



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, December 15, 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	Skylar Moore, HCMC, BSPH
Jon Jones, MD	Dakotah Phillips, BSPH
Paul Monaco, PhD	Aneida Skeens, BSIS, CAP-OM
Jason Moore, MD	
Jessica Murphy, MD	<u>Guests</u>
Mitch Robinson, PhD	Cathy Peeples, MPH
Antonio Rusinol, PhD	Theo Hagg, MD, PhD
Robert Schoborg, PhD	Tory Street, AD
	James Denham, MD
<u>Student Members</u>	David Taylor, M4
Sarah Allen Ray, M3	Gina Botsko, M3
R J Black, M2	
Andrew Hicks, M1	
<u>Ex Officio Voting Members</u>	
Joe Florence, MD	
Tom Kwasigroch, PhD	

Meeting Minutes

1. Approve: Minutes from November 17, 2020 Meeting.

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the November 17, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Monaco made a motion to accept the December 15, 2020 minutes as presented. Dr. Jones seconded the motion. MSEC approved the motion.

The MSEC minutes for November 17, 2020 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty development – Dr. Bill Duncan will be presenting a session on identifying and obtaining research funding on January 27, 2021 at 3:30 pm.
- Faculty book club - The next faculty book club meeting will be on Wednesday, February 3, 2021. The book is *Hill Women*. An email was sent out with the Zoom link. Books are expected to be distributed in the next week and Dr. Amy Johnson has offered to deliver books for anyone not on campus. Anyone not receiving the email that wishes to participate should contact Dr. Click.
- Cellular and Molecular Medicine (CMM) Team-Based Learning (TBL) presentation in January – the CMM team will present a TBL session discussing different approaches and comparisons in relation to how a course is delivered. Materials may be sent out ahead of time so people are prepared to participate in the TBL session.

2. Discussion: COM Response to LCME

The status report to the Liaison Committee on Medical Education (LCME) was submitted on November 24, 2020. Excerpts of the response relevant to the curriculum were extracted from the 500+ page report for presentation to MSEC. The majority of the report pages were MSEC minutes from the past three years.

Dr. Ramsey McGowan spent a great deal of time going through minutes and pulling information to respond to the LCME request. She organized information into a table with one column that identified the concern and another column where the concern was addressed, with a copy of the minutes attached in the appendices.

A summary of information was provided for each of the following elements, which were determined to be satisfactory with a need for monitoring:

- Element 1.1 - Strategic Planning and Continuous Quality Improvement
 - Revision of the CQI plan following receipt of the February 2020 letter was described including a renewed effort to ensure that the data evaluated in the CQI process accurately reflects program performance and leads to needed action. Particular attention was paid to those elements where our process failed to identify those areas the LCME deemed to be unsatisfactory.
- Element 2.3 – Access and Authority of the Dean
 - The relationship with Ballad Health System was described including the development of multiple agreements supporting the overall operating MOU.
- Element 7.1 – Biomedical, Behavioral, Social Sciences

- Student course evaluation data was provided from the 2019-2020 academic year on the percent of students satisfied and dissatisfied with the course organization, quality of teaching, and overall course quality in first and second course years.
- Steps taken to address student concerns about the courses in the first and second year of the curriculum, as identified during the October 2019 survey visit were described, including the individuals and groups responsible for developing the change.
- Element 8.5 – Medical Student Feedback
 - Efforts to improve communication including town hall meetings, focused faculty communications to students, and distribution of “You said... We Did” documents were described.
- Element 9.8 – Fair and Timely Summative Assessment
 - Changes made to the policy on fair and timely summative assessment indicating that all grades must be completed within six weeks of clerkship completion with procedures to address circumstances when this fails to occur was described. All clerkships have submitted grades within six weeks since the October 2019 survey visit.
- Element 11.1 – Academic Advising
 - An academic counselor had been in place for just over a year at the time of the 2019 survey visit, which has made a positive impact on student satisfaction.
- Element 11.2 – Career Advising
 - The career advising program has continued to be refined in response to student feedback.

