



## Medical Student Education Committee

**Minutes: March 19, 2019**

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, March 19, 2019 in C-000, Stanton-Gerber Hall, Building # 178

### Attendance

#### Faculty Members

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Martha Bird, MD  
Thomas Ecay, PhD  
Russell Hayman, PhD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Mark Ransom, MD

#### Student Members

David Cooper, M4  
Sarah Allen Ray, M1

#### Ex Officio Voting Members

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

#### Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

#### Guests

William Browder, MD  
Sarah King, M1

#### Academic Affairs Staff

Lorena Burton, CAP  
Mariela McCandless, MPH  
Cathy Peebles, MPH

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Shading denotes or references MSEC Concurrence and/or Action Items

### 1. Approve: Minutes from February 19, 2019 Meeting & Announcements

Dr. McGowen called the meeting in session at 3:30 p.m. with a quorum of voting members. There were no changes identified for the February 19, 2019 minutes which were distributed in the MSEC meeting announcement.

Dr. Abercrombie made a motion to accept the February 19, 2019 Minutes as distributed. Dr. Monaco seconded the motion. MSEC unanimously voted to approve the February 19, 2019 minutes.

Dr. McGowen made the following announcements:

- **MSEC meeting dates for the 2019-2020 academic year** have been posted to the MSEC webpage.
- **Preclerkship Year End Dates:** the M2 year will end on Friday, March 29, 2019; the M1 year will end on Friday, May 10, 2019.

MSEC. The regularly scheduled meeting date of Tuesday, May 21<sup>st</sup> will be held as planned.

MSEC Minutes March 19, 2019 Approval April 16, 2019

- **May 7, 2019 MSEC Meeting:** Confirmed that Tuesday, May 7<sup>th</sup> will be a meeting date for

MSEC. The regularly scheduled meeting date of Tuesday, May 21<sup>st</sup> will be held as planned.

- **Faculty Development Session:** the next faculty development session will be held next Tuesday, March 26. The topic, *“Using Implementation Science Methods to Make Everyone Happy”*, is one rescheduled from January 2019.

**Note:** the Faculty Development Sessions have now been approved for Continuing Medical Education (CME) credit. This pertains to both the live and archived recorded sessions. CME will now be responsible for attendance verification. Though you may not be attending for CME credit, you will be able to obtain an automated transcript at the end of each year with those sessions attended. Please update your department faculty and staff of this change.

- **2019 Match Results:** Dr. Olive reviewed the Class of 2019 Match results. Quillen had a 96.67% match rate with two (2) students who should be ready to apply for a residency slot in the 2020 Match. Matches in Primary Care (FM, IM, OB-GYN, and PEDS) totaled 35% compared to 45% in 2018, but this decline in primary care selection is consistent with National trends. Quillen students had a good success rate matching in highly competitive specialties. Twenty (20) students will remain in Tennessee, with five (5) at ETSU. Thirty-six (36) will work in the southeast United States and five (5) will be continuing service with the military. MSEC discussion centered on Quillen Match results compared to National matches and multi-year trends for Quillen Match results.

*The MSEC Meeting minutes for February 2019, are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage*

## **2. Report/Follow Up: 2019-2020 Doctoring III Implementation Plans**

- **Course Director Identified**
- **Curriculum Planning**

Dr. Olive introduced Dr. William Browder, Surgery Department Chair, as the Doctoring III Course Director. Doctoring III will be implemented with the 2019-2020 academic year. Dr. Browder will be working with Academic Affairs to finalize the learning objectives and course delivery details (dates /times /locations /resources). Clerkship students will meet in a series of small-group, case-based, discussion sessions every six (6) to eight (8) weeks covering topics related to Ethics; Clinical Reasoning; Patient Safety; Legal Depositions; Women’s Health; and Research. In addition, there will be four large-group sessions, formerly known as the Career Exploration III course, folded under the umbrella of the Doctoring III course. The intent of the Doctoring III course is to have all activities scheduled in the late afternoons so as to not interfere with Clerkship activities.

