



**QUILLEN  
COLLEGE of MEDICINE**

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a Meeting on Tuesday, September 19, 2023 via Zoom.

**Attendance**

<b><u>FACULTY MEMBERS</u></b>	<b><u>EX OFFICIO NON-VOTING MEMBERS</u></b>
Ivy Click, EdD, MSEC Chair	Beth Anne Fox, MD, Vice Dean for Academic Affairs
Martha Bird, MD	Ken Olive, MD, Assoc Dean for Accreditation Compliance
Joel Danisi, MD	
Thomas Ecay, PhD	<b><u>SUBCOMMITTEE CHAIRS</u></b>
Russell Hayman, PhD	Keelin Roche, MD
Paul Monaco, PhD	
Jerry Mullersman, MD	<b><u>ACADEMIC AFFAIRS STAFF</u></b>
Antonio Rusiñol, PhD	Kortni Dolinger, MS, Staff
Amanda Stoltz, MD	Chelsea Gilbert, MA, Staff
	Mariela McCandless, MPH, Staff
<b><u>STUDENT MEMBERS</u></b>	
Andrew Hicks, M4	<b><u>GUESTS</u></b>
Ashlyn Songer, M1	Earl Brown, MD
	Leon Dumas, MMED
<b><u>EX OFFICIO VOTING MEMBERS</u></b>	Deidre Johnson, EdD
Melissa Robinson, MD	Kelly Karpa, PhD
Robert Schoborg, PhD	Ryan Landis, MD
Rachel Walden, MLIS	Robert T. Means, Jr., MD
	Skylar Moore, MPH, HCMC
	Morgan Scott, MHA
	Tory Street, EdD
	Doug Thewke, PhD

**Meeting Minutes**

Dr. Click opened the meeting at 3:39 pm.

**Consent Agenda Items:**

- CA Item 1 – Approval: August 15 MSEC Meeting Minutes
- CA Item 2 – Approval: M3/M4 Review Subcommittee
  - Keystone Course
- CA Item 3 – Approval: Senior Elective
  - Dermatology Associates Elective

**A motion was made to adopt and approve all items on the consent agenda as presented and seconded. MSEC approved the motion.**

*The MSEC Consent Agenda Items are shared with MSEC Members via Microsoft Teams document storage.*

**Announcements:**

- Welcome Ashlyn Songer to MSEC as the M1 representative
- Faculty Development
  - Interpreting Student Feedback – was scheduled for Wednesday, September 13 and was postponed. Will be rescheduled for a new date.
- Pre-Clerkship Assessment Policy
  - The policy changes to align with current grading policy was not clearly communicated to students. The revised policy will not be effective until the 2024-25 AY.

**Action Agenda Items**

**1. Report: Graduation Questionnaire**

*Please see the PowerPoint presentations slides for additional data.*

Dr. Olive presented a PowerPoint presentation regarding the AAMC Graduation Questionnaire (GQ) report received in July 2023. Dr. Olive noted that this report would be a partial report of the contents in the GQ as the items related to the learning environment will be discussed during a meeting in the fall. Dr. Olive noted that students completing the GQ would have taken the basic science courses in the 2019-2021 timeframe.

Dr. Olive stated that student satisfaction for the overall quality of medical education dropped to 79% placing us below the 10<sup>th</sup> percentile. These ratings have typically been from the 50<sup>th</sup> to towards the 90<sup>th</sup> percentiles. Dr. Olive noted this is the lowest it has been since he began looking at GQ data. Dr. Olive stated the question regarding basic science coursework having sufficient illustrations of clinical relevance was rated as 73% and also placed us in the 10<sup>th</sup> percentile. Dr. Olive commented this is an area we have traditionally done quite well in.

Dr. Olive stated that the data covered today were related to the educational program, but that the GQ also included data on student affairs, academic affairs, career planning, student health, facilities, counseling, factors influencing career choice, plans for practice, and debt.

Dr. Olive stated we had an excellent overall response rate at 98% and puts us among the highest in the country. Dr. Olive stated there have been some areas of meaningful decline (e.g., overall satisfaction with the quality of my education and some specific courses) and some areas of improvement (e.g., internal medicine clerkship, caring for those from different backgrounds, research with faculty member). Dr. Olive noted that there are areas of strength (preparation for residency, care of underserved).

