite difficult to find time to do this, but that is what it would take. Part of the reason it would take so long is that there are seven-eight graders, many of whom have clinical duties, and to find a single time slot that would accommodate all would be difficult, thus I would likely be doing multiple sessions for each of the four notes in fall and spring.
- I don't think the IQ notes are being graded; I think the students are just given an exemplar to compare their notes to, but there would be no problem if IQ facilitators want a rubric; I can share one that is not case specific.
- Going forward for TRAILS Doctoring, we are being as careful of prework burden as possible, shortening any required viewing sessions to 30 minutes if possible. I think the variability comes in actually more on how much time students spend writing notes. Some spend vastly inappropriate amounts of time. There is no reason why they should be spending more than about two hours on a note, but some say they spend like 12 hours which I really can't account for.
- For TRAILS, I have decreased the value of the comparable quizzes and the final to make the stakes less dramatic for students on particular quizzes.
- I don't know what they mean about the D2L Study guides in comment 2.2. Course design intentionally makes Part 2 of the study guide available only after they have submitted their note, and the quiz is due several days to a week after Part 2 becomes available. All of this is set up in D2L and I am not aware of any problems or glitches with that this year. The reason for this is to require spaced repetition and also to force them to do some research on their own in regard to evidence-based diagnosis and treatment plans, to supplement what their group facilitator went over in rounds, and to prepare them for what they will be doing in clerkships, residency, and beyond.

Recommendations for MSEC: None.

Dr. Olive commented that the SOAP notes are for formative feedback.

Dr. Click congratulated Dr. Amadio on a successful final iteration of the Doctoring II (Legacy) course and thanked her for all the work she has done for the new course and for maintaining a high-quality course.

A motion was made to accept the M1/M2 Review Subcommittee Doctoring II (Legacy) course report as presented and seconded. MSEC discussed and approved the motion.

The presented Doctoring II (Legacy) course review document is shared with MSEC Members via Microsoft Teams document storage.

Microbiology and Immunology Course

Please see the Microbiology and Immunology Annual Review Report for additional data.

Dr. Kruppa presented a review for the Microbiology and Immunology course. Dr. Russell Hayman is the course director. The reviewer was Dr. Leon Dumas.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: Student satisfaction with educational methods (89.5%), the learning environment (100%), and course content integration (100%) **exceeded expectations.**
- Assessment, Feedback, and Grading: **Met expectations.**
- Educational Outcomes: Grade breakdown **met expectations.** This course uses a custom NBME exam and 48.7% of students scored below the mean on item difficulty, which was **below expectations.**
- Student Feedback: Student satisfaction with course quality, course organization, and teaching quality **met expectations.** There were no instructors who received a score below 3.0, which **met expectations.**
- Previous Reviews: There were no previous recommendations for this course.

Strengths of the Course

- Student Comments:
 - o Loved this class!
 - o Really well taught by caring faculty that cares about student success.
 - o I really liked the handouts and the lectures.
 - o Information is well-presented and well-organised. Some of the most amazing professors.
 - o Quick turnaround, fair grading, listens to feedback.
 - o I felt like this course (for the most part) was very high yield for STEP. This was helpful!
 - o Aligned well with the expectations for pre-clinical microbiology knowledge. Great correlations with pharmacology to help bridge the two subjects together and reinforce important concepts.
 - o The material lined up well with sketchy and other resources. This made it easy to review before class and then really fortify the concepts after watching the lecture.
 - o Microbiology was my favorite class in medical school. It was organized well, the tests were representative of the material we learned, and the tests were also reflective of board exam questions.