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## **3. Follow Up/Discussion/Action: Grading System Details**

Dr. Olive provided information designed to address questions raised during previous MSEC grading systems discussions. He reviewed a sample composite Medical Student Performance Evaluation (MSPE) and the National Resident Matching Program (NRMP) Program Director Survey to highlight information relevant to a student’s application to residency. He reviewed MSPE sections and how each would be affected if MSEC changes the grading system. The content related to these sections include: student’s name and class; noteworthy characteristics; academic history; academic progress; preclerkship course work and accomplishments; a cumulative Grade Point Average (GPA) for the preclerkship phase; clerkship numeric grade; final grade; work and accomplishments; and cumulative GPA through the M3 year.

Class rank and quartile placement within the class, is also included. Issues related to professionalism are reported when the Student Promotions Committee or Honor Council has taken action.

Information reviewed from the NRMP Program Director's survey included which factors were cited as most commonly considered and most significantly weighted by program directors in selecting an applicant for an interview.

MSEC discussion included considerations raised from these documents as well as the materials previously considered (grade distribution for preclerkship courses and clerkships, recommendations from MSEC's ad-hoc working group *Grading Systems* report, QCOM Class of 2022 presentation, and external data, i.e., AAMC data, literature, impressions from other schools, etc.). Numerous topics were raised, such as: the availability of student exam and course numeric performance for students to monitor their progress; the optimal timing for conferring the designation of Honors if it is used as an official grade category; uncertainty about the value of the Honors designation in light of the reporting of numeric grades and comparison to class grade distributions in the MSPE; the opportunity for course and clerkship directors to highlight exemplary performance by students, regardless of the official grading system; retention of class rank; and, the pros and cons of having a grading system that applies across the curriculum versus different grading systems in the preclerkship and clinical phases. In the discussion about issues in determining class rank, student members indicated that retaining it was supported, but that it did not need to be computed at the end of each academic year; that students generally use their exam grades in the preclerkship years to get an approximate sense of their class standing; that postponing calculating class rank officially until the M3 year might reduce student stress; and that students submit a Curriculum Vitae (CV) and have Letters of Recommendation (LORs) that can provide additional information about each student's strength when applying for residency to provide a comprehensive picture and supplement class rank.

Dr. McGowen stated that we have motions that were previously passed to 1) change the COM grading system 2) adopt a three-tier grading system of High Pass, Pass, Fail for all courses and clerkships. Subsequently, we have discussed that MSEC may want to reconsider those motions and asked that MSEC make a motion to undo any part of what had been previously adopted and make a new motion describing the grading system to be implemented.

Dr. Bird made a **motion to reverse** the previously MSEC action of 2/19/19 which stated to adopt a three-tier grading system of High Pass, Pass or Fail for all courses and clerkships.

The **new motion** is for a two-tier grading system of Pass-Fail for all courses and clerkships. Class rank will be computed and reported. The official grade of Pass-Fail will be recorded on the student transcript. Dr. Abercrombie seconded the motion. MSEC voted eleven (11) YES; zero (0) NO; one (1) abstention. The motion passed.

Dr. Bird made a **second motion** that implementation of the Pass-Fail grade system would be effective for all students with the 2019-2020 academic year. Dr. Abercrombie seconded the motion. MSEC voted eleven (11) YES; zero (0) NO; one (1) abstention. The motion passed.

MSEC discussion on identification of an official numeric grade to determine Passing or Failing concluded that course and clerkship directors would be responsible for identifying the numeric grade for a Pass or Fail grade and would need to state this in their course or clerkship syllabus. MSEC questioned whether there was a Quillen or ETSU policy on the minimum numeric grade for a Pass grade. It may be that both Quillen and ETSU have a number grade tied to a letter grade, but not a number grade tied to a Pass grade. In past practice, a numeric grade of 70 has been the minimum for Pass.

