



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, August 18, 2020, 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>Academic Affairs Staff</u>
Thomas Ecay, PhD	Mariela McCandless, MPH
Russell Hayman, PhD	Dakotah Phillips, BSPH
Jon Jones, MD	Aneida Skeens, BSIS, CAP-OM
Paul Monaco, PhD	
Jessica Murphy, MD	<u>Subcommittee Chairs</u>
Robert Schoborg, PhD	Robert Acuff, PhD
	David Wood, MD
<u>Student Members</u>	
Sarah Allen Ray, M3	<u>Guests</u>
	Lorena Burton
<u>Ex Officio Voting Members</u>	Cathy Peeples
Joe Florence, MD	Theo Hagg, MD, PhD
Tom Kwasigroch, PhD	Natasha Gouge, PhD
Theresa Lura, MD	Tory Street, AD
Rachel Walden, MLIS	James Mason, M1

Meeting Minutes

1. **Approve: Minutes from August 4, 2020 Meeting.**

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the August 4, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Abercrombie made a motion to accept the August 4, 2020 minutes as presented. Dr. Lura seconded the motion. MSEC approved the motion.

The MSEC minutes for August 4, 2020 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development sessions– “Writing Effective Letters of Recommendation” led by Dr. Ken Olive and Dr. Diana Heiman took place on August 12. The session should be up on the faculty development website soon for those unable to attend. CME credit will be available for that session. Dr. Ramsey McGowen and Dr. Ivy Click will present a curriculum mapping workshop to provide faculty with information on learning objectives and curriculum mapping. This is scheduled for September 2. This will be an hour and a half session, instead of an hour, to make this a workshop. Faculty are asked to pre-register for an attendance count and also so specific information for those courses/clerkships can be provided. Email invitations were sent out last week and a reminder with the link will be sent out soon. Additional sessions have been planned through February and that schedule will be on the faculty development website.
- Faculty book club – The fall book club date is September 9 at 3:00 pm and the book is *Make It Stick* by Peter Brown, Henry Roediger, and Mark McDaniel. Dr. Amy Johnson should be sending an email with a zoom link for that.
- Follow-up from previous pending MSEC items:
 - In July 2019, Gross Anatomy identified need for additional faculty in the lab and access to clinical neurologist:
 - Tyrone Genade, MD – added in 2019
 - Leon Dumas, MD – added in March of 2020
 - Tanzid Shams, MD – Working on Contract with him. He will be teaching in Clinical Neuroscience but may be available to assist with anatomy.
 - November 2019, Comprehensive Review of Pharmacology identified that recruitment of new faculty was critical for course:
 - Chad Frazier and Brooke Schmeichel have been added to course.
 - Through various course reviews MSEC had previously identified a need for a New Course Director Manual – Located on the Faculty Development website as: Checklist for New Medical Course Directors.
 - Clarification on Back to Basics Course – previous minutes stated that the longitudinal course was in addition to the original elective. The longitudinal course is replacing the shorter elective.

2. Report: M1-M2 Review Subcommittee 2019-2020 Reports

- M2 - Introduction to Clinical Psychiatry

Dr. Michelle Duffourc presented the administrative review of the Introduction to Clinical Psychiatry (ICP) course. Dr. Duffourc noted that she and the student reviewer, Sarah King, had a different feel for the overall success of the course. The students liked the course and felt that it was easy, appreciating the fact that the course was online.

The review committee had concerns with the course assessment policy of allowing students to repeat quizzes until they achieved their desired grade. There was concern that students could finish the psychiatry course with a grade of 100, but not actually learn any of the course material. The review subcommittee felt that the online exam policy needed to be revised.

Another concern of the review subcommittee was that the Department of Psychiatry was to develop and deliver the course, however, this responsibility had been contracted to another department and the course was led by a faculty member who was inexperienced with medical school teaching.

Dr. Duffourc wanted to congratulate Dr. Gouge for taking on the course at the last minute and stated she had worked hard in the development of the course despite issues with personal illness.

The review subcommittee suggested coordination with the pharmacology course to discern which agents being presented in pharmacology were useful in the practice of psychiatry. The review subcommittee was concerned that the students felt the behavioral science shelf exam did not match the course material being presented and suggested Dr. Gouge review the most recent iteration of the NBME exam to see how well her course content aligns.

Short-term and long-term recommendations were as follows:

- Consider offering the NBME shelf exam at a lower percent or omit the shelf exam. If the behavioral science shelf exam is not a good measure of what is being taught in the course or what the students need for the Step 1 exam, perhaps this is not a fair assessment method.
- MSEC should request the Dean reaffirm to the Chair of Psychiatry that this course is the responsibility of the Psychiatry Department and the Department should direct and deliver the course to the medical students.

