



**QUILLEN
COLLEGE of MEDICINE**

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, August 17, 2021 via Zoom meeting.

Attendance

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	<u>Subcommittee Chairs</u>
Thomas Ecay, PhD	
Jennifer Hall, PhD	
Russell Hayman, PhD	<u>Academic Affairs Staff</u>
Jon Jones, MD	Kortni Lindsay, MS, Staff
Paul Monaco, PhD	Mariela McCandless, MPH, Staff
Jason Moore, MD	Aneida Skeens, BSIS, CAP-OM, Staff
Antonio Rusinol, PhD	
	<u>Guests</u>
	Bill Block, Jr., MD, MBA, Vice President for Clinical Affairs and Dean
<u>Student Members</u>	Leon Dumas, MMED
Andrew Hicks, M2	Skylar Moore, HCMC, BSPH
Sarah Allen Ray, M4	Diego Rodriguez-Gil, PhD
	Tory Street, AD
	Doug Taylor, AD
<u>Ex Officio Voting Members</u>	Wendy Williams, BS
Deidre Pierce, MD	Brad Wood, MD
Robert Schoborg, PhD	Tom Kwasigroch, PhD
Amanda Stoltz, MD	
Rachel Walden, MLIS	

Meeting Minutes

1. Approve: Minutes from July 20, 2021 Retreat and Annual Meetings.

Dr. Click opened the meeting at 3:05 p.m. and asked for comments/updates to the July 20, 2021 meeting minutes, which were distributed with the MSEC meeting reminder.

A motion was made to accept the July 20, 2021 minutes and seconded. MSEC approved the motion.

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

Announcements:

- Book Club
 - Fall Selection – *What the Best College Teachers Do* by Ken Bain
 - Discussion Date: August 18 at 4:30 pm
- Faculty Development
 - September 1, 3:30 pm – Writing Exam Items and Use of Patient Characteristics – Dr. Kenneth Olive
 - Session will be aimed at those writing multiple choice questions
 - Will review guidelines from the NBME regarding when patient characteristics such as age, race, gender, ethnicity, etc. are appropriate to include
 - Brief presentation primarily with people bringing their questions and dividing into small groups and looking at questions
 - September 15, 5:00 pm – Healthcare Simulation: Setting the Stage and The Grand Finale – Dr. Caroline Abercrombie
 - October TBD – Problem-Based Learning Workshop
- Other Announcements
 - You Said...We Did... document – email was sent to course directors and faculty asking for input on changes made before sending out to students
 - Phase Review Subcommittee – The subcommittee will meet when all annual year 2020-21 course reviews have been completed.
 - COVID-19
 - Masks are required for all indoor activities
 - Overall vaccination percentage: 99.3% for Quillen medical students!!!
 - New return to school/work protocols emailed by Dr. Holmes
- Dr. Caroline Abercrombie will be the new chair of the Curriculum Integration Subcommittee due to the retirement of Dr. Schweitzer.
- Introduction of Wendy Williams - new Associate Registrar in the Office of Student Affairs

2. Discussion: MD/MBA Program

Dr. Kenneth Olive reviewed the Articulation Agreement for the new MD/MBA Program that was recently approved. Dr. Olive noted the College of Business has agreed to give credits for some of our courses/clerkships that have substantially more credit hours. The College of Business has agreed to accept our Clinical Epidemiology and Biostatistics in lieu of the Data Analysis Modules for Business. Under Approved Electives, they have agreed to grant credit for the Communication Skills for Health Professionals or Rural Health Research and Practice for RPCT students. The Community Medicine Clerkship or RPCT Junior Primary Care Clerkship will count for two MBA electives. The College of Business noted on the Articulation Agreement that in order to provide the credits, they were assuming that these courses involved data analysis work equivalent to a minimum of one credit hour. Dr. Olive noted that he and Dr. Click will meet with Dr. Dana Harrison from the College of Business tomorrow morning to talk about the program and discuss the new TRAILS curriculum and how it will impact the program. Dr. Olive noted that the Community Medicine Clerkship will be going away next year and will become Underserved Medicine. Dr. Olive stated that there is nothing

in the program that QCOM agrees to accept for credit from the College of Business so MSEC does not need to approve the program.

Tory Street noted there are students who are interested in applying to the program with one student having already applied to the program. Tory commented that students can only receive financial aid for one program so there will be extra tuition involved for those students who want to participate in the MD/MBA program. Tory commented that there were currently 50 students in the MD/MPH program.