A summary of information was provided for each of following elements, which were determined to be unsatisfactory:

- Element 3.3 – Diversity/Pipeline Programs and Partnerships
 - Changes to the Diversity and Inclusion policy to elaborate and specify the diversity categories was described, including the formulation and refinement of processes for monitoring success and capturing data regarding the number of individuals in the subsets comprising the category “underrepresented in medicine”.
- Element 8.1 – Curricular Management
 - The charge of the Medical Student Education Committee (MESC) was provided and the current membership, including their voting status and membership category was described.
 - MSEC minutes from academic years 2018-19, 2019-20, and 2020-21 that specifically illustrated the committee’s role in identifying and addressing concerns about content integration (especially in the first and second years of the curriculum), first and second year course organization and quality, and quality of the pre-clerkship phase of the curriculum were provided.
- Element 8.2 – Use of Medical Educational Program Objectives
 - Objectives for all courses and clerkships have been linked to medical education program objectives and entered into the New Innovations curriculum database, which is being used to assess appropriate content and coverage.

- Element 8.3 – Curricular Design, Review, Revision/Content Monitoring
 - Data from a survey of students in all years of the curriculum on satisfaction with the coordination and integration of content in the first year of the curriculum and in the second year of the curriculum was provided.
 - Steps taken to better align content (i.e. increase horizontal and vertical content integration) and increase content integration within and across the first/second curriculum years, including the roles of the MSEC, its subcommittees, and the medical school administration in identifying and implementing changes was summarized. Changes to the first and second years made since the time of the October 2019 survey visit supporting content integration was also described.
- Element 8.4 – Program Evaluation
 - MSEC Modification of outcome measures and benchmarks used to evaluate effectiveness in accomplishing medical education program objectives by looking at broader program outcomes assessed over longer periods of time as opposed to course specific outcomes were described.

Discussion included the following:

It was explained that the lengthiness of the response to Element 8.1 was due to the request for MSEC meeting minutes summarizing actions taken in the past three years. Information in Element 8.2 stated that 100% of our courses have been mapped to the Institutional Educational Objectives (IEOs), which is information LCME specifically asked for. Actions taken to make sure mapping was accomplished and information stating how faculty has access to be able to see these linkages were also included. The phase review committee, updates to reviewing the curriculum as a whole, and updates to outcomes were included in the response for Element 8.3. Appendices were included that provided the narrative and data supporting the summaries provided in the cover letter.

Course data specifically requested by LCME from the 2019-2020 academic year were reviewed during the meeting. These data, obtained in April of 2020, have previously been shared with MSEC showing different areas of student satisfaction and dissatisfaction. More recent data from September of the current 2020-2021 academic year were also provided with the LCME response to show improvements made in these areas since April of 2020. This data was also reviewed during the meeting. Although most of the data were preliminary as the students had only been in classes for a couple of months, the response did show improvement. Several of the courses, however, have concluded and their actual end-of-course data were provided in the table. For example, Genetics showed great improvement, going from 18-20% dissatisfaction to 0-3% dissatisfaction as did Neuroscience, going from 65-70% dissatisfaction to 23% dissatisfaction in course organization. While 23% is still above the 15% goal, it is a significant improvement. A few courses did not have data to present because they have either not been in session long enough to rate or the courses have not yet begun. In summary, the excerpt presented provided an explanation of what has been done to address student concerns and show the actions taken, such as implementation of CQI plan, curriculum changes, and establishment of curriculum transformation committee.

The response to Element 8.3 provided data from students in all years of the curriculum on satisfaction with the coordination and integration of content in the first year of the curriculum and in the second year of the curriculum using the following scale: very dissatisfied, dissatisfied, satisfied, very satisfied, N/A (have not experienced this yet).

April 2018	First and Second Year Curriculum
M1	50% dissatisfaction
M2	37% dissatisfaction
M3	28% dissatisfaction
M4	15% dissatisfaction
Average	33% dissatisfaction

Data from the April 2020 survey was broken out into first year and second year individually.

