



**QUILLEN**  
**COLLEGE of MEDICINE**

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, July 7, 2020, via Zoom meeting.

**Attendance (remove any not present)**

**Faculty Members**

Ivy Click, EdD, Chair  
Caroline Abercrombie, MD  
Martha Bird, MD  
Thomas Ecay, PhD  
Russell Hayman, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Jessica Murphy, MD  
Mitch Robinson, PhD  
Antonio Rusinol, PhD  
Robert Schoborg, PhD

**Student Members**

**Ex Officio Voting Members**

Tom Kwasigroch, PhD  
Theresa Lura, MD  
Rachel Walden, MLIS

**Ex Officio Non-Voting Member**

Ken Olive, MD, EAD

**Academic Affairs Staff**

Lorena Burton, CAP  
Mariela McCandless, MPH  
Cathy Peeples, MPH  
Dakotah Phillips, BSPH  
Aneida Skeens, BSIS, CAP-OM

**Subcommittee Chairs**

Robert Acuff, PhD  
John B. Schweitzer, MD

**Guests**

Brian Cross, PharmD  
James Denham, MD  
Leon Dumas, MMED  
Tory Street  
David Taylor, M4

**Meeting Minutes**

**1. Approve: Minutes from June 16, 2020 Retreat meeting and June 16, 2020 Annual meeting.**

Dr. Click opened the meeting at 3:31 p.m. and asked for comments/updates to the June 16, 2020 Retreat meeting minutes and the June 16, 2020 Annual meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Moore made a motion to approve both the June 16, 2020 Retreat meeting minutes and the June 16, 2020 Annual meeting minutes as presented. Dr. Rusinol seconded the motion. MSEC discussed and approved the motion.

*The MSEC minutes for June 16, 2020 Retreat and Annual meetings were shared with MSEC Members via Microsoft Teams document storage.*

**Announcements:**

- Faculty book club – Summer book club was held last month for *Black Man in a White Coat* and went well. The fall book club date is September 9 at 3:00 pm, presumably by Zoom but no link has been sent yet. The book is *Make It Stick* by Peter Brown, Henry Roediger, and Mark McDaniel. Anyone wishing to participate that has not requested or received a book yet, please let Dr. Click know and she will contact Dr. Amy Johnson.
- Staff Return to Work – Campus reopened to the public on July 1. There will be staff present in the office as well as staff members continuing remote work from home.
- Students Re-Entry – Students began re-entering into clinical settings. The M3 clerkships started June 29, some M4 students started in clinic on June 15 to complete COVID-19 interrupted clerkships, and the M1-M2 students will start online next week on July 13.
- Zoom meetings for MSEC meetings have been extended through December. Options for in-person meetings will be reassessed at that point.
- Dr. Mark Ransom resigned from the MSEC Committee, and Dr. Jessica Murphy has accepted the open position.
- There was an announcement in the weekly email from the President stating that Zoom meetings will require either a passcode or use of the waiting room option beginning July 19. Instead of resending invitations with new Zoom links including passcodes, the waiting room will be utilized for the regular July 21 meeting. If passcodes are used, they will be included with the meeting invite.
- A reminder that Tegrity is ending and Panopto is taking its place to be able to record lectures and classes. There was a demonstration yesterday that was recorded and will be made available in the near future. Mariela McCandless will be sending out some general information about Panopto including the guidebook for how to use it. If you need assistance downloading Tegrity recordings to Panopto, Kim Johnson or Tonya Ward in Biomedical Sciences may be able to help.