Dr. Click asked Dr. Duffourc to discuss the overall course ratings as it looked like the instructor ratings were quite good for Dr. Gouge. Dr. Duffourc agreed that the students liked Dr. Gouge and they liked the fact that she was responsive to student concerns. Overall students were very supportive of her. Student evaluation of Dr. Gouge was 4.11 out of 5.0. Overall course ratings improved from 1.99 in AY 2018-2019 to 3.47 in AY 2019-2020.

Dr. Jones asked if the NBME tests in the past have correlated with behavioral science grades or scores within the Step exam. Dr. Duffourc noted that in the past under Dr. Bird's course directorship, Psychiatry had one of the highest NBME outcomes in the College of Medicine. The behavioral science scores on the CBSE as well as Step 1 were also all very high. Dr. Duffourc noted one of the reasons she did not have the Step 1 score bands for behavioral science this year is that we did not do a CBSE because of COVID and the behavioral science shelf exam was given right before the medical school closed down and went remote due to the COVID pandemic so she was concerned about the quality of that particular data. Dr. Click stated those were fair points of this year's data not being equivalent to the past years' data and thanked Dr. Duffourc for the information of the course under Dr. Bird's course directorship.

Dr. Olive said the behavioral health science shelf exam in 2018 had a class mean of 78.8, and it was 75.8 in 2019, and 74.7 in 2020 so there was a little bit of a downward trend, although the national mean for that exam was around 75 so those scores were still comparable with the group that took the exam this year. Dr. Olive also stated that the behavioral science NBME exam has never really matched well with the ICP course because there is content on the behavioral science exam that the students have had in other courses such as Lifespan Development course presented in the first year Clinical Epidemiology and Biostatistics from the

first year, and medical/legal/ethical issues and communications covered in the Doctoring courses. He stated that it is probably not realistic given the way our curriculum is structured to think that the ICP course needs to teach to the exam and wondered if the more appropriate question to ask was if the NBME exam was appropriate for that course. Dr. Duffourc spoke and said that was one of the review committee comments, that the current behavioral science NBME was not a suitable vehicle for assessing student mastery of the course content and MSEC could decide to allow the ICP course to decrease the percent of the weight of the shelf exam from 15% or 20% to 5%. Dr. Olive said there was only about a 50% concordance between the NBME subject exam content and the ICP course and in the past it was believed that the opportunity to take an additional NBME exam was beneficial for the students and whether or not it should be considered as part of the course grade was a fair question to ask.

Dr. Olive also wanted to point out the extraordinary circumstances of the past three years in the ICP course. The course was left in disarray with the departure of the previous course director Dr. Gouge worked hard to move the course back on track to a significant degree while undergoing personal challenges as well during that time. Dr. Click noted that Dr. Gouge was present for the meeting and asked if she would like to weigh in with any thoughts she had around anything that had been discussed so far.

Dr. Gouge stated there were some of the things that she agreed with. Some of the course organization issues were partly an artifact of many of the guest speakers already being scheduled for the year to come when it was convenient for the speaker so there was no flow to the topics and the topics were not in alignment with the material being presented to the class at that time. Dr. Gouge stated that would not be an issue moving forward. She did point out that even though she is in the Department of Psychology, she purposely worked in speakers in the field of psychiatry to come in and speak to the students.

Regarding the exam schedule and design, there were recommendations from several different angles to try and build in more opportunities for grades, whereas in the past years the final grade was determined to a large degree by the comprehensive final and the NBME exam. The ability to repeat the quizzes was to give the students more exposure to USMLE type questions so the students ended up getting exposed to between 300 and 400 exam questions. Many students expressed appreciation for the exposure to all of the questions they had. It was planned to have a more final exam through ExamSoft that was canceled last minute because of the exam density and MSEC felt it was in the best interest of the students to forego it. Dr. Gouge stated she monitored performance in D2L and many of the students were only taking the quiz one time and getting the scores they needed. She noted that she was available in the auditorium on the days when attendance was not required so that students could meet with her for assistance. She stated there were consistently a handful of students that did that and others who would take screenshots and email her to help them understand why the rationale behind answers.

Dr. Gouge also commented that she offered to conduct a review session for the NBME with a psychiatrist, such as Dr. Bird or Dr. McGowen, but the students voted and they were not interested.

Dr. Gouge noted that many of the things discussed were being addressed moving forward.

Dr. Click spoke and said she wanted to first acknowledge the fact that Dr. Gouge was handed a course with many challenges and based on the overall course ratings that it had made a significant improvement from the previous year. Dr. Olive added that when Dr. Gouge inherited the course, one of the things that she inherited was a grading structure. He explained that the previous year, a big part of the grade was dependent on exams at the very end of the course, the internal final exam and the NBME exam comprised something like 60% or so of the grade, so you could get through the whole course until the last week with 60% of the grade outstanding. That was a significant stressor for students in the previous class. Dr. Olive stated he asked Dr. Gouge to modify the grading structure so that less of the grade was going to be dependent on the final exam and the NBME.