April 2020	First Year Curriculum	Second Year Curriculum
M1	24% dissatisfaction	M1 Not asked
M2	36% dissatisfaction	M2 55% dissatisfaction
M3	41% dissatisfaction	M3 31% dissatisfaction
M4	17% dissatisfaction	M4 16% dissatisfaction
Average	30% dissatisfaction	Average 34% dissatisfaction

Data from the September 2020 survey of the current first year and second year students regarding their current year

M1	10% dissatisfaction
M2	23% dissatisfaction

Summarily, the response was to show data that reflects the activity that has been done and the amount of work that has gone into trying to address the LCME concerns. There is optimism the LCME will deem this report satisfactory.

No action required for this item.

The presented extracted pages from the LCME Response document is shared with MSEC Members via Microsoft Teams document storage.

3. Report: Outcomes Subcommittee Report

Dr. Denham presented a brief report discussing two benchmarks, Knowledge for Practice 5 and Knowledge for Practice 6. Knowledge for Practice 5, which is a Phase 1 pre-clinical outcome, met the benchmark that fewer than 10% of students score at or below the 10th percentile overall on the Phase 1 (pre-clinical) NBME or other course exam with a score of 9.5%. However, it was noted that there was very limited data for this as only two courses were complete at this time.

Knowledge for Practice 6, which is a Phase 2 clinical outcome, met the benchmark that fewer than 10% of students will score at or below the 5th percentile on any overall Phase 2 (Clinical) NBME or other nationally normed end of clerkship exam with a score of 9.9%.

The Outcomes Subcommittee is requesting MSEC amend their charge for reporting frequency as the charge states the Outcomes Subcommittee will meet and report quarterly. The subcommittee recommends that they meet and report biannually instead. In support of this recommendation, the subcommittee noted that they are now looking at phases and years instead of specific course outcomes and as evidenced by the limited data available for the first benchmark presented today, the subcommittee feels it makes more sense to have the entire data set for reporting the benchmarks as opposed to only a few courses. The subcommittee thought summer and early fall would be appropriate times for these biannual reports, but would report based on when the data is available and when it makes sense to present if not during that time frame.

It was noted that if reporting were changed to biannually instead of quarterly, adequate time would have to be allocated for these reports during MSEC meetings as the reports would be longer. It was further noted that the Periodic and Comprehensive Evaluation of the Curriculum policy would have to be amended with this change to biannual reporting as the policy states the Outcomes Subcommittee will report quarterly. This would require a motion and approval by MSEC.

The two benchmarks presented for Knowledge of Practice 5 and Knowledge of Practice 6 were not voted on. This data will be brought back to MSEC for approval in June or July when the biannual report is presented.

Dr. Rusinol made a motion to amend the Periodic and Comprehensive Evaluation of the Curriculum policy to state that the Outcomes Subcommittee will report biannually instead of quarterly as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.

The presented Outcomes Subcommittee Report document is shared with MSEC Members via Microsoft Teams document storage.

4. Discussion: Curriculum Transformation - Consultant and Implementation

Dr. Click presented a PowerPoint presentation with an update on the Curriculum Transformation. It was noted that there were interviews scheduled for four consultants, all who have worked in medical schools and had experience with curriculum reform. Three have already been interviewed with one scheduled later that week. Prospective consultants were asked a standard set of questions in order to provide the right fit for Quillen. Questions were asked about experience working with a medical school or a school with limited resources as there was concern of hiring someone with ideas that could not be implemented at a school of our size. Availability and time commitment were discussed. Most of the consultants work in medical school administration and the school's curriculum can be reviewed. Experience formulating systems-based courses and sequencing them was discussed. The ability to serve as

a mediator when faculty disagreed on things was discussed as it was stated that we want someone who will actually meet with the faculty that are doing the work and share their experience of having participated in a curriculum transformation.

The question was asked if the committee had spoken to any of the schools that these consultants have worked with to get some kind of idea of how effective they were in those settings. It was also asked if any of the students at those schools had been spoken to see if they appreciated the change or not in response to that consultant's work. It was noted that all of the consultants interviewing came from recommendations from other medical schools by people who had experience with them.