**2. Report/Approve: CIS updated report: Patient Safety, Quality Improvement & High Value Care**

Dr. Schweitzer presented the Curriculum Integration Subcommittee (CIS) updated report on Patient Safety, Quality Improvement and High Value Care. He noted that the thread objectives were adopted from the World Health Organization (WHO) and have been mapped to the College of Medicine's Institutional Educational Objectives (IEOs) and the United States Medical Licensing Examination (USMLE) Content Outline. The overall recommendations from the CIS report were to encourage teaching faculty across the curriculum to review the WHO Multi-Professional Patient Safety Curriculum Guide resources; ensure current quality improvement, patient safety, and high value care thread report recommendations are distributed to all course and clerkship directors in a timely manner so they can review, update and/or implement content recommendations as early as the 2020-2021 academic year; and continue to encourage faculty to complete session-level mapping with delivered content tagged to the USMLE content list relevant to the areas of quality improvement, patient safety, and high value care. This will

allow faculty and students to become familiar with the related USMLE content coverage and ensure accurate identification of all thread content delivered in the curriculum.

Dr. Schweitzer states that Dr. Geraci had presented the last report and had made some specific recommendations that were listed on a table in the current report to give an overview of the progress made on these recommendations. Many of the recommendations were adding things in the pre-clinical years. The doctoring courses have incorporated many of these concepts into the first two years. These ideas should be carried over to the third year with particular interest in introducing high value care. While many of the recommendations for M1 and M2 have been completed, M3 recommendations have just recently begun to be addressed. The M3 surgery clerkship is adding documentation of working with post-surgical complications to their portfolio, which would fall under the Patient Safety thread. Doctoring III is bringing back third year students for didactic sessions at six-week intervals and one of those didactics is root cause analysis, also a Patient Safety thread. OB/GYN is adding a one hour didactic involving high value care and hospital quality improvement. Dr. Schweitzer suggested that the clerkships should coordinate and distribute some of the thread topics and offer didactic sessions that align with a particular clerkship in terms of high value care and quality improvement. High value care is currently missing as a formal element of the clinical curriculum. Dr. Moore asked if the committee felt that every one of these points needed to be covered for the students to be the best doctors they could be or would some of these things be covered better in residency or later on. It was stated that some of these items were talked about at bedside, if they came up, so not every student gets exactly the same information all of the time as the clinical experience varies based on patient cases. It was suggested that certain commonly occurring clinical situations could have defined pathways that are taught as framework so that all students get the same information. It was noted that the USMLE Content Outline was specifically aimed at what medical students are supposed to manage in terms of QI and patient safety. Dr. Olive suggested referring this to the clerkship directors and asking them to report back to MSEC at a certain point in time with their recommendations of what should be included in the clerkships. Dr. Abercrombie pointed out that there should not be specificity stated as to how topics should be taught because students could routinely be seeing these kinds of patients and working them up and this could be a required patient type that could be documented, or it could be preferred to add a set of questions instead of having an hour didactic. It was decided to table the discussion for the time being and wait for the clerkship directors to provide a report at a future MSEC meeting.

No action was taken on this item. MSEC discussed and decided to table this item for a future agenda.

*The CIS report for Patient Safety, Quality Improvement and & Value Care was shared with MSEC Members via Microsoft Teams document storage.*

### **3. Report: Outcomes Subcommittee Quarterly Report**

Dr. Denham presented the Outcomes Subcommittee Quarterly Report. He stated that the first seven benchmarks on the report, which included Program benchmarks and a few Knowledge for Practice and Communication and Patient Care, were successfully being met. He noted that the Program 4B benchmark for the percent of students completing the curriculum within four

years would be discussed again at the regular July 21 MSEC meeting. The committee felt there should be a change in the way that benchmark was measured because students who were in combined programs of MD and MPH are less likely to finish in four years resulting in a penalty. The benchmark will be reevaluated considering separating MD-only and MD-MPH.