Sarah Allen Ray inquired as to how many years it would take to complete the program and if it was only open for M1 students to apply. Dr. Olive stated it would need to be completed within the four years of medical school.

No voting/approval required.

The presented Articulation Agreement for the MD/MBA Program document is shared with MSEC Members via Microsoft Teams document storage.

3. Update: New Curriculum Management System – Leo

Dr. Click gave an update on the status of Leo, the new curriculum management system. A contract has been signed with DaVinci Education. An implementation team will be meeting every week with DaVinci representatives to work on a train-the-trainer model. The team will also meet for an additional hour weekly to discuss strategy and planning for putting Leo into place. The team will bring individuals into the meetings for specific training as needed. Faculty and staff will get access to the system in February 2022. The system will be used for M3 and M4 scheduling first. The fall 2022 M1 courses will most likely be in Leo with the fall 2022 M2 courses being in D2L. The team will need to make decisions on how much they will use Leo as a learning management system versus how much to keep in D2L for first- and second-year courses and whether or not they will want to use Leo for exams as it has that capability. Leo will be used for scheduling and all the clerkship information that is currently housed in New Innovations.

Dr. Monaco asked if DaVinci representatives would assist in migrating the content from D2L to the new system. Dr. Click stated that DaVinci would not migrate content for us, we would need to do that ourselves. They will train us on how to do this and provide structure and framework, but it will be up to us to put content into the system. Dr. Monaco mentioned specifically if we would be able to bulk upload an atlas of electron microscopic images from D2L to Leo or will you have to start from the beginning with the images and the descriptions. Dr. Click stated this is a question we could ask the DaVinci representatives.

No voting/approval required.

The presented curriculum management system update document is shared with MSEC Members via Microsoft Teams document storage.

4. Report - Aggregate report from small group discussions at Annual meeting

Dr. Click presented a report from the small group breakout sessions that took place during the Annual meeting on June 15. The discussion topic was Advanced Basic Science in the Clinical Phase.

Two groups discussed adding additional basic science to the three-week Transition to Clerkship course and the other two groups discussed adding basic science to the clerkship phase. The groups were given a set questions to answer for their topic.

Dr. Click noted the below reminders prior to presenting the report:

- MSEC approved at least four weeks of advanced basic science being added to the clinical phase of the curriculum
 - 20-24 hours of contact time per week = 80-96 hours of contact time (four weeks)
 - The goal is to use active learning strategies, similar to the pre-clerkship curriculum
 - MSEC voted to add two weeks to the Transition to Clerkships course expanding the course to three weeks; however, it cannot be assumed that the two additional two weeks will be all basic science content.

Some Responses from Groups 1 and 2:

- Content
 - Should be identified in core clinical disciplines
- Pedagogies
 - Use of PBL with some advanced monitoring in simulation labs to introduce relevance of basic sciences
 - Advanced cases with multidisciplinary problems
- To pass course
 - Use similar approach to basic science courses with progressive assessment and weekly cumulative quizzes
 - Use small customized “mini” NBME exam at end
 - Use grading rubrics during sessions

Some Responses from Groups 3 and 4:

- Content
 - Clerkship directors identify key areas in collaboration with basic science faculty/thread directors and/or Foundations faculty
- Content across all clinical disciplines and how much needs to be clerkship specific
 - Should be some clerkship specific content
 - Hybrid format
 - Should be integrated into clerkships because of three-year track
- Pedagogies
 - Consistency of organization of sessions
 - Case-based not didactics
- Structure
 - Should not be didactics
 - Should not be a set aside 2-week block as it will go against the idea of integration and would be a setup for student dissatisfaction

Please see Dr. Click’s PowerPoint presentation slides for more detailed information regarding group responses.

Dr. Click noted that they had met with the clerkship directors earlier in the month and discussed the responses given by the groups. The clerkship directors agreed that setting aside weeks at a time to cover the 80-96 hours of basic science content would not be practical. The clerkship directors were asked to summarize if and how their clerkship is incorporating advanced basic science now,

including the time dedicated and to include ideas of basic science topics that can be incorporated in the future. Most clerkship directors are including two to four hours during the clerkships and there is wide variation from clerkship-to-clerkship on consistency and how content is delivered.

Dr. Click stated that they will take the information provided by the clerkship directors and work on ideas to incorporate advanced basic science. Dr. Click commented this will be discussed in CTSC and will be brought back to MSEC as well as to the clerkship directors.

No voting action required.