Weaknesses of the Course

- Student Comments:
 - o I think that it would be helpful to have access to exam questions and explanations after the exam is over (not just during the review time.)
 - o I felt as though the antibiotics section at the beginning of the course was a large barrier to my comfort level in the class; I never understood the Abx at the beginning of the course and performed poorly on the test, and from then on, I felt as though I was fighting an uphill battle even though the class is already difficult despite being very well structured otherwise. I think it would have really benefit future students--even those starting in the TRAILS program in Fall--to have the relevant Abx incorporated into the curriculum when the bug is taught. Otherwise, learning antimicrobial agents without understanding the place or purpose of the drug feels fruitless... and to be honest, I did not understand the agents or their classes until I understood the bug.
 - o I thought the labs were a bit tedious.

- o Two common comments were related to wanting more board-style questions for review and the inefficiency of the antibiotic content at the beginning of the course without having the ability to relate the antibiotics to specific pathogens.
- Comment from Course Director:
 - o These concepts are being incorporated into how microbiology and immunology content is being delivered in the Trails curriculum.

Recommended Changes to the Course Director: None as this course is being folded into the new TRAILS curriculum.

Recommendations for MSEC: None.

Dr. Click congratulated Dr. Hayman on working so hard on multiple courses.

A motion was made to accept the M1/M2 Review Subcommittee Microbiology and Immunology course report as presented and seconded. MSEC discussed and approved the motion.

The presented Microbiology and Immunology course review document is shared with MSEC Members via Microsoft Teams document storage.

Cardiovascular, Pulmonary, and Renal Course

Please see the Cardiovascular, Pulmonary, and Renal Annual Review Report for additional data.

Dr. Kruppa presented a review for the Cardiovascular, Pulmonary, and Renal course. Dr. Doug Thewke is the course director. The reviewers were Dr. Michael Kruppa and Caleb Brown, M2.

- Goals, Outcomes, and Objectives: Course objectives supporting the QCOM Institutional Educational Objectives and assessment of course objectives **met expectations**. The support of educational session objectives to course objectives was rated as **below expectations** due to the session objectives not having been mapped to course objectives. Course directors plan on having this corrected by July of 2023.
- Content, Delivery, and Environment: Student satisfaction with educational methods **met expectations** with 87.7% of students agreeing or strongly agreeing. The learning environment (98.7%) and course content integration (97.4%) **exceeded expectations**.
- Assessment, Feedback, and Grading: **Met expectations**.
- Educational Outcomes: Grade breakdown **exceeded expectations**. This course uses a custom NBME exam and two exams were given during the course. The first exam was given at mid-term and 77/78 of students received a passing grade. Question difficulty was 0.8 with 37/78 (47.4%) of students scoring above the national mean. The second exam was given at the end of the course and focused on the second half of the course. There were 75/78 of students who received a passing grade and 43/78 (55%) scored at or above the national mean. The average national mean was 51.1%. The performance in these exams **met expectations**.
- Student Feedback: Student satisfaction with course quality (97.4%), course organization (97.5), and teaching quality (96.1) **exceeded expectations**. There were no instructors who received a score below 3.0, which **met expectations**.
- Previous Reviews: This was the first iteration of this course so no previous recommendations were made.

Strengths of the Course

Student Comments: Teaching quality, organization, clinical integration, the use of AMBOSS questions

Weaknesses of the Course

Student Comments: Compressed time at beginning of sections, need to spread out material more evenly, pulmonary physiology needs improvement and pulmonary sections needs more time, and pre-class material consistency needs improvement.

Course Director Comments: Efficiency of some in-class sessions, pulmonary physiology lags behind in quality compared to cardio and renal physiology, pre-class material for micro and pharm sessions could be reduced or split in to additional sessions.

Recommended Changes to the Course Director: None at this time as Dr. Thewke has already identified areas of the course he feels need to be improved. This includes having more input on pre-work material for sessions so they are more in line with pre-class workload guidelines.

Recommendations for MSEC: A software package dedicated to delivery of TBL exercises would make sessions run more efficiently and help reduce the burden of gradebook management for the course director. If we must go to LEO for course content and assessments, a "hands on" click-by-click" workshop or video "step-by-step" how to guides would be useful for the faculty.