M3 student, Sarah Allen Ray, commented that Dr. Gouge was an amazing course director who gave in-depth feedback, which was really appreciated. She said she kind of agreed with both points in regards to the testing because an open testing system was not as rigorous as some of the other courses but she did agree with Dr. Gouge that it is the student's responsibility to learn the material and to succeed. She also stated in terms of the guest lecturers and attendance, if you looked at the rest of the students' schedule for that day, it was just poor timing for a lot of days and people were very frustrated with that, not necessarily with coming to class. She also stated the behavioral shelf exam was a tough one because it has Lifespan, ethics and content from other courses, but the questions Dr. Gouge put on her quizzes were very similar to the shelf so if you were doing well on the quizzes, you had seen really similar questions to the shelf and the shelf wasn't that bad. She thought the issue was that if people did not look at the NBME outline or paid attention that there was going to be Lifespan and ethics on the shelf, they did not realize those topics would be on the test. She suggested if this shelf was going to be used as a metric then the students should learn ethics and lifespan relatively recent in relation to the exam or perhaps merge the classes and have a behavioral health type course learning all of these things together. She also thought it could be helpful to coordinate with Doctoring II to do a psych case as they currently do not have one in Doctoring II and that could be a good way to integrate some of that and use the DSM-5 to identify what your patient was presenting with.

Dr. Abercrombie stated Dr. Gouge really turned the course around but hit some road bumps because she got thrown into a course that had a lot of instability without a consistent course director and probably didn't have a strong handoff. She recalled when she first became a course director trying to understand how to focus the objectives, map the curriculum, organize the schedule, and match assessments with the grade scheme and it was quite overwhelming. She felt that Dr. Gouge had the motivation and with some additional guidance, some of those barriers could have been overcome. Dr. Click stated with the shape that the course was in to begin with, it would have been difficult for any course director to take over. Dr. Abercrombie also stated in advocacy of experiential learning that any of these clinical scenarios could be replaced by fun simulation with standardized patients.

Dr. Duffourc reiterated that the committee was very supportive of Dr. Gouge and they understood what she was handed. She stated the students were also very supportive. The second big point was that the committee felt it was time to think about whether or not the behavioral science shelf exam is the appropriate assessment for this course. Next, while the committee can see the role of having formative assessments, having 65% of your grade be set

up in a way that you can just retake it and memorize the answers until you get 100 was too much because it allows students to pass the course without learning any material.

Dr. Gouge added that she agreed with a lot of the suggestions made and she did think that the course and the lectures really did adequately cover the material but one of the huge interfering factors with the students' ability to integrate it was because it was not presented in a flow that made sense to map it on to other courses or be studying a cluster of presentations at once. Differential diagnosis and being able to think about how things are related to each other is really important and she hoped that that piece and the retention piece of what they learn in terms of diagnosing, ruling out, medications, and treatments will be much better retained when it is not presented in a way that is contingent upon pre-scheduled guest speakers who come at their convenience.

Dr. Click thanked Dr. Duffourc for the summary and Dr. Gouge for the clarification and stated there were a few specific recommendations to MSEC that needed to be addressed from this course review. The question of whether or not the behavioral science NBME exam was appropriate as an assessment of this course was considered, Dr. Gouge has stated that she thinks there is quite a bit that is covered there but there are some concerns around the scheduling, which may be cleared up. One of the suggestions was to lower the percentage of the NBME or omit it. Dr. Click asked Dr. Gouge if she felt strongly about lowering the percentage of the NBME and Dr. Gouge responded that she did not feel strongly about it one way or the other, but she thought the students were very stressed out about exams at that point in the year and there is a lot of low motivation to prioritize this one. Dr. Monaco asked if there was a need to have the NBME in this course. Dr. Click stated that from what she had heard, there may be advantages to having another NBME and the practice that it gives to taking this style of question. Sarah Allen Ray thought it was a very beneficial exam. She thought people tended to do pretty well on it so didn't really have a strong feeling on the percentage but did have pretty strong feelings for keeping the exam. Dr. Click asked Dr. Gouge what her plan was for the next year for the percentage of the NBME exam toward the course grade. Dr. Gouge stated the final exam and NBME were both question marks because she was waiting to get feedback about what made sense moving forward. Dr. Click asked Dr. Gouge what the percentage would have been last year if it had not been voted to not be counted at all and Dr. Gouge stated the original plan was for the NBME to count as 15% of the course grade. Sarah Allen Ray wanted to point out that while we were addressing this question, we should also address whether to have a final cumulative exam or not. She thought it had been discussed back in January or February about the significance of having a final exam for a course that had an NBME.

Dr. Bird wanted to express that she thought Dr. Gouge was in a terrible situation due to many factors that have been mentioned. She thought it should be emphasized to the students at the start of the course and again shortly before you do the NBME, that psych and general neurology concerning parts of the brain that relate to certain things are the two biggest portions of the behavioral science shelf but there are other sections such as Lifespan, communication, and ethics on the exam.