The presented Aggregate Report on Small Group Discussions from Annual meeting document is shared with MSEC Members via Microsoft Teams document storage.

5. Discussion/Action: Curriculum Transformation

Clerkship Schedules

Dr. Click stated that MSEC must determine how clerkships can go from starting in May to starting in March as the new TRAILS curriculum will affect when the M3 year will start during the 2024-25 academic year. This has been discussed with the clerkship directors.

Kortni Lindsay presented an Excel spreadsheet displaying clerkship schedules for 2022-23, 2023-24, and 2024-25. Kortni noted that in the 2024-25 academic year, they would start with a three-week Transitions course and then clerkships would start in March. Kortni stated we would be transitioning a little each year in order to get to the March start date.

Proposed Clerkship Changes:

- Beginning with the academic year 2022-23 (Class of 2024) they propose that:
 - Have eight-week or six-week clerkships with the last clerkship being a seven-week or five-week clerkship (cannot have two classes overlapping)
 - Have the option of taking a four-week study skills elective
- For the academic year 2023-24 (Class of 2025)
 - Shorten every clerkship by one week (each clerkship will either be seven-weeks or five-weeks)
 - Have a required four-week study skills elective dedicated to studying for Step 2 prior to starting the M4 year.
- For the academic year 2024-25 (Class of 2026)
 - The new curriculum will begin with the Class of 2026 and will reach the goal of starting clerkships in March with this class
 - The following year, clerkships will be either an eight-week or six-week clerkship unless move forward with clusters and/or other ideas currently being discussed

Dr. Click stated that the USMLE Study Skills Elective will be brought back to MSEC for approval in a future meeting.

Dr. Abercrombie commented that MSEC had made the COVID Preparedness, Prevention, and Management course a requirement and asked if it would need to be made into a broader outbreak pandemic course. She noted that this course might be something that could fit into one of the two-

week spaces. Dr. Click noted that it was made as a requirement and agreed that broadening it to a pandemic preparedness would need to be taken into consideration. Dr. Click noted it could be done longitudinally also.

Dr. Moore made a motion to approve the recommended clerkship schedules for the 2022-23, 2023-24, and 2024-25 academic years as presented. The motion was seconded by Dr. Schoborg. MSEC discussed and approved the motion.

The Clerkship Schedule documents are shared with MSEC Members via Microsoft Teams document storage.

Pre-Clerkship Course Directors

Dr. Click gave an update on the pre-clerkship course directors selected for the new TRAILS curriculum. Dr. Click presented an Excel spreadsheet listing the course directors and co-directors for each of the courses. Dr. Click noted that the course co-director for the Immuno/Heme course is still pending as well as the Endo/Repro course. Dr. Click stated that the course directors need to meet in the near future to begin working on where content should go for each course.

No voting action/approval required.

The Pre-Clerkship Course Directors document is shared with MSEC Members via Microsoft Teams document storage.

6. Discussion/Action: Policy Updates

Preparation of Residents and Non-Faculty Instructors Policy and Form Update

Kortni Lindsay presented an update to the Preparation of Residents and Non-Faculty Instructors policy along with the form that accompanies the policy.

Kortni noted that she and Dr. Click reviewed the form that accompanies the policy and updated it ensuring that all the LCME requirements were included on the form as well as adding some additional topics that would need to be covered. Kortni noted the major changes included condensing some of the previous topics into one category (clerkship objectives, syllabus, assessment forms/EPA's, duty hours, and student honor system); ensuring all six LCME guidelines were included; and adding other topics that residents need to be aware of annually.

Kortni noted the changes to the policy only included changing the topics to be covered to match what was changed on the form for consistency.

Dr. Hayman asked for clarity on whether the form only applied to residents and not graduate students, non-faculty instructors, or post-doctoral fellows. Dr. Olive stated that the form would not apply, for the most part, to any graduate students teaching in a lab but if they were teaching in a micro lab, then they should be aware of the policy of infectious exposure for students. Dr. Olive commented that if you have non-faculty instructors doing a small part of teaching in pre-clerkship courses, you need to make sure they are familiar with the educational objectives for the part they are teaching.

Dr. Moore made a motion to approve the updated policy and form as presented. The motion was seconded by Dr. Monaco. MSEC discussed and approved the motion.

The Preparation of Residents and Non-Faculty Instructors Policy documents are shared with MSEC Members via Microsoft Teams document storage.

M3 Clerkship Exam and Grading Policy Update

Dr. Click noted that the update for the M3 Clerkship Exam and Grading policy was more of a clarification than a change.