**No voting action required.**

**2. Report: Step 1 and Step 2 Study Skills Courses**

Dr. Click stated that Dr. Earl Brown will present a report on how the first iteration of the USMLE Step 1 Study Skills course went and Dr. Fox will present a report on the USMLE Step 2 Study Skills course. Dr. Click stated that in the future, these courses will be evaluated by students and will have an administrative review completed for review by MSEC. Dr. Click stated this process was not completely in place for this first iteration of the course and asked that the course directors provide MSEC with a report. Dr. Click stated there were data collected but an official review process was not completed.

Dr. Brown discussed the following observations regarding the Step 1 Study Skills course.

- Things he learned – where we are currently

- Learned from the legacy course in the spring that it was fairly apparent that Step 1 and Step 2 are quite different
- Surprisingly, a number of students took Step 1 the first and second day of class
- A score is received for Step 2 so students are going to take as much time as they can to prepare whereas, Step 1 is a pass/fail and there will be people who will take it early.
- There are two groups of students we are looking at:
  - One group of students who think they are not at risk for failing and will be fine
  - One group of students who are at risk of failing and these are the students that the Step 1 review will concentrate on.
- Future Step 1 Study Skills course
  - The goal of the Step 1 review course is:
    - Everyone will pass on the first attempt with as minimal angst as possible with our aim to get them ready so they feel confident in taking Step 1.
  - Only requirement can give for all students is that they take Step 1 – schedule it and take it sometime during the dedicated period.
  - Dr. Brown stated there was a late start in reviewing information he had developed and that we could not require the current M2 students coming up in January 2024 but can hope they feel ready.
  - We can intervene early with the M1 students and help them through the whole year starting with the M1 students in spring of 2025.
  - Dr. Brown suggested that everyone be required to take Step 1 during the dedicated period with no exceptions except for illness. Feels this is very important.
  - Need to identify students who are at risk and feels the best way would be through the Student Success Committee.
  - Once students are identified, the intervention should begin as early as possible using material that Dr. Brown recently developed within the last two months.
  - There are two important things that people need to understand:
    - One, there is daily material and material students learned first – this is of paramount importance and they have to learn it.
    - Two, students have to pass and this is incredibly important. At the same time, they also have to be prepared to pass the step exams and this is why his course material is concentrating on passing the step.
  - Students who are at risk will probably be at risk for the daily material. Intervening and helping them to pass daily material is not the things he will be doing, but it can be an overlap with Dr. Brown preparing them to take Step 1.
  - The material he has developed has two techniques:
    - One is to expand the knowledge students have learned from the daily material and reinforce it.
    - Two is to expand the knowledge to do Step 1 using question banks, UWorld, and Amboss and to do as many questions as possible and then reinforce the knowledge that they gain with flashcards (e.g., Anki cards).
  - Dr. Brown has integrated the Amboss, UWorld, and Anki cards to use as intervention material.
  - Dr. Brown stated he could meet with M2 students that are at risk in December after finishing classes and make sure they understand the material and then follow up with them and get them the help they need to review.
  - Dr. Brown stated he could meet with M1 students who are identified as at risk over the winter break to make sure they understand how to use Amboss, UWorld, and the Anki cards so when they start the CPR course in January they understand how to do that and can follow them to see how they are progressing.
  - The students at risk basically have two problems
    - One is the general knowledge problem

- Two is there are some students who have difficulty understanding how to interpret the questions.
- There are two incredibly good things that we have never had before to help the students who are at risk.
  - With the new TRAILS curriculum, the small groups have been going over so many questions that the students having trouble with questions, it will help them get an understanding of the questions like we have never had before.
  - The knowledge base – the key thing is they need to take notes on the questions, especially the ones they missed.
- For students at risk, Dr. Brown will be monitoring:
  - The questions they do.
  - That they are taking notes on them.
  - That they are learning the material that they did not know.
- Dr. Brown is developing some individualized question sets for the students at risk on material they do not know.

