



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, February 16, 2021, via Zoom meeting.

<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>Academic Affairs Staff</u>
Thomas Ecay, PhD	Mariela McCandless, MPH
Russell Hayman, PhD	Aneida Skeens, BSIS, CAP-OM
Jon Jones, MD	
Paul Monaco, PhD	<u>Subcommittee Chairs</u>
Jason Moore, MD	Robert Acuff, PhD
Antonio Rusinol, PhD	
Robert Schoborg, PhD	<u>Guests</u>
	Susan Austin, MA BS
<u>Student Members</u>	Lorena Burton, CAP
Sarah Allen Ray, M3	Leon Dumas, MMED
R. J. Black, M2	Lindsey Henson, MD, PhD
	Tom Kincer, MD, AD
<u>Ex Officio Voting Members</u>	Skylar Moore, HCMC, BSPH
Tom Kwasigroch, PhD	Cathy Peeples, MPH
Rachel Walden, MLIS	Tory Street, AD
	David Taylor, M4

Meeting Minutes

1. Approve: Minutes from February 2, 2021 Meeting.

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the February 2, 2021 meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Schoborg made a motion to accept the February 2, 2021 minutes as presented. Dr. Jones seconded the motion. MSEC approved the motion.

The MSEC minutes for February 2, 2021 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development
 - February 17 – 3:30 pm Cultivating Health Educational Environments, Part 2 presented by Dr. Diana Heiman and Dr. Amy Johnson. Attendance to Part 1 of the presentation last week is not required to attend Part 2 tomorrow.
 - March 17 – 4:00 pm – Educational Journal Club presented by Dr. Amy Johnson and Dr. Alicia Williams
 - April 21 – 12:00 pm – Patient Safety: Recognizing Medical Errors and Addressing with Quality Improvement presented by Dr. Jim Holt and Dr. Jeff Summers
- Curriculum Management System Task Force
 - Currently looking to schedule initial demonstrations with the following:
 - Elentra
 - eMedley
 - Possibly DaVinci Education

2. Discussion: CQI Process

Dr. Click initiated a discussion on the CQI process regarding bringing CQI plans back to MSEC for review or having the review subcommittees review the CQI plans with the course/clerkship self-studies and make recommendations to MSEC based on whether the course/clerkship had met the plan objectives or not. Dr. Acuff, Chair of the M1-M2 Review Subcommittee, stated he felt that the review subcommittees were capable of reviewing the CQI plans and making recommendations to MSEC. The guidelines for recommending a CQI plan was reviewed:

- any single element with two or more items rated as below expectations;
- any three or more total items rated as below expectations; or
- prior recommendations from self-study were not addressed with no reasonable explanation or other circumstances identified

Any of these guidelines would trigger a recommendation for a course/clerkship to submit a CQI plan. Any updates to a CQI plan would need to be submitted to the review subcommittee with the next iteration of the course/clerkship self-study for determination if the course/clerkship had met the goals of the CQI plan. It was discussed whether course/clerkship directors, or their appointed representative, should be present for their course/clerkship reviews so they are available for questions and to provide perspective and information if needed. It was agreed that this would be helpful in formulating CQI plans.

Ensuring that course/clerkship are fully mapped was discussed as part of the self-study process. We need to make sure mapping reported as incomplete on the self-study gets completed for the course/clerkship. This can be discussed with the course/clerkship directors at their meeting.

Dr. Schoborg made a motion to accept the proposed process of having the M1-M2 and M3-M4 Review Subcommittees review any course/clerkship CQI plan as part of the self-study process and make recommendations to MSEC based on whether the CQI goals had been met or not and that the course/clerkship directors, or their appointed representative, be present

at the MSEC meeting when their course/clerkship review was being presented. Dr. Moore seconded the motion. MSEC discussed and approved the motion.

The presented CQI Process PowerPoint is shared with MSEC Members via Microsoft Teams document storage.