Dr. Olive (a non-voting member of MSEC) suggested that the behavioral science shelf exam be retained, that at least 40% of the grade in the course be an exam based assessment of knowledge and that the remainder could be formative quizzes that Dr. Gouge has included or

other assessments that she thinks might be appropriate, and that she could bring back to MSEC recommendations for the percentage of the exam based assessment that should be weighted for the NBME. Dr. Click stated she thought we needed a recommendation specifically on the weighting and Dr. Gouge coming back to present to MSEC. She noted that the CQI plan for this course was also on the agenda for this meeting.

Dr. Hayman stated that there is a current policy out there that the NBME exam for courses should be equivalent to a regular sectional exam but he was not sure how the course was currently set up but wanted to note that there was a policy already out there. Dr. Click stated it could be recommended as suggested in this review to allow a lower emphasis on the NBME as compared to other sectional exams from MSEC but she would need a motion for that.

No one made a motion regarding any of the recommendations so it was suggested that this report be tabled and have Dr. Gouge make suggestions in a near future meeting regarding the grading structure and other changes as have been reflected in the concerns stated today. Dr. Gouge requested that her CQI plan be taken off of the agenda as there were some issues related to today's discussion that needed to be revised in the CQI plan.

MSEC discussed and the item was tabled for a future meeting.

The presented Introduction to Clinical Psychiatry Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

3. Administrative Reviews: 2019-2020 AA

- Doctoring III Content Sessions

Dr. Olive presented the administrative review for the Doctoring III Content Sessions. He explained that Doctoring III consisted of several parts, including what has traditionally been the Transitions courses, Career Explorations III and the seminars have all been rolled into Doctoring III. The Transitions courses were not included in the review and the seminars were only reviewed through January as it did not seem beneficial to evaluate those last few seminars the same way after everything fell apart due to COVID. Career Explorations III was included in the review and had a few seminars that were largely run by Cathy Peeples and Dr. Olive and had a pretty good response rate of 60. The reviews were generally positive and were more positive than they have been in the past. The ratings were all above 4, as were most of the other components rated.

Additional components of the course included Clinical Reasoning by Dr. Browder, Communications by Dr. Mikdachi, Jurisprudence by two local malpractice attorneys, Ward and Herndon, Ethics by Dr. Jones, Patient Safety by Dr. Summers and Research by Tammy Ozment from the Department of Surgery. The response rate for these additional components ranged from 34 to 47 and the factors evaluated were relevance to future practice, interactivity, effective teaching, learning environment and an overall evaluation. These ratings were also generally positive and the lowest overall rating was a 3.78 for the communications component. The comments for this largely pertained that it was heavily OB-GYN focused and the sessions ran too long. Dr. Browder has worked with Dr. Mikdachi to focus the sessions differently this year. Overall, for the first iteration of this course, these were good evaluations.

Dr. Lura made a motion to accept the Doctoring III Content Sessions Administrative Review as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.

The presented Doctoring III Content Sessions Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- Jr. Clinical Experiences

Dr. Olive presented the administrative review for the Jr. Clinical Experiences. Dr. Olive explained that the Jr. Clinical Experience is the two-week elective time during the junior year that is attached to community medicine but it has nothing to do with the Community Medicine Clerkship. It just adds an additional two weeks to the six-week clerkship to equal eight weeks for scheduling purposes. This elective gives students a change to explore a specialty they might not otherwise get the opportunity to explore so students generally pick something they want to do and as such, they generally evaluate those positively.

The only item needing individual discussion is the dermatology elective. It was clearly rated lower than anything else. There were three students that participated and there were some learning environment issues in that elective. The evaluation score was 3, which is the middle of our 5-point scale. The faculty member who conducted that elective has retired, and it was acknowledged that there were learning environment issues there. There were complaints that came forward through the anonymous online reporting system, which were appropriately addressed.

For the most part, all other electives are at least a 4.5, with most being a 5. These are not really rigorous experiences. They are exposure experiences giving students a chance to spend time with a physician and see what their practices are like and students like that.

Dr. Click asked if there had been a replacement faculty or alternate experience identified for dermatology and Dr. Olive responded that there is not a full-time faculty member in dermatology but there are some elective opportunities for dermatology in the private sector.

Dr. Schoborg made a motion to accept Jr. Clinical Experiences Administrative Review as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.

The presented Jr. Clinical Experiences Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

4. Update – Periodic and Comprehensive Review of Curriculum Policy

Dr. Click discussed updates made to the Periodic and Comprehensive Review of Curriculum Policy. Several changes have been made to the policy. Dr. Click's name has replaced Dr. McGowen's as the approving officer. LCME Element 8.4 was added as an LCME requirement, which pertains with educational program outcomes evaluations. There has been an establishment of a Phase Review Subcommittee in Section (D.) so some of the wording has

changed to reflect five committees instead of four. This subcommittee will conduct reviews of pre-clerkship and clinical phases of the curriculum and the subcommittee will be comprised of the chairs of the other four standing subcommittees and Dr. Click and Dr. Olive for the Medical Education Program Administration.