Dr. Schoborg commented that a standardized way of reporting the NBME exams, if two or more exams are given in the course, on end-of-course evaluations would be to report the individual scores and then the average score of the exams. The average score will be used to make determinations instead of the individual scores. Dr. Click noted that she attended one of the M1/M2 Curriculum Review Subcommittee meetings and asked for a suggestion of how to put this on the rubric for the next academic year. Dr. Click said that changes to the rubric will be brought to MSEC at a future meeting.

Dr. Click addressed the statement regarding the software package. Dr. Click stated the course directors are aware that administration has looked a little bit into getting some software, but the concern would be getting everyone trained on the software by fall. Dr. Click stated there is TBL software by InteDashboard that looks promising.

A motion was made to accept the M1/M2 Review Subcommittee Cardiovascular, Pulmonary, and Renal course report as presented and seconded. MSEC discussed and approved the motion.

The presented Cardiovascular, Pulmonary, and Renal course review document is shared with MSEC Members via Microsoft Teams document storage.

Pathology (Legacy)

Please see the Pathology (Legacy) Annual Review Report for additional data.

Dr. Kruppa presented a review for the Pathology (Legacy) course. Dr. Earl Brown is the course director. The reviewers were Dr. Jennifer Hall and Abbey Johnson, M3.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: Educational methods **met expectations** with 86% of students being satisfied/very satisfied. Student satisfaction with the learning environment and course integration **exceeded expectations** with 97% and 96% of students, respectively, being satisfied/very satisfied.

- Assessment, Feedback, and Grading: Student satisfaction with formative assessment and grading transparency **met expectations**. Narrative assessments are not required for this course.
- Educational Outcomes: Student satisfaction with grade breakdown **exceeded expectations** with 100% of students passing the course. This course uses an NBME Custom Exam. There were 87% of students who passed the exam and 37% scored above the national mean on item difficulty, which was **below expectations**.
- Student Feedback: Student satisfaction with course quality (83%) was **below expectations**. Student satisfaction with course organization (94%) **exceeded expectations**. Student satisfaction with teaching quality (88%) **met expectations**. There were no instructors who received a score below 3.0, which **met expectations**.
- Previous Reviews: There were no previous recommendations for this course.

Strengths of the Course

- Student Comments:
 - Students appreciated the course director's dedication of student learning and the work that was put into developing course materials.
 - Some students loved the asynchronous nature of the learning environment.
 - Most students liked the use of Coggle as a learning tool.

Weaknesses of the Course

- Student Comments:
 - Students indicated that they would have liked formal in-class lectures instead of only Coggle for information delivery.
 - Students indicated that they thought the use of “red-notes” and question bank questions for the exams made the class too easy and decreased the focus on fully learning the material.
 - Students requested that information from Pathoma be incorporated more into the course.
- Comments from Course Director: I would not suggest using formal lectures for in-class instruction.

Recommended Changes to the Course Director: The course director should be praised for his hard-work and dedication to providing novel learning resources to students, especially the extensive notes, question bank resources, and Coggle exercises. However, the overall student satisfaction fell slightly below expectations with 83% of students being satisfied or very satisfied. Student comments indicated that some students did not like having interactive zoom sessions and Coggle as the primary teaching modality in the course. They would have appreciated a traditional lecture in conjunction with the interactive learning aids. We recommend that in TRAILS courses, Dr. Brown provide students with a pre-recorded video lecture as part of the session pre-work to aid students who do not learn well using Coggle. Notably, 100% of students passed the course, but only 37% of students scored above the NBME mean difficulty score on the NBME custom final exam. While there are many possible explanations for this outcome, several students noted that the course exams could have been more challenging to align with NBME standards. We recommend that Dr. Brown generate questions for weekly check points that do not come directly from class materials or questions banks so that students can test their mastery of the information, not just memorization of question bank cues and highlighted points in the notes.