Dr. Olive suggested that before MSEC takes any action/vote on a minimum numeric grade for a Pass grade that it would be best to verify there are no other policies that need to be taken into consideration. Follow up discussion will be placed on a future MSEC agenda.

*The Grading System documents are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage*

#### **4. Report: Administrative Review - 2018-2019 M3 Objective Structured Clinical Examination Competency (OSCE)**

The M3 OSCE is a competency with required passing for promotion to senior year as per MSEC Policy 0610-1 and therefore is reviewed administratively, rather than by the M3/M4 Review Subcommittee.

The competency is under the direction of Dr. Caroline Abercrombie and delivered at the beginning of each M3 academic year. The OSCE competency does not have learning objectives; however goals are clearly stated and appropriate. The Curriculum database records the OSCE as an assessment method for the M3 year with a Pass/Fail grade scale. Last year's Administrative review did not identify any changes for MSEC action.

In 2018, four (4) students failed and required remediation and OSCE retake and eight (8) students who required targeted remediation in planning for STEP 2 CS. Two (2) of the students who required OSCE retake are continuing to work with Dr. Abercrombie.

Strengths include a well-organized D2L site with preparatory materials that are clear with student ratings at 3.86/5.00 and above. The overall OSCE competency was rated at 3.89 (similar to last year). Faculty ratings were 4.10/5.00.

Weaknesses include student desires for greater coordination between the M1/M2 curriculum and the OSCE. Both Dr. Abercrombie (M3 OSCE and Transitions to Clinical Clerkship course director) and Dr. Amadio (M2 Doctoring II course director) are instituting changes to their present and future deliveries of course material that will provide for coordination between the M1/M2 curriculum/OSCE/ and Transition to Clinical Clerkships. These changes include more preparation for writing notes under a short time frame and a review of physical exam skills.

Students were given a post-OSCE evaluation to complete, but only a small number of written comments were received from students (11). A question about whether there should be an additional OSCE in the curriculum was rated at 3.86/5.00. Student responses were positive to the additional OSCE, but there was not a consensus about where to place in the curriculum, preclerkship phase or clinical phase.

Concerns/Recommendations from the Competency Director to MSEC revolve around three primary areas:

1. The OSCE scoring may not adequately capture students who are weak in the Integrated Clinical Encounter (ICE) and note requirement, especially the note.

A couple of alternative scoring mechanisms were identified by Dr. Abercrombie, but this would increase the number of students requiring remediation, which is not logistically possible given the personnel/time needed to complete remediation. An alternative thought to be more effective would be to have clerkship directors incorporate STEP 2 CS style notes and feedback into their clerkship experiences.

2. A need for the Student Promotions Committee to be aware of when and how their communication to the student can make students want to “fast-track” their OSCE remediation work in order to satisfy Student Promotions Committee needs. Clarification by the Student Promotions Committee of what is needed and when by students would help. The clarification could be added to the OSCE D2L site.

3. The telephone station will not be available this year because of telephone system issues in Building 60. STEP 2 CS contains a telephone station and the M3 OSCE may be the only practice session for students before STEP 2 CS.

Dr. Abercrombie added that she continues to work with remediation of students within the clerkship rotation timeframes, finding ways to meet with students on-line and in person.

Dr. McGowen did not identify any recommendations for the OSCE to MSEC other than continued monitoring of student performance on STEP 2 CS and speaking with Clerkship Directors about incorporating preparation for STEP 2 CS-style note writing with feedback in the clerkships or increasing awareness of the need to prepare the students for the clinical encounter portion of STEP 2 CS.

MSEC discussion included a positive comment about maintaining the OSCE delivery at the beginning of the M3 year, which allows students to identify areas of patient care they needed to continue to enhance/refine. MSEC also supported clerkships assisting in preparing students with CS-style note writing and the Integrated Clinical Encounter (ICE). This discussion would need to be brought to the Clerkship Director’s attention to measure feedback and support.