There were a few benchmarks with mixed data. On the Program 6 benchmark, regarding the students match rate for primary care residency, Internal Medicine had an 18.84% match rate, which was noted to be below the national match rate of 25.7%. Several clerkships were successful for the Knowledge for Practice 2 benchmark stating 50% of students will score at or above the national mean on the National Board of Medical Examiners (NBME) exam; however, there were a number of clerkships that scored less than 50%, namely Family Medicine (31.71%), OB/GYN (45.28%), Pediatrics (44.68%), Internal Medicine (43.10%) and Surgery (40.68%). While the committee will continue to look at this data, the way it is analyzed will be different to model LCME methods so the wording of the benchmark will be changed. For example, the benchmark could read that a percentage of students within Phase 1 of the curriculum will score at or above the national mean for course and clerkship exams as opposed to scoring individual courses. The Knowledge for Practice 5 benchmark will also come back with changes to discuss. Currently, it states that fewer than 10% of students will score at or below the 10<sup>th</sup> percentile. Internal Medicine (15.52%) and Surgery (12.56%) did not meet this threshold. Changing the 10<sup>th</sup> percentile to the 5<sup>th</sup> percentile is being considered as the Student Promotions Committee has identified that it is really the 5<sup>th</sup> percentile that shows the more at-risk students as opposed to the 10<sup>th</sup> percentile.

There was one benchmark that did not meet the measures. The Interpersonal and Communication Skills 1 benchmark states that 95% of students will pass performance-based assessments on the first attempt. There were 83.58% of students from the Class of 2021 that passed the institutionally developed clinical performance – OSCE; however, additional details are needed from Dr. Abercrombie on the number of students that needed focused reviews.

The Outcomes Subcommittee will be meeting again on July 16 to review their recommendations and present them at the upcoming MSEC meeting on July 21. Dr. Schoborg asked how it would be determined where there was an issue in a phase if you are not looking at the performance of the individual courses. Dr. Denham explained that the data for the individual courses would still be there to review, this was just a different way to report the data as a whole instead of by individual courses. Dr. Denham also pointed out that the M1-M2 and M3-M4 subcommittees will still conduct individual course and clerkship reviews.

Dr. Rusinol made a motion to accept the Outcomes Subcommittee Quarterly Report based on the current benchmarks as presented with the understanding that future benchmarks may be presented at the next meeting. MSEC discussed and accepted the report.

*The Outcomes Committee Quarterly Report was shared with MSEC Members via Microsoft Teams document storage.*

#### **4. Approve: On-line Electives/Selective**

Dr. Dumas presented a proposal for an online elective entitled “Anatomy and Pharmacology for Anesthesia and Emergency Respiratory Interventions.” He stated an elective for “Applied Anatomy for Anesthesia” had previously been approved; however, an extensive amount of material has continued to come in for the course since its inception and the elective has become too big. The initial elective had a component for airway and breathing, essentially the ATLS modules and a second component containing anatomy and the neuraxial blocks and nerve blocks. It was decided to split the components into separate electives. One elective will cover the anesthesia, airway and breathing component with modules on pharmacology and conscious sedation and the other elective will cover the anatomy and nerve block component with interventional emergencies such as cricothyrotomies, intercostal drains and there is also a module on bronchoscopy. The initial elective will still be offered in its basic format so the students could choose whether they would prefer a broader basic view of the material or the more in-depth view they would receive if they chose the advanced version of either of the new electives. Students would not have to take the basic elective before enrolling in either of the new electives and the students could choose to take one or both of the new electives. Students would not be required to take both.

Dr. Moore made a motion to approve the Anatomy and Pharmacology for Anesthesia and Emergency Respiratory Interventions online elective as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

*The Anatomy and Pharmacology for Anesthesia and Emergency Respiratory Interventions online elective document was shared with MSEC Members via Microsoft Teams document storage.*

## **5. Course Reviews: 2019-2020 M1/M2 Courses**

Dr. Acuff presented the administrative review for the M1 - Biostatistics & Epidemiology course. This course was reviewed by Dr. Acuff. He noted that Biostatistics & Epidemiology had to undergo a full review for the course this year rather than administrative. He stated Dr. Mullersman had done a great job with the overall changes in the course in the attentiveness he gave to the course, and the students commented that the course director was the greatest strength of the course many times throughout the review. The students were pleased with the presentations, the PowerPoints, Tegrity, the outside work that was done in class and the openness to provide students with as much explanation as he could. In terms of instruction, the only weakness that was noted by the students was that they would have liked to have had some of the materials a little bit further in advance. The course objectives have been mapped to the IEOs; however, the individual lectures and activities of other learning have not been mapped so that will have to be done going forward. The students were very complimentary and felt that the exams and quizzes were appropriate, and the information would be very useful for future board exams such as Step 1. There were no consistent weaknesses noted. The evaluations for both the course and the faculty have all improved dramatically. The course evaluation has improved from 2.51 to 4.41 and the faculty evaluation has improved from 2.99 to 4.77. After review of the ISAs for all of the courses, the students rated this particular course very high on the April 2020 LCME ISA.