Course Director Comments in Response to Subcommittee Feedback Regarding Teaching the TRAILS Curriculum

- I no longer use the Coggle for in-class teaching. They did not work well in the setting of multiple small groups. Instead, I am using the UWorld Learning Platform to find UWorld questions that I use for the in-class small group learning sessions. This has been well received by the students.
- All of the material for the Pathology sessions includes videos that cover relevant material for that session. We have been doing this for many years, and I have continued this practice for the Trails Courses. For the legacy Pathology Course last year, I also recorded all of the live sessions for

students to review later. I have not done this for the Trails Courses this year since attendance is mandatory.

Recommendations for MSEC: None.

A motion was made to accept the M1/M2 Review Subcommittee Pathology (Legacy) course report as presented and seconded. MSEC discussed and approved the motion.

The presented Pathology (Legacy) course review document is shared with MSEC Members via Microsoft Teams document storage.

4. Approval: CQI Plans

Dr. Click stated that the M1/M2 Review Subcommittee recommended that a CQI Plan be submitted by Dr. Mullersman for the Doctoring 1 TRAILS course due to below expectation ratings for overall course quality and course organization. The M3/M4 Review Subcommittee recommended that a CQI Plan be submitted by Dr. Wood for the OB/GYN clerkship due to below expectation ratings in student feedback, NBME exam performance, teaching quality, and having not met two areas listed on the previous CQI Plan. The M3/M4 Review Subcommittee also recommended that a CQI Plan be submitted by Dr. Gibson for the Pediatrics clerkship due to below expectation ratings in NBME exam performance.

Doctoring 1 TRAILS

Dr. Mullersman presented the CQI Plan for the Doctoring 1 TRAILS course. Dr. Mullersman noted that some of the items have already been implemented for the new academic year.

Problem Areas:

- There were 27% of students dissatisfied with course organization
- There were 19% of students dissatisfied with overall course quality

Improvement Plan:

- Goal #1 – Dissatisfaction with course organization $\leq 15\%$
 - Rearrangement of course elements to avoid conflicts
 - Avoid risk of session overlap by spreading Physical Exam Skills out
 - Reorganize Physical Exam Skills sessions to align with anatomy sessions that have been moved to the fall earlier in the semester
- Goal #2 – Dissatisfaction with overall course quality $\leq 15\%$
 - Move Physical Exam Skills OSCE to earlier in the fall semester to more closely align with teaching and relieve end-of-course intensity
 - Reduce lecture and increase use of flipped classroom and demonstration of Physical Exam Skills
 - Updates to SPECTRM sessions

A motion was made to accept the Doctoring 1 TRAILS course CQI Plan as presented and seconded. MSEC discussed and approved the motion.

The presented Doctoring 1 TRAILS course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

OB/GYN Clerkship

Kortni Dolinger presented the CQI Plan for the OB/GYN clerkship on behalf of Dr. Wood, who was unable to attend the MSEC Retreat meeting.

Problem Areas:

- NBME Performance
- Quality feedback is provided to students in a timely fashion
- Resident teaching quality

Improvement Plan:

- Goal #1 – at least 50% of students will score at or above national mean on the NBME or other nationally normed exam
 - APGO teaching curriculum utilizing videos and teaching cases. Covering more topics and utilizing online recordings to flesh out missed lectures if there is a conflict on either teachers' or students' ends.
 - Basic science integration with pelvic anatomy review utilizing cadaver.
 - Students have access to several question banks and are encouraged at the beginning of the clerkship as well as the mid-clerkship review to utilize these resources
 - Implementing a practice NBME exam to be given prior to mid-clerkship review to identify those at risk of lower performance on the end-of-clerkship exam.
- Goal #2 – at least 85% of students will be satisfied/very satisfied with clerkship organization
 - The implementation of Leo will standardize clerkship organization throughout clerkships. We were previously using Microsoft Teams.
- Goal #3 – at least 85% of students will be satisfied/very satisfied with quality of resident teaching
 - Resident teaching has been standardized through use of the APGO teaching cases and so any teacher should be dispensing the same information
 - We plan to implement an L+D bingo game to each block of the clerkship to improve involvement of the students in their learning and interaction with the residents
 - I give a yearly lecture titled “Residents as Teachers” while it typically refers to more of the function of the resident as an evaluator, I have modified the lecture to include tips for effective teaching.
 - Moving back to in-person lectures that will improve interaction/engagement in lectures
 - Updating “Residents as Teachers” Grand Rounds to include ways to incorporate teaching in their day-to-day duties and how to give effective feedback.
 - Resident feedback quality:
 - Weekly feedback sessions every Friday either face-to-face or over the phone and will be recorded on the procedure log and incorporated as part of the professional component.
 - Require mid-clerkship review form to be in-person and turned in by Friday before the review