3. Report: M1-M2 Review Subcommittee 2020-2021

- Cellular and Molecular Medicine

Dr. Acuff presented a course review for Cellular and Molecular Medicine (CMM) and noted that this was one of the best ratings that CMM had received in a while. The reviewers were Dr. Acuff and Noah Rutherford.

Objectives: The students were over 97% satisfied with the course. Dr. Rusinol stated that his mapping had been completed, but still needed to be submitted to Academic Affairs as he was correcting a few errors that had been noticed. The course director routinely coordinates his course content with those of others in the curriculum.

Follow up: Dr. Rusinol and the faculty that present the course have made improvements with each iteration and the students appreciate the effort.

Outcomes: Course trends reported course quality rated 3.87/4 and 51% of students scored above the National mean on the NBME. All 72 students passed the course, which had not happened in the past two iterations of the course with one failure each year. Only one area failed to meet expectations on the review, 13% of students scored below the 10th percentile on the NBME, which is just outside of the 10% threshold. Dr. Rusinol explained that with the shelf exam being a Pass/Fail grade, it did not count as part of the students' grade so the students had much less incentive to focus on the exam. Dr. Monaco asked if the shelf exam had counted like a sectional exam as he was concerned that students might minimize the importance of the shelf exams now that they have gone to Pass/Fail grading if the exam was not counted as part of the students' grade. Dr. Click noted that there was a policy on the MSEC website that the shelf exam is supposed to count the same as a major sectional grade. Dr. Rusinol stated that he would count the shelf like a sectional exam in the next iteration of the course. Dr. Rusinol pointed out that the number of schools and students that are being compared to the National norm is also getting smaller each year as fewer schools are using the NBME exams. Dr. Click agreed and noted that outcome benchmarks would likely change in the future.

Strengths: Course organization and format, faculty availability and helpfulness, daily quizzes, e-learning modules and videos, organization of the D2L site. Dr. Rusinol commented in the study that all of the faculty attended every TBL session and the new location in Building 60 better supported TBL activities.

Weaknesses: Some handouts contained typos and video lectures could not be viewed at double speed. Volume of information per unit is too great. Dr. Rusinol commented in the study that the faculty were continuing to make improvements that were seen with each iteration of the course.

Recommendations to the course director: N/A

Recommendations for MSEC: N/A

Dr. Abercrombie made a motion to accept the annual course review for Cellular and Molecular Medicine as presented. Dr. Moore seconded the motion. MSEC discussed and approved the motion.

The presented Annual Course Review for Cellular and Molecular Medicine document is shared with MSEC Members via Microsoft Teams document storage.

- Clinical Epidemiology and Biostatistics

Dr. Acuff presented a course review for Clinical Epidemiology and Biostatistics (CEB). Dr. Brad Feltis was the reviewer. He is new to the faculty and is the Division Chief for Pediatric Surgery.

Objectives: Course received 3.75/4 for the course objectives supporting the IEOs. The course objectives and individual sessions are mapped. Goals are appropriate. Students were 95% satisfied or very satisfied with the course and its learning environment. The course director routinely coordinates his course content with those of others in the curriculum.

Follow up: Dr. Mullersman has made some modifications based on student issues with certain parts of the course or learning environment and will continue to do so in the future. The students appreciate this and his commitment to the course, particularly when he listens to them and acts accordingly.

Outcomes: There is no NBME for this course. All 71 students passed the course. The course has trended upwards, beginning with a 2.51/5 in 2018-19, 4.41/5 in 2019-2020, and a 3.56/4, which would equate to a 4.45/5 in 2020-2021.

Strengths: The students overwhelmingly and vocally appreciated Dr. Mullersman's commitment to this course. There were over 100 comments espousing appreciation and thanks for the course content in general and for Dr. Mullersman in particular. Almost all appreciated integration the COVID pandemic into the course this year.

Weaknesses: A small minority though the course was "too easy". Students would prefer more practice problems. The course director intends to generate additional practice problems. It was questioned if perhaps some of the students are coming from a public health background and coming in with more statistical epidemiological knowledge than others. It was also questioned if it would be appropriate for students in that situation could test out of the course. Dr. Olive stated there is a policy that says if a student feels like they have taken a comparable course, they can request approval for advance credit but this has not been pushed. It was noted that with an integrated curriculum, it would be harder for students to test out or skip a course so it may not be beneficial to publicize that policy with only a year left in the current curriculum.