Dr. Abercrombie made a motion to accept the M1 – Biostatistics & Epidemiology Course Review as presented. MSEC discussed and accepted the review.

*The M1 - Biostatistics & Epidemiology Administrative Review was shared with MSEC Members via Microsoft Teams document storage.*

Dr. Acuff presented the administrative review for the M2 - Rural Community Based Projects course noting that it was an administrative review. This course was reviewed by Dr. Acuff, Nancy Claire Smith (M3), and Riley Parr (M2). The objectives for the course are appropriate and all are mapped to the IEOs. This is a self-directed course that focuses on community service-learning experience, small group discussion, interviewing and working with community leaders. The course director was encouraged to see the mean course evaluation improve from a 3.33 to a 4.0/5 this year. This is a pass/fail course with no exams and no USMLE exam. The students present posters and perform self-evaluations and seem to enjoy that. The only weakness noted, in terms of course outcomes, was scheduling difficulties that seemed to be weather-related or due to other issues and not anything the course director had control over. This impacted the students' ability to work with community leaders and others, and the M1-M2 Review Subcommittee is suggesting that perhaps Zoom technology could be utilized for these impairments in meeting face-to-face. Directorship of the course is changing with Dr. Click's new responsibilities, and Dr. Schetzina will be the course director for the fall 2020 course. Dr. Trena Paulus has also been added to the course faculty for fall 2020.

Dr. Monaco made a motion to accept the M2 – Rural Community Based Projects Administrative Review as presented. MSEC discussed and accepted the administrative review.

*The Rural Community Based Projects Administrative Review was shared with MSEC Members via Microsoft Teams document storage.*

## **6. Administrative Reviews: 2019-2020 M3/M4 Clerkships and Courses**

Dr. Olive presented the administrative review for the M4 - Doctoring IV: Keystone Course in Dr. Wood's absence. This course was reviewed by Dr. Wood and Alex Hwang (M4). The Keystone Course was very different this year by virtue of the fact that everything had to be online so the organization and structure were different. The students felt the Zoom sessions were an efficient way to do things and as such, some of those will be continued in the future. Additionally, a few sessions where the students felt there was repetition, such as EKGs, Communication, Culturally Competent Clinical Care and Ethics, were suggested to be replaced by additional business/finance topics, which were well-received. Specific strengths identified were the remote sessions, addition of business and finance topics, and the String of Pearls, which has always been a positive part of this course. The course director endorsed the students' comments. Weaknesses identified by the students was the cost of MedEd Online (\$160.00) per student. This cost was built into the students' financial aid package and students received financial aid to cover this, but that was not communicated well to the students so they were unaware of this and were unhappy with having to pay for MedEd Online. The course objectives were not mapped but Dr. Denham and Dr. Olive worked to get those objectives mapped and they are now mapped to the IEOs. The objectives have not yet been mapped at the session level completely, to a significant extent, because many of the course objectives relate to one session, so when that objective is mapped to the IEO, functionally, that session has been mapped though most sessions certainly would benefit from having more than a single

objective. Overall, the course functioned well this year, especially under changing circumstances, with overall good evaluations from students.