Dr. Fox stated she was the course director for the Step 2 Study Skills elective. Dr. Fox stated the course had structured components where students would develop a study plan in consultation with academic support, would do self-assessments throughout the course at least two times during the four weeks, and would submit at least a minimum of 240 UWorld type questions each week so they were held accountable for work. Dr. Fox stated they met twice with her, once in the beginning after the study plan had been constructed and then once mid-course to discuss progress and if they had revised their study plan. The expectation was they would either have taken Step 2 by the end of the elective or have set the date to take it.

Dr. Fox noted there were 19 students who participated in the elective and 11 students completed the evaluation of the course. Dr. Fox noted some of the comments included having more access to someone to ask questions, would like to have student panels, would like to have students available to them, more communication, more one-on-one guidance with a tutor or with Dr. Daniels, online study sessions with other students, and meeting with advisors more frequently. Dr. Fox stated these things should have been available with the study plan and was not sure why they did not happen. Dr. Fox stated there are opportunities to improve the elective and she will meet with Dr. Brown as he has put together some of the same type questions and Anki cards for Step 2. Dr. Fox stated that reading some of the comments, student seemed to feel like it was more of a board prep course and that was not the original intent and will have to determine what serves the students best and what we can provide. The course was meant to give them additional self-study time with some academic assistance and to provide accountability of the Step 2 preparation.

Dr. Click noted that the Step 1 Study Skills course is required for everyone, but the Step 2 is not required and is a true elective.

**No voting action required.**

### **3. Report: Tracks, Certificates, and Dual Degree Programs Tri-TRAILS**

Dr. Click stated that QCOM now has several different tracks and a certificate program. QCOM used to only have the Generalist Track and the Rural Primary Care Track (RPCT) programs. Now, we have the Healthcare Spanish Graduate Certificate, MD/MPH Track, MD/MBA Track, and the Tri-TRAILS Track.

The following reports were given for each program.

RPCT – Dr. Melissa Robinson

Dr. Robinson gave a report on the RPCT program. Dr. Robinson stated that RPCT is an embedded curricular experience that prepares students especially interested in serving rural communities with limited resources and increased social drivers of health. Dr. Robinson stated the RPCT program supports the primary mission of QCOM.

Dr. Robinson stated there are approximately 34 total preceptors with usually 10-12 available at a time. Dr. Robinson gave a breakdown of the number of students in each class and what rotations they participate in.

- M1 Students
  - 13 students (14 applied and 1 went to Tri-TRAILS)
    - Didactics and rural precepting
- M2 Students
  - 12 students
    - Didactics and rural precepting
    - Nine taking Rural Research elective
    - Six getting dual MPH
- M3 Students
  - 12 students (2 out on LOA with December 2025 expected graduation dates)
    - Two-block clerkship in rural locations combines Family Medicine and Underserved Medicine
- M4 Students
  - 15 students, some of whom take multiple RPCT electives
    - Also, 6 general students taking RPCT electives including Rural Eldercare, Rural Ambulatory, and Rural Emergency Medicine

Dr. Robinson noted that challenges include:

- Finding preceptors
- Rural hospital closures and “setting specialists” (hospitalist, nursing home providers, etc.)
- Rural experiences require a minimum six-hour block of time to allow for travel time as some preceptors are as far away as Saltville, VA (used for M1 and M2 students).

Dr. Robinson stated that Tuesdays are reserved for rural track and will not be able to happen every single Tuesday. Dr. Robinson stated they are having trouble with the M1 students and scheduling. Dr. Robinson noted that when M1 students began in July, they could not get a Tuesday precepting time due to course work and have had very few precepting times since August. Dr. Robinson noted they have had very limited contact with the M1 students and do not have bonding with them yet as they are not seeing them. Dr. Robinson noted that they will also have very little time with the M1 students in October as other things are scheduled on Tuesdays. November and December will give them more time with the M1 students. Dr. Robinson stated they will need to see a spring schedule so they can book their preceptors and guest speakers. Dr. Robinson also asked that for Monday, March 4 beginning at 12:00 pm and all day on Tuesday, March 5 that nothing be scheduled as students will be going to the Rural Health Association Day on Hill in Nashville.

Dr. Olive commented that if we are going to interest students in rural practice, they have got to get rural exposure and if our schedule keeps them from getting rural exposure, we are hamstringing the program in terms of the probability of its being effective at getting students to really engage as this is a place where they can make a difference.

Dr. Click stated that one of the challenges this year were some anatomy practicals in August that were conflicting and feels this is one of the things they can work on for next year.