Recommendations to the course director: N/A

Recommendations for MSEC: N/A

Dr. Jones made a motion to accept the annual course review for Clinical Epidemiology and Biostatistics as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

The presented Annual Course Review for Clinical Epidemiology and Biostatistics document is shared with MSEC Members via Microsoft Teams document storage.

4. Discussion: Curriculum Transformation

Dr. Click led a discussion on updates from the Curriculum Transformation Steering Committee (CTSC):

- Settle on length of study time Step 1
 - We don't have data regarding how student behavior may change with Pass/Fail.
 - It is easier to remove than to add back weeks of study time.

During the last meeting, it was decided to keep Step 1 after the pre-clerkship phase of the curriculum, but a specific number of weeks of dedicated study time for Step 1 was not determined. The CTSC recommends keeping the six weeks of dedicated Step 1 study time at least for now. Discussion included the question of what to do with those two weeks if the time were reduced from six weeks to four weeks. It was noted that the extra two weeks could make the transition to clerkship sooner allowing three-year students to end on time for graduation. The extra two weeks could also be used for additional elective time. It was pointed out that some schools look at how long of a dedicated Step 1 study period you get during interviews as part of the recruiting tools and some schools may view four weeks as inadequate. Most students do not take a full six weeks to study, but students also use that extra time to take a bit of a break before going into clinicals. With condensing a two-year schedule down to 18 months, that break could become even more important for the students' well-being. It was also noted that while the majority of students may not take the full six weeks to study, having that entire six-week period could be critical for some students.

Dr. Abercrombie made a motion to maintain the six weeks of dedicated Step 1 study time after the pre-clerkship phase with the new curriculum as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

- CTSC Recommendation: Add 2 weeks to Transition to clerkships for a total of 3 weeks.
 - These weeks will incorporate basic science as well as clinical information students need to know to go into clerkships.
 - Recommend using simulation/SPs
 - Clerkships will start first week of March

During the last meeting it was decided that at least four weeks of basic science content would be included in the clinical phase of the new curriculum. Looking at the calendar, we would come back from holiday break into the six weeks of dedicated study time for Step 1 then go

into Transitions, which would include some additional basic science content with the extra two weeks and then clerkships would start the first week of March. It was noted that another two weeks of basic science would still need to be added somewhere in the clinical phase of the curriculum, but this was a good way for the students to incorporate the ideas of translating the basic science content that they have learned into clinically applicable knowledge. Dr. Abercrombie, who leads the Transitions session, was in favor of extending the Transitions session to three weeks as that would give the students more time to adjust to being on a more structured schedule and it would also allow her more opportunities to provide simulation experiences where the basic science is put into real hands-on training.

Dr. Hayman made a motion to add two weeks to the Transitions to Clerkship, for a total of three weeks for the session, and that the basic science content be incorporated into the Transitions session, as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

- Additional ways to add basic science into the clinical phase will need to be decided.
 - Advanced basic science selective (specialty focused)
 - Longitudinal journal club during clerkships (part of Doctoring 3?)
 - Clerkships partnering with Basic Science faculty for didactics

It was noted that we do have some basic science electives that have been developed in the fourth year but there is nothing that is required, so having the students do a clinically relevant advanced basic science selective of their choice depending on their specialty would be a good way to incorporate the basic science content. It was noted that we would have to adjust elective/selective and flex time in the fourth year to allow time for another required selective. Another option is to incorporate basic science into clerkship didactics. One example of this discussed was perhaps a concentration in Genetics that might go in the Pediatrics clerkship or potentially OB/GYN clerkship where there is an obvious syndrome. There was concern expressed for having clerkships partnering with basic science faculty for didactics as these are often moved around quickly and that may not work with basic science faculty schedules. It was suggested that having dedicated days, or half days, for didactic time might be more effective and allow students to better engage with the content. This could also be helpful in avoiding last minute changes that could pull students from clinical sites to attend didactics.