Dr. Lura pointed out that the cultural competence and ethics were required previously based on previous MSEC vote for the Keystone Course and therefore, would require another vote from MSEC to remove it from the course. She further noted that the content could be varied from previous sessions instead of removing it. Dr. Rusinol agreed that perhaps it could be done differently. Dr. Abercrombie stated that students generally comment on the discussion boards at the end of online ethics that they were thankful for the course because they don't often get the chance to reflect on how they would respond to ethical dilemmas as interns. She also stated that since material has been added in other courses due to curricular views and threads, perhaps a reassessment of content was needed instead of completely removing the content from the course. Dr. Monaco mentioned that cultural competence and ethics for Doctoring I was going to be done differently so perhaps the content for Doctoring IV could be provided in a more advanced level with deeper discussion. Dr. Denham noted that he did not feel the issue from the students was the topic of cultural competence and ethics but rather that the students had heard the same lecture multiple times so the content was the same verbatim. Dr. Kwasigroch pointed out that MedEd Online had some online CME options and Dr. Abercrombie stated that there are some other online options that may be more affordable to the students and perhaps Dr. Denham could work with the CME board to explore other routes. Dr. Schweitzer asked how long the students used MedEd Online to which Dr. Abercrombie stated the students only used MedEd Online for Keystone. Dr. Olive corrected this stating that many of the students had purchased MedEd Online Med to the fourth year for use in the third year. Dr. Click noted that she thought Dr. Block had offered to pay for some additional content for students like Case X, and it could be that the recommendation would be to review the MedEd Online Intern Bootcamp and whether it is still the best option if there are other options available. Dr. Olive pointed out that there was a hardback book that accompanies the online subscription that addressed a variety of issues including on call issues that would be beneficial beyond medical school. Dr. Click suggested recommending a review of the content of these topics and updating their appropriateness with consideration of where else they fall into the curriculum and reviewing the MedEd Online Intern Bootcamp to make sure it is still the best option and if so to communicate to the students that the cost of this was included in their financial aid.

Dr. Monaco made a motion to accept the M4 – Doctoring IV: Keystone Administrative Review as presented. MSEC discussed and accepted the administrative review.

*The Doctoring IV: Keystone Administrative Review was shared with MSEC Members via Microsoft Teams document storage.*

## **7. Discussion: LCME result announcement and Course CQI Plan**

Dr. Click discussed that a report is due back to LCME on December 1, that includes the additional surveying of students regarding the first- and second-year curriculum courses addressing their satisfaction with the coordination and new integration of the curriculum. A baseline survey was conducted in April and the survey will be repeated in August and in October. The survey results from April will be presented at the next MSEC meeting on July 21,

and will be sent to MSEC members prior to the meeting for review. Courses that had over a 15% dissatisfaction rate in overall course quality, organization quality or quality of teaching would be asked to complete a course improvement plan form. The preclerkship phase will also prepare a CQI plan to address problems in organization, quality and integration across the phase. The form asks for the data supporting the need for improvement, goals for the intervention, and specific strategies to improve the course for each of the goals listed and who is responsible for implementation. At some point later, there will be an evaluation piece, post-intervention, for each goal and whether or not the intervention was effective based on the follow up data and the next steps that need to be taken for each goal if needed. MSEC will approve these plans. Dr. Schoborg asked since the triggering event for creating these plans is student dissatisfaction, was this really more of a student course evaluation improvement plan? Dr. Click stated that course evaluations were not all that could be used for the goal. That was just the trigger for this specific instance for what has to be reported back to LCME, but this could also be used for meeting the national mean on the NBME, for example, or other things that need improvement. The CQI forms will be used for courses that need to be reported back to LCME in December but will also be implemented as an ongoing piece of changes made in response to LCME follow up. Dr. Rusinol asked how future responses would be handled if a course did not trigger the plan until perhaps the third evaluation. Dr. Click stated that had not been specifically discussed, although she did not think a course would be expected to do an improvement plan in October for the rest of the year knowing the report was due in December. This was thought to be more of a yearly plan but nothing had been specifically discussed regarding plans for the next iteration of surveys. Dr. Monaco asked if this plan was implemented in January, would consideration need to be given if courses were not offered face to face? Dr. Olive stated that it was looking likely that courses during the spring semester could be online as well, although no decision had been made to that effect, and plans should be made for courses to be online and to develop an improvement plan around that model. Dr. Hayman asked for clarification that the course directors would be filling out the CQI form and MSEC would be the governing body to review and evaluate the plan. Dr. Click confirmed this. Dr. Abercrombie suggested using the complete name of the form (Continuous Quality Improvement) on the form so everyone knows what the initials stand for.