Under the Curriculum Evaluation and Revision Process, a change was made to indicate phase review will occur annually rather than every four years. This change will hopefully address some of the LCME concerns regarding whether or not we were looking at the curriculum as a whole, looking at phases as a whole more regularly, and whether we have information that we needed as a committee to make decisions regarding the quality of the curriculum. The phases were defined as pre-clerkship and clinical.

The Phase Review Subcommittee charge, formerly the Ad hoc Working Group to Evaluate Curriculum Phases, has been refined to include that reports to MSEC would be provided annually and these findings would include educational outcomes, overall quality of phases, appropriateness of organization sequencing, adequacy of horizontal and vertical integration, alignment with Institutional Educational Objectives (IEOs), identification of gaps or unnecessary redundancies, description of learning environment, student satisfaction with phases and quality of teaching, sufficiency of educational resources and recommendations and/or needed follow up.

Also updated on the M1–M2 and M3–M4 annual reviews, educational outcomes had been previously specified, but also included were student satisfaction, quality of teaching, learning environment, and currency and accuracy of learning objectives for clarity.

Questions for review of the curriculum as a whole have been edited slightly from “Does the curriculum include all required content?” to be more specific by adding, “including sufficient coverage related to each of the Institutional Educational Objectives?” A second question was also added “Are there concerns about the overall quality of the curricular content in any segment or phase of the curriculum? How should these concerns be addressed?” There are a few additional small wording changes.

Dr. Olive stated that the Administrative Council through the LCME CQI process has directed MSEC to modify this policy to include a regular phase review and to include student satisfaction as part of the data that is reviewed. Dr. Click observed that Dr. Lura had suggested through the chat to add a paragraph break that she thought could be made without bringing back to MSEC.

Dr. Lura made a motion to accept the updated Periodic and Comprehensive Review of Curriculum Policy as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the motion.

The presented Periodic and Comprehensive Review of Curriculum Policy document is shared with MSEC Members via Microsoft Teams document storage.

A five-minute break was taken at this time with the meeting to resume at 5:06 pm. Dr. Wood joined the meeting during the break so the agenda order was rearranged to allow him to present the M3-M4 Review Subcommittee Reports.

5. **Report:** M3M4 Review Subcommittee 2019-2020 Reports

- M3 - Pediatrics Clerkship

Dr. Wood presented the administrative review of the M3 Pediatrics Clerkship and stated all required documents were reviewed. The clerkship objectives addressed and mapped to the IEOs but they are still working on mapping at session level. There were no formal recommendations made for the Pediatric Clerkship, however, one of the issues for the clerkship has been the alignment between the NBME exam and the quizzes and didactics presented. Dr. Gibson has specifically looked at the quiz topics and one of the problems is that the exact lectures are based on availability of faculty, so it is not a fixed schedule. Dr. Gibson tried to map the quiz topics to the Aquifer CLIP cases that are given to the students and she created a study guide mapping these CLIP cases to the quizzes so the students could get more of an alignment and she is also auditing the NBME to try and see how they can align the quizzes with the NBME. The percentages of the graded components for the clerkship have also been altered by 5% to increase the faculty/resident evaluation to 20% and decrease the quiz percentage to 15%. Dr. Gibson chose to do this to reflect a greater importance of performance at the bedside as some of the student comments indicated they felt some of their time in the clinic and hospital was wasted. The educational outcomes are good. Student scores have remained stable over the last three years and the NBME averages have remained within 2 points of the national average. The clerkship grade average was a 90.1 and the student evaluation of the clerkship rotation was a 4.5, which is an increase over the last two years. Strengths of the clerkship are that Dr. Gibson and the faculty received very good scores for their teaching, the clerkship provides a variety of subspecialty opportunities and clinical experiences and the students appreciated the flexibility and independence of choosing preceptors. Behavioral health and social work have also been integrated with the clinic work. Weaknesses of the clerkship include the length and time of inpatient rotations, 9 hours and evenings, and a lack of opportunity to practice and improve on documentation due to challenges with the EHR not being “pediatric friendly”. Short rotation length was also listed as a weakness. The course director requested limiting the number of students on rotations to 10 or less. There were no major recommendations to MSEC. Dr. Gibson has set a goal to complete the session level mapping within the next academic year and she is working on a pediatric manual containing important tips, notes, and a study guide of commonly missed quiz questions.

Dr. Hayman stated he would like to add a comment since he was one of the reviewers and both course directors have brought this up, and while Dr. Wood mentioned there is little we can do about the length of rotations and everyone might agree with that, he would like the minutes to reflect that both of the clerkship directors were concerned about the length of the rotations. Dr. Click asked Dr. Hayman to clarify if he meant the normal length of the rotation or the shortened rotations for this current year. Dr. Hayman stated he thought the concern was that if it was shortened more than it has been, then there may be even more of a problem. Dr. Click noted that several comments had been made today that she thought were appropriate to bring forward to the Curriculum Transformation Steering Committee, and clerkship lengths and considerations around clerkships will be something that needs to be considered.