- Implementation Groups
 - Instruction & Assessment
 - Antonio Rusinol (Chair)
 - Caroline Abercrombie
 - Patty Amadio
 - Russ Hayman
 - Amy Johnson
 - Paul Monaco
 - Jerry Mullersman
 - Sarah Allen Ray

Dr. Click said she came to the realization of how much instruction and assessment affects everything else in the curriculum and we cannot go too far down the path of curriculum

development without knowing more about this aspect. This includes what a typical weekly schedule might be, the instruction methods used, and how we will assess students. For example, using customized NBME exams instead of the shelf exams for pre-clerkships as was mentioned previously. Therefore, an instruction and assessment task force was implemented and their charge will be to develop strategies for methods of instruction and assessment and make recommendations to MSEC regarding these methods.

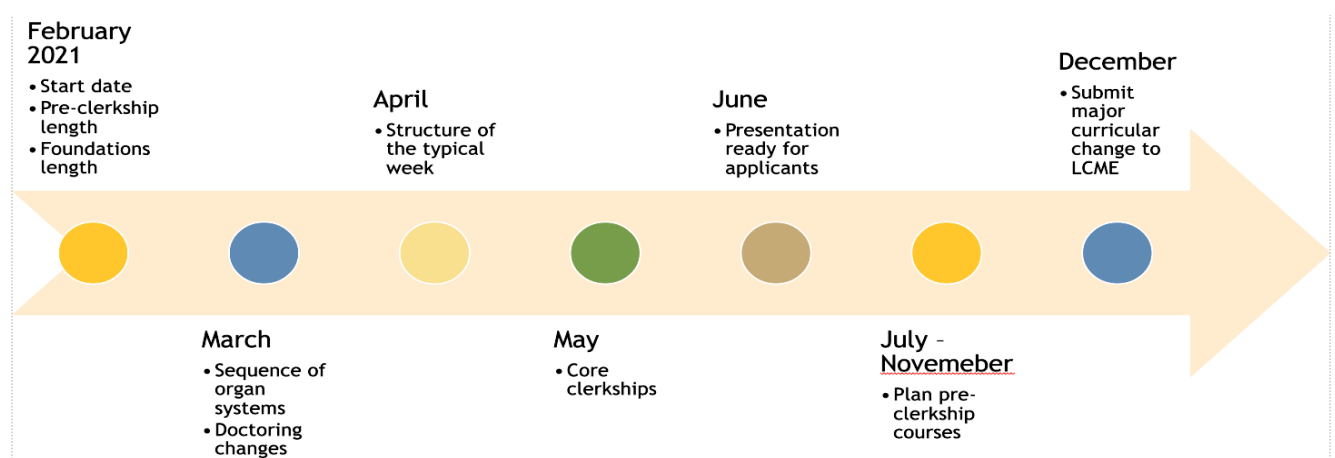
Other implementation groups that will probably be needed soon but have not yet been formed include the following:

- Community Medicine
- Learning Communities
- Clinical Phase
- Three Year Track
- Organ Systems courses (TBD)

It was announced that Greeneville will be a site that students will be able to go to for Community Medicine beginning in the next academic year in addition to the Sevierville site. The Greeneville site can accommodate five students per period. Community Medicine has had a history of poor reviews, and although it has improved, there are still some concerns around that clerkship. Having a group specifically to talk about the future of the Community Medicine clerkship will be important. Adding a two-week immersion experience at the beginning of the year has also been previously discussed and another suggestion brought up was to make this more of a longitudinal experience that could be incorporated alongside the learning communities. Decisions need to be made about what the blocks will be for the organ-systems courses, then faculty will begin to work on those courses following the foundations. Anyone with interest in participating in a specific implementation group should let Dr. Click know.