MSEC consensus was agreement with the plan to use course continuous improvement plans to address problems with integration and course quality and organization and acceptance of responsibility to approve and evaluate effectiveness of these plans.

*The Continuous Quality Improvement (CQI) plan form was shared with MSEC Members via Microsoft Teams document storage.*

## **8. Report: Survey Results: PGY-1 and Program Director Survey**

Dr. Olive presented the Residency Program Director and PGY-1 Survey results. Program directors were asked how prepared our students were to begin residency, and our graduates were asked how well prepared they felt they were to begin residency. This is the last year that these surveys will be conducted due to enrollment in a pilot program with AAMC where they will be collecting this data. The survey used a three-point rating scale with three meaning exceeds expectations, two meaning met expectations, and one meaning below expectations. The diagram shows results from both the Program Director survey and the PGY-1 survey and on



average, most of the scores were 2.4 or higher. The overall result for how prepared was the graduate to begin residency was a 2.5. The percentages show that of the program directors who responded, 98% felt the resident either met or exceeded expectations. The graduates themselves tend to rate themselves lower in various courses than the program directors and 91% of graduates said they felt prepared in obtaining informed consent whereas 100% of the program directors said the graduates were prepared to obtain informed consent, at least at the level they expected. There were 89% of graduates who felt like they were prepared to do patient handovers and transition of care, and 98% of program directors felt graduates were prepared. There were 91% of graduates who felt like they were prepared to provide an oral presentation compared to 98% of program directors who felt graduates were prepared. There were 84% of graduates who felt prepared to enter and discuss orders and prescriptions and 100% of program directors who felt graduates were prepared. Thus, there is a discrepancy between how students feel like they did in comparison to how program directors feel students performed in comparison to other students and the program director's expectations. Overall, these data say that the college is doing a good job in terms of preparing students for the next level in their medical education. The narrative comments were overall very positive. The program directors' comments included examples of professionalism, critical thinking skills, formal presentation of notes (an area that residents said was not good) and interpersonal skills and strengths of QCOM graduates. There were two comments about individual students. One was noted as struggling in the beginning but achieved the level of performance expected as the year progressed. Another one had issues with efficiency and time management, but overall, they were really very positive comments from the program directors. There were some themes in the graduates themselves. Overall, they felt well-prepared for residency as shown by 98% who said they met or exceeded expectations for being generally prepared. There were several compliments to individual faculty members in the comments. There were several comments that suggested having a required emergency medicine experience and a required neurology experience would be desirable. There was as a comment about having more exposure to electronic health record order entry. There was an interest in having more procedural experience, more experiences presenting cases and more experiences related to diversity in general, commenting that there was not a very diverse faculty, staff, or student body.

No action was necessary for this item.

*The PGY-1 and PD survey and the summary were shared with MSEC Members via Microsoft Teams document storage.*

## **9. Report: Curriculum Content Report – Orthopedics**

Dr. Olive presented the orthopedics curriculum content report, noting that it had been distributed previously, but two additions had been made and the report was updated. Dr. Moore identified in the Doctoring I course under the physical exam skill session on the upper and lower extremity, as well as neck and back, that some basic orthopedic content topics had been included. Then in Doctoring III, Dr. Abercrombie identified the end of the Doctoring III Transition to Clinical Clerkship course had a knee injection as part of the clinical skills so that was added as well. The update was provided for informational purposes only.

No action was necessary for this item.