Kortni noted that Dr. Wood would be reviewing the NBME exam in August to look at the questions.

A motion was made to accept the OB/GYN clerkship CQI Plan as presented and seconded. MSEC discussed and approved the motion.

The presented OB/GYN clerkship CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

Pediatrics Clerkship

Kortni Dolinger presented the CQI Plan for the Pediatrics clerkship on behalf of Dr. Gibson, who was unable to attend the MSEC Retreat meeting.

Problem Areas:

- There were less than 50% of students scoring above the 50th percentile on the NBME (2022-23 AY at 27%)
- There were more than 10% of students scoring below the 5th percentile on the NBME (~14% when review was completed – 2022-23 AY at 10%)

Improvement Plan:

- Goal #1 – improve percentage of students scoring above the 50th percentile on the NBME to 35%
 - Clerkship director will audit the NBME to ensure that clerkship content is providing appropriate and adequate subject matter content.
 - Clerkship director will create a study guide to augment current resources if clerkship content is found to be lacking in subject matter areas after NBME audit.
 - Clerkship director will continue to discuss NBME experiences, student preparation, and recommended resources with students at the mid-clerkship review.
- Goal #2 – improve percentage of students scoring below the 5th percentile on the NBME to <10% (at 10% with all student scores for the 2022-23 AY reported)
 - Clerkship director will audit the NBME to ensure that clerkship content is providing appropriate subject matter content.
 - Clerkship director will create a study guide to augment current resources if clerkship content is found to be lacking in subject matter areas after NBME audit.

A motion was made to accept the Pediatrics clerkship CQI Plan as presented and seconded. MSEC discussed and approved the motion.

The presented Pediatrics clerkship CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

5. Approval: Non-Quillen Students Policy

Dr. Fox presented the Non-Quillen Students Policy for MSEC's review and approval. MSEC discussed the policy and no additional changes were requested by members.

A motion was made to accept the Non-Quillen Students Policy as presented and seconded. MSEC discussed and approved the motion.

The presented Non-Quillen Students Policy is shared with MSEC members via Microsoft Teams document storage.

6. Approval: M4 Electives

Advanced Abdominal Anatomy for Surgical Procedures

Dr. Dumas presented the proposed M4 elective Advanced Abdominal Anatomy for Surgical Procedures for MSEC's review and approval. Dr. Dumas stated the elective would be a four-week elective. The elective is intended as an advanced review of surgically relevant anatomy to prepare prospective students entering into general surgery for regularly performed intra-abdominal surgical procedures. Dr. Dumas

noted the material covered corresponds to the recommendations by the American College of Surgeons and Association for Surgical Education.

Advanced Anatomy for General (extra-abdominal) Surgical Procedures

Dr. Dumas presented the proposed M4 elective Advance Anatomy for General (extra-abdominal) Surgical Procedures for MSEC's review and approval. Dr. Dumas stated this elective will function the same as the Advanced Abdominal Anatomy for Surgical Procedures but will focus on different surgical procedures and the relevant anatomy.

Advanced Vascular Anatomy and Associated Surgical Procedures

Dr. Dumas presented the proposed M4 elective Advance Vascular Anatomy and Associated Surgical Procedures for MSEC's review and approval. As noted above, this elective will also function the same as the Advanced Abdominal Anatomy for Surgical Procedures but will focus on different surgical procedures and the relevant anatomy.