Dr. Jones made a motion to accept the Pediatrics Clerkship Administrative Review as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.

The presented Pediatrics Clerkship Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- M3 - Internal Medicine Clerkship

Dr. Wood presented the administrative review of the M3 Internal Medicine Clerkship and stated all required documents were reviewed. The clerkship objectives addressed and mapped to the IEOs but they are still working on mapping at session level. This clerkship had some negative reviews the previous year, was before Dr. Reece was involved, regarding the didactics. The didactics were more lecture type didactics and quizzes instead of case-based learning and were not tying into the learning objectives of the rotation. The VA night float also had negative reviews that it had very limited educational opportunities. Dr. Reece is working on updating the quizzes and didactics were changed to incorporate more case-based learning and the VA night float was eliminated entirely. Dr. Reece notes quizzes still need continued review and updates and further improvements were needed towards a more fully interactive case-based format. On outcomes, students do well on the NBME with very few scores less than the 5th percentile and student evaluations of the clerkship and residents/attendings maintain a stable rate with an average of 4.40 and that rating increases to a 4.54 including the subspecialties. Strengths of the course include teaching in the context of bedside rounds and resident/student interactions. Availability of multiple clinical sites was also noted as a strength. The primary weakness of this clerkship is the didactic lectures both in terms of time commitment and content. Didactics and quizzes are also not coordinated in terms of content. As stated previously, the clerkship director is continuing to review and update weekly quizzes and also revise the lectures. Quizzes have changed from institutional developed quizzes to UWorld questions to try to better match to the NBME. Overall the clerkship is performing well and has appropriate learning objectives and the required procedures and patient types are appropriate. One noteworthy item, the students really enjoyed having SoFHA Internal Medicine as preceptors although there was an additional cost for this and the subcommittee encouraged continuing the relationship with SoFHA.

Dr. Olive stated there was no action needed regarding the SoFHA preceptors as we have been contracting with them to obtain the patient volume needed for the number of students and there is not an issue with that. He also wanted to note that Dr. Reece has been putting a lot of work into the course and should be applauded for her efforts and this was another one of those areas where there was a disconnect between our internal and external data. While the GQ Report had not been reviewed with MSEC yet, the Internal Medicine Clerkship hits at about the 10th percentile nationally; however, the GQ is always going to be a year behind. Dr. Olive stated 4.4 was a pretty good score and he would look at that and say the course was doing fine, but there was a disconnect with the external data and it also evaluated less positively relative to the national norm. Dr. Click commented that was a benefit of adding a phase review committee because looking at the phase as a whole there is some advantage to looking at some of the external data like the GQ. She also noted we had modified some of our internal

evaluation questions to more closely match what is on the graduation questionnaire and a rubric for the 2020 – 2021 course and clerkship evaluations was coming soon that could be useful in comparing internal to external data. Dr. Olive said he did not know if there was any action to take, but it was important for MSEC to note that we need to be careful about saying all is well when we have other data sources that may suggest otherwise.

Dr. Bird stated she was noticing with the clerkships there was not a systematic format for how they were reviewed, stating we should know things like what percentage of people scored above the median on the NBME on every clerkship and what percentage scored below the 10th or 5th percentile to show if there is inconsistency across the clerkships and every clerkship gets reviewed on the same data. Dr. Wood stated the subcommittee had a discussion last year about getting more precise data on the scoring to report it and when they have the fall meeting he will make sure there is a standard way to report scoring. Dr. Bird suggested a report template should have scores, strengths and opportunities for improvement for both subjective and objective comments but needed actual hard data that is typically reported for the first two years in the biomedical sciences because then you can compare apples to apples.

Dr. Olive stated once action was taken on the reports presented, this would be a good opportunity for MSEC to take action to address a concern and Dr. Bird could make a motion about developing a template for standardized review of clerkship.

Dr. Lura made a motion to accept the Internal Medicine Clerkship Administrative Review as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.

The presented Internal Medicine Clerkship Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- M3 - Rural Primary Care Clerkship

Dr. Wood presented the administrative review of the M3 Rural Primary Care Clerkship and stated all required documents were reviewed. The clerkship objectives addressed and mapped to the IEOs but they are still working on mapping at session level. Course objectives seem appropriate and assessment methods, along with training and instructional opportunities, appear consistent with stated objectives.

Recommendations were made during the last review including short-term recommendations to streamline the course syllabus, consolidate procedure logs and have core faculty meet regularly with students. These recommendations have all been addressed. Long-term recommendations were also made including continued mapping of new course objectives, transitioning to New Innovations and seeking alternative/new clinical sites to vary clinical encounters and to consolidate scheduled didactic trainings with Family Medicine. These recommendations have also been addressed.