- Milestone document (timeline)

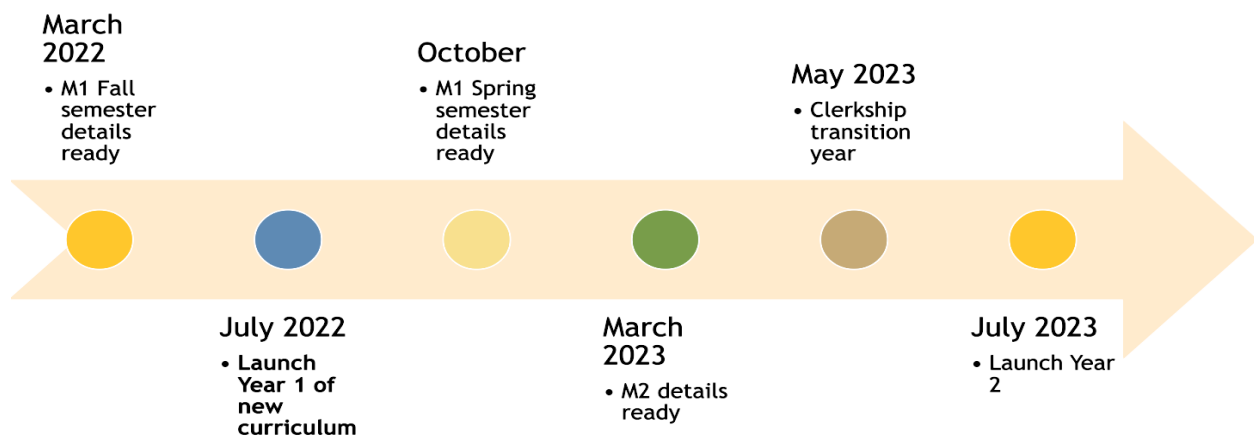
Dr. Henson provided a table of timeline events that Dr. Click summarized using the visual chart below:



Dr. Click stated that we had a start date and the pre-clerkship length and should have the foundations length soon. The structure of the typical week would be coming from the Instruction and Assessment group recommendations. We will need to know what our core clerkships are and their approximate length. We need to have a presentation for potential students looking to apply to Quillen ready by June, or July at the latest, because students begin looking at schools the year before they apply. We need to have information ready regarding the pre-clerkship curriculum for the website that can be presented during interviews that will include the following:

- the start and end dates
- what the courses are that they will take
- details about what an immersion experience might be
- what are the clerkships
- how students will be graded
- life as a medical student

The information does not have to be detailed, but we must have something that students can look at to help them make a decision about coming to Quillen. July through November will be planning the pre-clerkship courses and then by December 1st of this year we have to submit a major curricular change to LCME. If there is an opportunity to do this earlier than that, we could, but December 1st is the last possible date in order to get it in their February meeting to have it approved so that students could start the new curriculum in 2022.



Most of the milestones are self-explanatory so not much detail was needed. However, as an explanation for the clerkship transition year in May of 2023, there has been previous discussion about beginning the clerkships in March and the best way we know how to move the clerkship start date earlier is to shorten the previous years' clerkships. If anyone has a better idea for this, please let Dr. Click know. Year 2 would launch in July of 2023 so the fall of the 2023-24 year is when the clerkships would need to move up. Also, at some point, there needs to be a name decided for the new curriculum.

No action on this item.

The presented MSEC CTSC PowerPoint and Potential Timeline for Quillen Curriculum Transformation document is shared with MSEC Members via Microsoft Teams document storage.

5. Approval: Curriculum Content Report:

- Pneumonia adequacy (presented last time)

Dr. Click noted that during the January meeting a very lengthy curriculum content report had been presented on Pneumonia. It was decided to delay the vote on its adequacy until the next regularly scheduled meeting to give folks a change to review the content report.

Dr. Moore made a motion to approve the adequacy of the Curriculum Content Report on Pneumonia as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the motion.

The presented Curriculum Content Report - Pneumonia document is shared with MSEC Members via Microsoft Teams document storage.