MSEC unanimously accepted the 2018-2019 Administrative Review of the Objective Structured Clinical Examination Competency (OSCE) as presented.

Dr. Olive thanked Dr. Abercrombie for all the effort she continues to put forth to help remediate the students in preparation of STEP 2 CS.

*The M3 OSCE Administrative review is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage*

##### **5. Report-Update: USMLE Scores with multi-year trend**

Dr. Olive reviewed Quillen historical trends for the USMLE STEP 1, STEP 2 CS, STEP 2 CK, and STEP 3. Quillen has had a lower than anticipated pass rate on STEP 2 CS for the past two years. The STEP 2 CS National pass rate is also lower (now 95%).

One factor may be that USMLE raised the passing threshold, but we do not know what specific scoring changes were made. There is evidence of areas that we need to work on and ideas are being reviewed. STEP 2 CK trends continue to do well and our pass rate continues to be strong and comparable to the National pass rate.

Over time, Quillen mean scores have been comparable to the National mean scores. STEP 1 has had weaker performance this year compared to the National mean and National pass rate. We often have been in the mid 90's percent range and a Mean of 230, but this year we have dropped lower.

MSEC discussion asked about what students identify as reasons for not doing well on the USMLE STEP exams. Dr. Olive explained that those students who did not do well were not unexpected as they had had other indicators of low performance in their academic courses and exams leading up to the STEP exams, or there were other factors in their personal lives that did not allow them to do well on the exams. No student that has failed STEP 1, has not had some type of indicator on the CBSE exams.

Everyone who has failed STEP 1 has had a CBSE score below the predicted passing threshold (most people below the predicted passing threshold do not fail, only about 15% of them). There is not one specific area of student performance weakness on the STEP exams. There were no curricular changes involved with the class most recently completing STEP 1 (students who matriculated in 2016). It will be next year's class that (students who matriculated in 2017) will have experienced a curricular change.

*The CBSE STEP Score Trends are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage*

#### **6. Follow-up/Discussion: M2 CBSE delivery dates in 2019-2020**

Dr. McGowen brought back discussion on the M2 CBSE delivery dates. For the current 2018-2019 academic year, MSEC had taken action to have the first delivery of the M2 CBSE as an optional exam and the second delivery as required. To continue this same delivery, MSEC will need to take action. This past year, a majority of the M2 class (fifty-one [51]) students, chose to take the optional exam. Students who are motivated will take the optional exam prior to the required exam.

Dr. Monaco made a motion to have the first delivery of the M2 CBSE for students as an optional exam. The second delivery of the M2 CBSE for students would be a required exam. Dr. Lura seconded the motion. MSEC unanimously voted to adopt the motion.

#### **7. Follow Up: M1M2 Review Subcommittee Administrative Recommendations for M2 Rural Track Practice of Medicine**

Dr. Olive followed up on the M1M2 Review Subcommittee's recommendation to more effectively coordinate components of the Generalist Track and Rural Track Doctoring II course. Prior to the current year, the components were different courses and not all were a part of the Rural Track program.

With Doctoring II now incorporating the components under one umbrella for both the Generalist Track and Rural Track, students there needed to be a way for the Rural Track students to receive the same curriculum in their rural locations. It has been challenging, but Dr. Amadio has been working with the Rural Track faculty to have them deliver like/similar curriculum content. Recently at a Dean's luncheon, there were a number of the Rural Track students present who identified a number of ways to improve the integration of the two tracks. A Focus group of Rural Track students has been identified to meet with Drs. Olive, Florence, and Amadio in April to present some of their suggestions for next year.

Dr. Abercrombie noted that the Medical Library has been reviewing virtual reality software for delivery of patient care. Rachel Walden asked that anyone who might be interested should contact Matthew Carroll.