All students passed the course. The course uses Aquifer for their exam instead of the NBME and 50% scored above the national average and no one scored below the 10th percentile so the average numerical grade was high at approximately 93.6. There are a lot of strengths noted in this rotation. There is mentorship with multiple faculty, a variety of clinical experiences, the Family Medicine residency week where they go mostly with the inpatient residents, community projects, and health fairs. All clerkship faculty received above 3.5 on their evaluations and multiple faculty received 5/5 on their evaluations. The clerkship overall score of 4.25 has decreased slightly from last year (4.475) but remains high. Weaknesses included a lack of thorough feedback during Family Medicine residency week, tedious nature of Aquifer cases, lack of clarity on expectations and assignments early on, limited clinical availability of preceptors in Mountain City, and long orientation days for Health Fairs. One student also noted being pulled away from clinical experiences to frequently return to Johnson City for didactics and the student suggested condensing and arranging the didactics to allow clinical experiences in rural communities to be more continuous. Another student suggested that didactic sessions could be more valuable if content was applied to SIM or SP cases.

Recommendations are to continue working on mapping. The limited clinical availability and preceptor issue in Mountain City has been addressed with the addition of another clinical experience with a full-time clinical schedule but this will continue to be monitored. Didactic sessions are being considered for remote delivery such as Zoom to prevent traveling back and forth from the clinical site. They are continuing to work on meeting with the students and setting expectations but there was not any formal recommendation made on that. Dr. Click asked if the feedback regarding the Family Medicine residency week had been addressed with Dr. Moore, who was not present for the meeting, and Dr. Wood was unsure but Dr. Florence spoke up and said that was being worked on.

Dr. Schoborg made a motion to accept the Rural Primary Care Clerkship Administrative Review as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.

The presented Rural Primary Care Clerkship Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- M3 - Family Medicine Clerkship

Dr. Wood presented the administrative review of the M3 Family Medicine Clerkship and stated all required documents were reviewed. The clerkship objectives addressed and mapped to the IEOs but they are still working on mapping at session level and the USMLE content coverage and Plus list coverage. Dr. Click explained that the Plus list were additional topics that addressed social issues and threads. The goals and objectives were appropriate and clearly stated in the syllabus and the teaching educational methods were appropriate.

There were no short-term or long-term recommendations made on last year's review. Family Medicine uses the Aquifer exam instead of the NBME. Looking at last year, the first five periods 82.4% of students scored at or above the national mean and only two students, which was 5.9% scored at or below the 5th percentile. The clerkship utilizes a variety of assessment/learning

tools and the OSCE is a substantial portion of that at 25%. They also have a home visit and a behavioral change/motivational interview. The students feel the interaction with residents and faculty is good and they have an autonomous workload and a diversity of patients. Most of the faculty get high ratings. The weaknesses noted were patient volume was a little low at times at the hospital site and they are working on more structured activities if that happens. The clerkship director listed a weakness of having inadequate time with students during the rotation but the students did not list that as a weakness.

Overall, the subcommittee thinks this is a good rotation for a firm foundation in primary care. The clerkship has done well in the past and continues to do well with an average rating of 4.44 over the three sites, with a range of 4.0 – 4.75. The clerkship provides a good range of educational opportunities so there are no long-term recommendations at this time.

Dr. Monaco made a motion to accept the Family Medicine Clerkship Administrative Review as presented. Since this is a motion from a standing subcommittee a second to the motion is not needed. MSEC discussed and approved the motion.

The presented Family Medicine Clerkship Administrative Review document is shared with MSEC Members via Microsoft Teams document storage.

- At this time, Dr. Bird made a motion that MSEC require a systematic template be developed to provide standardized clerkship reviews. Dr. Hayman stated that he was a member of the M3-M4 review subcommittee and the self-study reports they receive are only for half of the year so some of the information that would be related to exams is not complete. Dr. Olive explained that the rationale for that was if you wait until the end of the year to do a review, you will have started off with the next clerkship year so you would be looking at it being almost another year before you implemented any changes. Therefore, by doing the reviews at midpoint, if there were any significant changes to be made, they could be implemented at the start of the next year. Dr. Bird stated it was very awkward to have the review halfway through because she was used to an end of year review with the M2 course and she wondered if there was a way to have a brief report halfway through the year and then a more comprehensive report at the end because it feels like you have truncated information. Dr. Olive stated that the difference with the pre-clerkship courses were that there was a break between iterations of the course being offered whereas the clerkships continue to roll with new clerkships repeating. Dr. Click stated if we wanted to consider separate processes related to the M3-M4 reviews, that would need to be a separate motion.

Dr. Bird continued the discussion stating maybe the test scores could include a summary from the last year instead of only six months. Dr. Hayman agreed that would be a good idea as some of the challenges they face as subcommittee members is they often do not get the information on the self-study reports that they need and they have to hunt information down. He thought if the information were required to be on the self-study form that would make their job a little easier and he also thought it would be helpful to have information from the previous year. Dr. Click reiterated that the motion on the

table is to develop a standardized template for reviews and a separate motion could be made to review the required elements on the self-study if that needed a motion.