*The Orthopedics Curriculum Content Report was shared with MSEC Members via Microsoft Teams document storage.*

**10. Discussion/Approve: Taking time off for Step 2 CK exam during 3<sup>rd</sup> year (current third year class) because clerkships already shortened – exception to M3 leave policy**

Dr. Olive presented an exception to the leave policy for M3 students due to the clerkships being shortened due to COVID-19 so that six-week clerkships were being shortened to five weeks and eight-week clerkships were being shortened to seven weeks. This was also done during the transition year to adjust the schedule and during that year, students were not permitted to take time off to take either part of Step 2, because clerkships were already shortened and it was best not to shorten them any more by taking time off to take parts of Step 2. Administratively, it is recommended that MSEC modify the M3 Leave Policy to say that during this year, time off to take parts of Step 2 will not be permitted. Step 2 CS is not going to be an issue because it has been suspended by USMLE. Some students in the past have taken time off during clerkships in the latter part of the year. The majority of students take Step 2 CK during the summertime following the third year, so the change to the policy to take time off for Step 2 applies to this year only, assuming the schedule is back to normal next year. Dr. Moore asked if this would handicap students if there are more problems with COVID-19 rescheduling or if there were a second wave over the winter or next spring. Dr. Olive stated that the students had been informed not to plan on taking time off for Step 2, and ETSU was in the process of arranging to offer a single date administration for Step 1 and Step 2 CK at the College of Medicine this summer, which is a one-time offering that could be an opportunity in the future if Prometric Centers are still closed. Dr. Abercrombie stated scheduling has been able to adapt and a lot of students have been able to get dates, but it will be a lot of traveling. Dr. Byrd noted that some students were also taking two days off to take Step 1 so if they took off for Step 1 and Step 2 that would be almost a week out of an already reduced clerkship. Dr. Olive further noted that depending on the testing site destination, there could be one day of travel before the exam followed by another day of travel after the exam. Dr. Byrd asked how many educational days students were allowed to take and Dr. Olive said there was not a policy that specifically addressed that. Dr. Monaco asked for clarification that if the motion was passed to prohibit students from taking time off for Step 2 exams that it would not preclude making additional changes to the policy in the future should the situation warrant it. Dr. Olive confirmed that and noted changing the policy now just gave students general direction that they should not plan on taking off for the exam this year.

Dr. Monaco made a motion to approve the exception to the M3 Leave Policy prohibiting students from taking time off for Step 2 CK exam during this year only as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

*The M3 Leave Policy was shared with MSEC Members via Microsoft Teams document storage.*

**11. Discussion/Approve: Grade System Withdrawals Auditing Courses Class Rank - Administrative draft regarding practice of using 70% passing grade**

Dr. Olive explained that when the MSEC activity log was being reviewed for the past year there was mention about needing to address the grading policy after it was changed from letter grading to pass/fail grading. It was asked if the passing threshold was 70%. Although that is the practice that everyone is essentially using, no policy was put into place for this. The matter was brought up at the first- and second-year course directors' meeting and there were no reservations expressed so the recommendation is to add a sentence to the policy that the passing threshold for the College of Medicine courses and clerkships is 70%. Dr. Monaco made a motion to approve formalizing 70% as the passing grade for the Grade System Withdrawals Auditing Courses Class Rank policy as presented. Dr. Schoborg seconded the motion. MSEC discussed and approved the motion.

*The Grade System Withdrawals Auditing Courses Class Rank policy was shared with MSEC Members via Microsoft Teams document storage.*

The MSEC meeting adjourned at 5:55 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 2020-2021: \* NOT the 3<sup>rd</sup> Tuesday of the month**

July 21, 2020 – 3:30-6:00 pm – Zoom meeting

August 18 – 3:30-6:00 pm – Zoom meeting

September 15 – 3:30-6:00 pm – Zoom meeting

October 20 – **Retreat** – 11:30 am-5:00 pm - Zoom meeting

November 10 – 3:30-6:00 pm\* - Zoom meeting

December 15 – 3:30-6:00 pm - Zoom meeting

January 19, 2021 **Retreat** – 11:30 am-5:00 pm - TBD

February 16 – 3:30-6:00 pm - TBD

March 16 – 3:30-6:00 pm - TBD

April 20 – 3:30-6:00 pm - TBD

May 18 – 3:30-6:00 pm - TBD

June 15 – **Retreat** 11:30 am-3:00 pm – TBD

June 15 - **Annual Meeting** - 3:30-5:00 pm – Lg. Auditorium