MSEC discussed all three proposed electives.

A motion was made to accept the proposed Advanced Abdominal Anatomy for Surgical Procedures, Advanced Anatomy for General (extra-abdominal) Surgical Procedures, and Advanced Vascular Anatomy and Associated Surgical Procedures M4 electives as presented and seconded. MSEC discussed and approved the motion.

The presented proposed M4 Electives are shared with MSEC members via Microsoft Teams document storage.

7. Report: Retrospective Survey

Dr. Click presented the Retrospective Survey report for the 2022-23 AY. Overall, the ratings were good for the 2022-23 AY. The M3 ratings were lower than expected. Dr. Olive commented that the M3 class was M1 students when COVID began in 2020.

MSEC raised concern on the ratings for residents as teachers and made a recommendation to ask GME to review their process for training residents as teachers and present a plan of how the process will be improved to MSEC at a future meeting.

A motion was made to ask GME to review their process for training residents as teachers and present a plan of how this process will be improved at a future MSEC meeting and seconded. MSEC discussed and approved the motion.

The presented Retrospective Survey report is shared with MSEC members via Microsoft Teams document storage.

8. Report: Phase Review Subcommittee Report

Please see the Phase Review Subcommittee Report for additional data.

Dr. Olive presented the Phase Review Subcommittee report. Dr. Olive stated the subcommittee reviewed the pre-clerkship and clerkship phases of the curriculum. The subcommittee reviewed several survey reports, USMLE scores, course and clerkship evaluations, NBME subject exam scores, and Outcomes Subcommittee reports. Dr. Olive reviewed the summary of findings and overall, both phases of the

curriculum appear to be functioning effectively, but there are noted areas of concern. The worsened performance on NBME exams raises concerns about future performance on USMLE licensing exams. Another area of concern is the ability of the clinical learning environment, as currently structured, to effectively handle the number of learners. This continues to be an issue raised by both students and faculty members. Dr. Olive noted that this review is based on data related to the Legacy Curriculum and none of the data is from the TRAILS Curriculum.

Phase Review Subcommittee Recommendations to MSEC

Pre-Clerkship Phase:

1. Continue implementation of the TRAILS curriculum.
2. Continue to develop learning communities to address issues related to student wellness.
3. Require teaching faculty to review the NBME subject exam for the discipline most relevant to the content they are teaching on an annual basis.
4. Require course directors to review their content in light of USMLE content outlines and recent past performance to ensure that relevant content is covered in their courses.
5. Require the regular use of complex integrative practice test questions in pre-clerkship phase courses. These might be internally written or taken from third party sources such as Amboss or UWorld.
6. Consideration should be given to requiring a minimum performance on end of course exams to receive passing grades for the course or to increasing the percent contribution of the end of course exam to the overall course grade.
7. Encourage the dean to provide UWorld to students for 18 months.

Clinical Phase:

1. Require teaching faculty to review the NBME subject exam for their discipline annually.
2. Require clerkship directors to develop a curriculum for each clerkship to cover relevant concepts from NBME subject exams and the USMLE content outline.
3. Encourage clerkship directors to strongly consider creative alternative student scheduling designs to better accommodate the number of learners. Such designs might include regular use of night float rotations for all students and using more subspecialty rotations within the clerkship. The latter may also serve the purpose of exposing student to more specialties.

Dr. Click thanked Dr. Olive and the subcommittee members for their work on compiling this report. Dr. Click noted that MSEC would not be approving the recommendations at this point in time as the recommendations will be the focus of the MSEC Annual Meeting held later this afternoon. Dr. Click commented that breakout groups will work on some of the recommendations for implementation. Dr. Click stated it was important that there be a statement about the effectiveness of our phases in preparing students for the next phase of their educational journey of the curriculum.