Kortni Lindsay presented the policy and stated that verbiage was added to clarify that the cumulative final clerkship numeric score must be at least 70% in order to pass the clerkship. Kortni stated if the student's score on the repeated exam is at or above the 6th percentile, the student will be permitted to pass the course, but the original final clerkship numeric score earned prior to repeating the exam will be retained. If a student fails an NBME or other nationally normed exam on the first attempt but cannot obtain at least 70% on the final clerkship numeric score, a retake will not be granted and the student must repeat the clerkship. The verbiage in the table at the end of the policy was also updated to reflect that the cumulative final clerkship numeric score must be 70% or higher to pass the clerkship. In addition, the table was updated to reflect that students must be at or above the 6th percentile rather than the 10th percentile.

Dr. Moore made a motion to approve the updated policy as presented. The motion was seconded by Dr. Monaco. MSEC discussed and approved the motion.

The M3 Clerkship Exam and Grading Policy document is shared with MSEC Members via Microsoft Teams document storage.

7. Discussion: Required Ambulatory Time in Internal Medicine

Dr. Blair Reece shared with MSEC that the Internal Medicine Clerkship does not have any required ambulatory time but does have optional ambulatory time. The clerkship consists primarily of six weeks inpatient time and two weeks of elective time. The elective is sometimes inpatient or outpatient, depending on what the student chooses. Dr. Reece stated they had discussed changing the clerkship to require some ambulatory time. During the last academic year, the students were required to complete one block of ambulatory time during their clerkship, but it did not work out and it was dropped. The optional ambulatory time was resumed for the current academic year.

Dr. Reece noted that other institutions do not have required ambulatory time on their internal medicine rotations. Dr. Reece stated that she and Dr. Summers have discussed expanding community partnerships in order to increase the number of general internal medicine faculty available to train medical students. Dr. Reece noted that they have also discussed putting the internal medicine students on more subspecialty blocks with ambulatory experience as opposed to the general internal medicine wards.

Dr. Click reminded MSEC they had requested more information about the balance of inpatient and outpatient clinical experience during the Internal Medicine clerkship at a previous meeting. She thanked Dr. Reece for providing this detailed information.

No voting action/approval required.

8. Report: Clerkship Quality Improvement Plan – Internal Medicine

Dr. Click noted there were two areas of concern identified from the M3/M4 Review Subcommittee's report on Internal Medicine that resulted in a Clerkship Quality Improvement Plan being completed by Dr. Reece:

- Overcrowding on clinical rotations
- NBME exam performance

Dr. Reece presented the Clerkship Quality Improvement Plan for Internal Medicine.

Please see the Internal Medicine Clerkship CQI Plan for detailed information.

1. Overcrowding on clinical rotations
 - a. Increasing clinical sites
 - b. Expanding clinical sites outside of own institution
 - i. Expanding into the subspecialties as this is the feasible option for this point in time
2. NBME Exam Performance
 - a. Quizzes have been dropped and replaced with students being required to complete 100 practice questions, on their own, from either UWorld or Amboss each week for the first seven weeks of the clerkship.
 - b. Group didactic sessions have been incorporated to help students prepare for the shelf exam using old quizzes.
 - c. The Internal Medicine is providing all students with a practice NBME exam to take at the mid-point of their clerkship. This is not graded and is used to help show them where they are and how they are doing.

Dr. Monaco made a motion to approve the Internal Medicine Quality Improvement Plan as presented. The motion was seconded by Dr. Hall. MSEC discussed and approved the motion.

The Internal Medicine Quality Improvement Plan document is shared with MSEC Members via Microsoft Teams document storage.

9. Report: LCME Standard/Element Review – Element 8.3

Dr. Kenneth Olive presented a report on Element 8.3 Curricular Design, Review, and Revision/Content Monitoring. Dr. Olive reviewed the requirements of the Element, including the questions that the LCME Survey Team must answer in their report to LCME following the survey visit. Dr. Olive reviewed the data we submitted to LCME for this Element during our 2019 survey visit and the LCME findings following their review of the survey report. Dr. Olive stated that due to the finding by the LCME, a status report had to be submitted in December 2020. Dr. Olive reviewed the results of LCME's findings of the status report. Dr. Olive noted that since the finding was satisfactory with a need for monitoring that another status report will be due by December 1, 2021 and reviewed the data that will need to be included in that report.

No voting action/approval required.

The presentation slides for Element 8.3 document is shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 5:36 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