Regarding students, it was stated that a student implementation committee group was being formed to work with the curriculum transformation and these students would be able to reach out to other students. This group would consist of the following M3/M4 students: M4 – Erin Bailey, Beth Farabee, Whitney Pittman, and David Taylor; M3 – Gina Botsko, Ben Hopkins, Abbi Laszacs, and Sarah Allen Ray. This group was charged with identifying content they think might be appropriate for foundational work and to work with the foundations group to identify gaps in content and provide their knowledge where they have experienced unnecessary redundancy. They have also been asked to identify content that is not high yield that we are spending more time on than we should. They could also give thoughts to what might go into a pre-clerkship capstone course. The student committee has not met yet but their goal is to have their information available by the end of March.

Another implementation group that will need to be formed soon is the foundations group. This group will consist of first- and second-year course directors or a representative with extensive knowledge of the course. It was pointed out that if basic science content would be coming back into the third and fourth years, that clerkship directors should also be in the foundations group to avoid another silo in content where the basic science would again be disconnected with the third and fourth year. It is likely that some content will be repositioned or eliminated and there should be third- and fourth-year course representation to offer suggestions how the basic sciences are going to come back in the third and fourth year.

Other implementation groups that would be needed in addition to the foundations group are as follows:

- Systems courses – This course will probably consist of many of the same people in the foundations group
- Doctoring courses – Changes may be necessary after identifying what will be covered in foundations
- Assessment/Threads – Basic science threads will continue to be followed in the new curriculum with grades through tagging questions for different disciplines in ExamSoft.
- Learning communities – Anyone specifically interested in learning communities should contact Dr. Click
- Clinical phase – This is the least developed phase. Clerkship directors will be included in this group. Basic science content will be included as well, so basic science faculty should have representation.

Decisions that will need to be determined before much of the work can begin is:

- Hiring consultant
- Timeframes for each phase (start date and length of each phase)
- Organ system sequencing
- Step 1 placement

Other items brought up in the discussion were:

- Length of foundational courses was brought up and Dr. Click stated that one of the consultants stated that she had seen most foundations courses being 10 – 12 weeks long, with the longest being 18 weeks, which is basically the first semester.
- It was asked where gross anatomy would fit with other components of a foundations course. It was suggested that this could run parallel, it could be integrated across the curricula, or it could be broken up into two places. Practical limitations have to be considered as anatomy is also taught to physical therapy students.
- Teaching courses in two different curricula at the same time during the implementation was discussed, as was support and resources.
- A new curriculum management system was also mentioned as it was noted there is a lot of information in the New Innovations database, however it was difficult to get the information out and provide reports for other people to see the information.
- It was asked if there were also plans to move away from D2L and noted that there had not been any discussion regarding that.
- It was suggested that administering D2L for Quillen separately from the main campus could be beneficial as the schedules are different and this causes problems.
- Another issue brought up was the challenges of longitudinal courses that cross over semesters, especially if a student has to remediate a course.
- Use of previously recorded asynchronous lectures during the transition to a new curriculum was also mentioned.
- Scheduling of facilities that other programs use such as Building 60 and the library was discussed as these facilities are scheduled in advance.
- It was asked if the implementation groups and consultant needed to be voted on by MSEC and Dr. Olive stated that working groups had been developed by consensus in the past and hiring a consultant was an administrative decision and did not require an MSEC vote.
- The next decisions to be made would be looking at calendars to determine start date, length of pre-clerkship phase, how many weeks will be needed for systems group, overall length, and placement of Step 1 exam, which could dictate the length of the pre-clinical curriculum or at least the end date.
- It was asked if the same sequence of the fall courses from 2020-2021 would be used next fall and stated that the safest approach might be to keep them the same for another year.

No action required for this item.

The presented Curriculum Transformation Update PowerPoint is shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 5:00 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:

January 19, 2021 **Retreat** – 1:00-5:00 pm - Zoom meeting

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

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