Dr. Bird made a motion to require the development of a standardized template be used for course and clerkship reviews. Dr. Lura seconded the motion. MSEC discussed and approved the motion.

- Continuing the previous discussion, Dr. Florence stated that it seemed that a lot of the data that was being asked for was data that should automatically be sent over to academic affairs and a staff person could correlate that and put it in reports and keep them running each period so you could have real time data. He further stated that data currently received was individual data that has to be crunched and that takes a fair amount of time, particularly to do the standard deviation and things like that. This should be automated so you did not have to do it from scratch every time. Dr. Click stated that was something to be considered when considering a new curriculum management system if there were capabilities to do better tracking of grades, requirements, etc. Dr. Florence said that sometimes filling in the tables are just knowing what dates the tables are for and he could get one data point and someone else get a different data point with different numbers because one person used an extra period or one less period so there ought to be some clarity with what data was being looked at. Dr. Schoborg suggested having the M3-M4 subcommittee generate a standardized template and then take the course director self-study and align that in terms of any extra data they need and then bring that to MSEC. Dr. Click agreed and stated the self-study needed to be aligned with the rubric and the review subcommittee should be the one that works on it. Cathy Peeples commented on Dr. Florence's statement about keeping up with the data and making the calculations and stated that if they keep up with their grade spreadsheets after each clerkship period, that information is calculated for them in a summary sheet in the grade spreadsheet so that information is available after each period and at the end of the year. Dr. Bird stated that was only if it was done correctly but if it was messed up it could take hours of trying to deal with and she agreed with Dr. Florence. Dr. Click noted this was good conversation that needed to be continued with the review subcommittees as well as having input from the course directors and hopefully with the requirement to develop this template the review subcommittees could work to align it with the self-study and bring that back for consideration.

6. Discussion/Approve: Pre-Clerkship Phase CQI Plans

- Pre-clerkship Phase (Olive)

Dr. Olive presented the CQI plan for the pre-clerkship phase. He explained that the data that indicates that we need to have improvement in the pre-clerkship phase has been reviewed in detail previously, so the first bullet point of the CQI focus was to look at the first year curriculum where 24% and 36% of students indicated dissatisfaction with the coordination and integration of the first year. The goal would be to reduce this to less than 15% but that is probably not realistic to do in one year but we certainly need to move the needle towards that 15%. The second point basically deals with the same thing in the second year where the levels of dissatisfaction were even higher, and then the third point deals with the fact that the

retrospective survey completed in the summer of 2019 showed overall satisfaction with the first and second years of the curriculum at 2.72/4.00 and the goal would be to try and bring that up to at least a 3.0/4.0 by the summer of 2021. So, for steps to achieve that, Academic Affairs has been working a great deal with the course directors, reviewing the recommendations that have come out of Working Group 2, looking at student retrospective surveys and other surveys, and looking at themes that came out of the fall focus groups to identify priority areas for alignment and coordination. There have been multiple meetings with course directors discussing how to do a better job of aligning content so it is presented in a way that makes more sense to the students. He has met with first year course directors, second year course directors, and worked on communicating changes to the students, including sending out the “You said...We did” document to the students last week. There was one error on this document that has already been corrected. The piece that has not happened yet that is planned is meeting with the Organization of Student Representatives to talk about their suggestions for continued improvement. The course directors have been working to identify how to coordinate and extend connections between the first two years of the curriculum so that we are communicating a coordinated message to students about how things in the first year will relate to the second year and how things in the second year build on the first year and the course directors are making a good faith effort to do that this year. Doctoring I and Doctoring II courses have been working harder to integrate content within each of the first two years and across the year as a whole. We will be monitoring data to see how that develops. There is no evaluation of effectiveness yet but we will be getting data that bears on this in the LCME survey that is done at the end of this month.

Dr. Lura mentioned that the Integrated Ground Rounds also does a good job of coordinating M1-M2 and clinical content so that is another place that is integrated. Dr. Click agreed.

In the interest of time, the Pharmacology CQI Plan and Doctoring II CQI plan will be placed on a future agenda.

Dr. Jones made a motion to accept the Pre-clerkship Phase CQI Plan as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

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

Dr. Click also wanted to announce that Dr. Lura’s last day working is August 31 so this would be her last MSEC meeting and she appreciated her and thanked her for all of her contributions over the years and said that MSEC as well as Quillen would not be the same without her and we were grateful for her service to the committee and to Quillen.

The MSEC meeting adjourned at 5:55 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:

September 1 – 3:30 – 5:30 pm – Zoom meeting
September 15 – 3:30-6:00 pm – Zoom meeting
October 6 – 3:30 – 5:30 pm – Zoom meeting
October 20 – **Retreat** – 11:30 am-5:00 pm - Zoom meeting
November 3 – 3:30 – 5:30 pm – Zoom meeting
November 17 – 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