A motion was made agreeing that each phase of the curriculum effectively prepared students for the next phase of their education. MSEC discussed and approved the motion.

The presented Phase Review Subcommittee report is shared with MSEC members via Microsoft Teams document storage.

9. Approval: Proposal of TRAILS Assessment Review

Dr. Fox presented a proposal for a TRAILS Assessment Review to MSEC. The proposal is as follows: “As part of the evaluation of the efficacy of the TRAILS Curriculum, a review will be conducted after

completion of the pre-clerkship TRAILS implementation assessing knowledge acquisition and performance on examinations and using any and all data from the medical students in the basic sciences to determine the need for future curricular and/or student assessment changes.” Dr. Fox stated it is taking the data we collect already and using it in some manner to determine if there are changes in the curriculum or in the way we assess our students. Dr. Fox noted some of this is already being addressed, but we are trying to formalize a process that would happen at the end of the TRAILS pre-clerkship curriculum implementation. Dr. Fox also noted that this would not change any process that we are already doing.

Dr. Olive commented that Dr. Karpa has been looking at student performance on the checkpoint exams by discipline and is tracking them to see how each individual student performed in the questions related to the different disciplines. Dr. Olive stated that we do not have that built into our review process as to where we are going to look at that, and the motion Dr. Fox put forward would formalize that data, which is also being collected as part of the process.

Dr. Click also commented that we do not have a formalized mechanism in place for reviewing all the data, and this would be a formal motion from MSEC that we are going to review all the performances of students related to the different disciplines and other areas to have a process in place.

Dr. Rusinol stated that the checkpoint data is a flawed mechanism and asked if there would be another chance to vote on what gets reviewed and the process of evaluation. Dr. Fox stated the proposal was left vague on purpose as we do not know yet what data needs to be reviewed. Dr. Fox stated this proposal is to make sure we are evaluating and the mechanism would be up to MSEC and would be brought back to MSEC for them to decide on what they would want to see.

Dr. Click commented that we could make this part of the Phase Review Subcommittee in that they look at all the data and develop a recommendation as part of the phase review, or we could appoint a working group to look at all the data and come back to MSEC with recommendations for what data to review and how it will be used.

Dr. Fox stated there was a motion made and approved to consider the proposal. If MSEC would like to amend the motion, a new motion could be made and voted on. Dr. Abercrombie suggested adding “assess the outcomes of the reorganization of the basic science content” to the motion.

Dr. Schoborg commented that all data is flawed and felt that we should not exclude data because it is flawed in a certain way and should use all the data in order to identify gaps, places where students are doing well or not doing well, etc.

Discussion ensued and MSEC members determined that the motion should be amended and that a working group be appointed to determine what data will be used and how.

A motion was made to consider the proposal as presented and seconded. MSEC discussed and approved the motion.

The presented proposal is shared with MSEC members via Microsoft Teams document storage.

A motion was made to amend the previously approved motion to affirm the commitment to review the basic science content and student performance at the conclusion of the pre-clerkship curriculum and to appoint a working group to determine what data should be reviewed and how it should be used and brought back to MSEC at a future meeting and seconded. MSEC discussed and approved the motion.

The presented proposal is shared with MSEC members via Microsoft Teams document storage.

The MSEC Retreat meeting adjourned at 3:23 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 2023-2024: (Zoom meetings unless noted)

July 11, **2023** – 3:30 – 6:00 pm

August 15 – 3:30-6:00 pm

September 19 – 3:30-6:00 pm

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

November 14 – 3:30-6:00 pm

December 12 – 3:30-6:00 pm

January 16, **2024** – 3:30-6:00 pm

February 20 – **Retreat** – 11:30 am-5:00 pm (**in-person**)

March 19 – 3:30-6:00 pm

April 16 – 3:30-6:00 pm

May 21 – 3:30-6:00 pm

June 18 - **Retreat** – 11:30 am-3:00 pm (**in-person**)

June 18 - **Annual Meeting** – 3:30-5:00 pm (**in-person**)