Healthcare Spanish Graduate Certificate; MD/MPH Program; and MD/MBA Program – Dr. Tory Street

Dr. Street stated there are a high number of students who are participating in the programs. There are 7 students in the Healthcare Spanish Graduate Certificate program, 72 in the MD/MPH program, and 13 in the MD/MBA program. Dr. Street stated that all of these programs are through the Graduate School and once they are accepted at QCOM, they can apply to those programs before starting courses with us.

Dr. Street noted that the MPH program numbers are high probably in part due to students not having to pay extra tuition for those courses and can take those courses for free as long as they remain enrolled with us. Dr. Street stated that the MPH program has four concentrations and probably the most common concentration is community health that overlaps a lot with rural track.

Dr. Street stated the MBA program is fairly new and can be completed within two years if the student wants to but most students are completing in three years. The MBA courses are seven-week courses and more condensed, and they like to keep students in a cohort group so there is a little less flexibility with the movement of course work in the MBA program.

The Health Spanish Graduate Certificate program is new this semester and had a lot of interest early on. This is a four-course series.

All of the course work, except for the immersion in the Health Spanish Graduate Certificate program and the field experience for the MPH course are online and asynchronous so students can work at their own pace.

#### Tri-TRAILS Track – Dr. Stoltz

Dr. Stoltz stated they have completed the interview processes for their residency programs and have students tentatively placed. There are six students participating in the Tri-TRAILS curriculum, three in Family Medicine, two in Pediatrics, and one in Internal Medicine. Dr. Stoltz noted that their schedule will not differ much from the traditional four-year track students during the first- and second-year courses and even clerkships with the exception of they will have summer courses going on between the M1 and M2 years..

**No voting action required.**

#### **4. Approval: M3 Course – Basic Science in the Clerkship**

*Please see the Foundational Science in Clinical Medicine Non-Clinical Course Form for additional information on the course.*

Dr. Click introduced a new required M3 course for MSEC's review and approval, Foundational Science in Clinical Medicine, that will be integrating basic science into the clerkships. Dr. Means will be the course director.

Dr. Means gave an overview of the course. Dr. Means stated the course will have two distinct elements. There will be 21 sessions held every other week beginning early March 2024 to the end of February 2025. The two-hour sessions will be devoted to a topic on Tuesday afternoons and will be done via Zoom and most likely in a lecture format.

Dr. Means stated the topics were derived from a variety of conversations and are noted on the Foundational Science in Clinical Medicine Non-Clinical Course Form. Dr. Means noted he has identified someone to do nearly all of the sessions. Dr. Means stated that physician faculty will predominately be teaching the course. About one-third of the sessions will be taught by non-physician faculty. There will be three journal club

sessions integrated. Two of the journal club sessions will be conducted by clinicians who will use to illustrate how they apply the statistical and epidemiological information into a current paper of the speaker's selection to develop clinical approaches to the problem. One of the journal clubs will be conducted by a basic science faculty which will essentially demonstrate the application of molecular biology to clinical disease.

Dr. Means stated evaluations will include a reflection indicating what they knew about the topic previously, what they learned in the session that they had not known previously, and at least one additional point that could be a topic for self-directed learning.

Dr. Means stated in late August 2024, the class will be together between clerkships, and it will be very much like their M1 and M2 TRAILS curriculum unit.

Assignments and exams will consist of:

- Embedded sessions
  - Professionalism/attendance (1% with total 21%)
  - Portfolio reflection (1% with total 21%)
- Intensive week
  - Daily JITT/TBL assignments (4% per topic with total 32%)
- Final examination
  - NBME/CAS of 80 questions, 10 per session (36%)

**A motion was made to approve the Foundational Science in Clinical Medicine course and seconded. MSEC discussed and approved the motion.**

*The presented Foundational Science in Clinical Medicine form document is shared with MSEC Members via Microsoft Teams document storage.*

The MSEC meeting adjourned at 5:15 p.m.

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#### MSEC Meeting Documents

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

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

#### **MSEC Meeting Dates 2023-2024: (Zoom meetings unless noted)**

July 11, **2023** – 3:30 – 6:00 pm  
July 27 – 1:00 – 2:00 pm (special called)  
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**)