6. Update: NBME Clerkship Grades since November 2020 meeting

Cathy Peeples provided an update of NBME clerkship grades since the November 2020 meeting where it was decided to monitor these due to concerns over failures. Cathy noted that there were NBME exams in January and the information presented was through January 22, 2021. There was an additional NBME failure in OB/GYN during that period. There were also NBME exams given on February 21, 2021 with one failure and that student has since taken a leave of absence, which accounts for more than one of the categories on the list of failed NBMEs. It was noted that the number of failures had slowed down during the last two administrations but that is generally the trend in the second part of the year. There have been 26 failures in total. It was noted that five students total had failed more than one exam. Tory Street from the Registrar's office was present for the meeting and stated that looking at the last SPARC meeting minutes, there were a total of 17 students who had failed at least one NBME exam, which was a high number. It was thought that some of those students had not yet taken the Step 1 exam and these could be weaker students who were delaying taking Step 1 or students who were busy studying for Step 1 and not focusing on the NBME exams. It was also noted that five students had failed the repeat exam, which is considerably higher than the previous two academic years with only one student each. An updated report will be given after the next clerkship period.

No action required for this item.

The presented NBME Failures by Clerkship 2.10.21 document is shared with MSEC Members via Microsoft Teams document storage.

7. Discussion: COVID course requirements for rising M3 Students

The COVID-19 course was implemented and required for 3rd year students after the pandemic forced student removal from the clinical learning environment to provide meaningful content that could keep the students progressing in the curriculum. About half of the M3 students took the COVID-19 course at the beginning of June but some students were still taking Step 1 who did not take the COVID-19 course at that time. These students were required to complete the course longitudinally over the course of the 3rd year. The 4th year students were also required to take the COVID-19 course. It was not decided at that time to make the COVID-19 course a

permanent part of the curriculum. The question now is should we continue to require the COVID-19 course for our students and if so, when and how?

Dr. Abercrombie stated it would be ideal to do it during a time when students from other professions could also take the course as that would make it a truly interprofessional experience, however, that may not always work with the academic calendar. She would prefer to do no more than three iterations of the course so that the students could do group projects instead of individual projects and she would prefer to avoid a longitudinal delivery. She stated that May, August and March of 2022 are when she knew for sure they would have students from other professions, but that could change.

Given the previous discussion of the challenges of M3 students trying to balance multiple things, it was felt that adding a two-week elective for the COVID-19 course was not a great situation for the students. Putting it as a fourth-year requirement and offering it two or three times a year seemed like a better solution. All of the rising 4th year students have already taken the course meaning that the next class who would need to take the course would be the rising M3 students. It was noted that there could be some off-cycle students who might need to take the course, and there could still be an iteration of the course for students of other professions. It was suggested to consider this on a year to year basis for the time being and perhaps making it an emerging infectious disease course that could be part of the basic science content for the clinical years. Sarah Allen, M3 student representative stated that the COVID-19 course was an awesome course but it was a lot to handle at the same time as the clerkships and NBME exams and she felt it was better suited for the fourth year. Cathy Peebles noted that the logistics of away electives and interview season would need to be considered when scheduling course iterations. Dr. Moore wondered if this course could serve as a model for future selectives that would integrate basic science content and Dr. Schoborg stated he felt it would serve as a good model for this and also noted that he thought the idea of having a selective that the students could do remotely instead of in person was a good thing.

After further discussion on the potential changes to the COVID-19 course, it was decided not to make it a 4th year requirement at this time and take the next year to plan it out to see where it needed to go in the curriculum. It was decided not to make the COVID-19 course a requirement for the rising 3rd year students. No motion or vote was necessary as the previous requirement was for the current year only.

No action required for this item.

- 8. Report:** M3-M4 Review Subcommittee 2020-2021
- Transitions Component of Doc III

Dr. Wood was not present, so the review of the Transitions Component of Doctoring III was tabled until a future meeting.

This item was tabled until a future meeting.

The MSEC meeting adjourned at 6:09 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:

March 16 – 3:30-6:00 pm - Zoom meeting

April 20 – 3:30-6:00 pm - Zoom meeting

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