#### **8. Discussion/Action: New Pediatric Elective Adolescent Medicine**

Cathy Peeples introduced a proposal for a two (2) week Pediatric Elective titled: Adolescent Medicine. The elective would be taught by Dr. Dodd and Dr. Wood. The elective would have one slot available to M4 students per rotation period with some third year Pediatric clerkship students also having an opportunity for experience in the Adolescent Pediatric Clinic at Johnson City Medical Center, the primary location for student training.

Dr. Hayman made a motion to accept the Pediatric Adolescent Medicine Elective as presented. Dr. Abercrombie seconded the motion. MSEC unanimously voted to adopt the motion.

*The Pediatric Adolescent Medicine Elective is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage*

#### **9. Report/Follow Up: 2019-2020 Doctoring IV Implementation versus Keystone Roll-Out**

With the curriculum changes, MSEC included action for a longitudinal Doctoring course across all four years of the curriculum (Doctoring I, II, III, and IV). An Academic Medicine Elective was proposed as the core curriculum for the Doctoring IV course, in addition to the Keystone course, beginning with the 2019-2020 academic year. Plans for the academic medicine elective option have been discontinued, which leaves the Keystone curriculum as a stand-alone component of the Doctoring IV course. MSEC was asked to reconsider their action and leave Keystone as an independent course and not create a Doctoring IV course. Discussion included that in the future, should other components be identified, they could become the core curriculum of a Doctoring IV course. At that time, the Keystone course could be added as a component. MSEC discussion identified a preference to maintain the longitudinal Doctoring courses across all four years of the curriculum, to include a Doctoring IV course and roll the Keystone course under the Doctoring IV course umbrella, beginning with the 2019-2020 academic year. The course number for the Doctoring IV course and its component(s) will be CSKL-4350 as confirmed by the Registrar's office.

MSEC voted nine (9) YES; zero (0) NO to maintain the Doctoring IV course beginning with the 2019-2020 academic year and have the Keystone course become a component of the Doctoring IV course.



**The MSEC meeting adjourned at 5:35 p.m.**

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### MSEC Meeting Documents

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

Quick access to the files can be made by clicking on: [https://etsu365-my.sharepoint.com/personal/mckinley\\_etsu\\_edu/layouts/15/onedrive.aspx?id=%2personal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents](https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2personal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents)

**If you are unable to access the One Drive link or have not set up your One Drive contact:**

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#### **MSEC Meeting Dates 2018-2019: \* NOT 3rd Tuesday**

April 16, 2019 – 3:30-6:00 pm – C000

May 7, 2019 – 3:30-6:00 pm\* – C000

May 21, 2019 – 3:30-6:00 pm – C000

June 11, 2019 – **Retreat** 11:30 am-3:30 pm\* - Surgery Conference Room, Bldg. 1

June 11, 2019 - **Annual Meeting** - 3:30-5:00 pm\* - Large auditorium

#### **MSEC Meeting Dates 2019-2020: \* NOT 3<sup>rd</sup> Tuesday**

July 16, 2019 – 3:30-6:00 pm – C000

August 20, 2019 – 3:30-6:00 pm – C000

September 17, 2019 – 3:30-6:00 pm – C000

October 15, 2019 **Retreat** – 11:30 am-5:00 pm\* - Surgery Conference Room, Bldg. 1

November 19, 2019 – 3:30-6:00 pm – C000

December 17, 2019 – 3:30-6:00 pm – C000

January 14, 2020 – **Retreat** – 11:30 am-5:00 pm\* - Surgery Conference Room, Bldg. 1

February 18, 2020 – 3:30-6:00 pm – C000

March 17, 2020 – 3:30-6:00 pm – C000

April 21, 2020-3:30-6:00 pm – C000

May 19, 2020- 3:30-6:00 pm – C000

June 16, 2020 **Retreat** – 11:30 am-3:30 pm – Surgery Conference Room, Bldg. 1

June 16, 2020 – **Annual Meeting** – 3:30-5:00 pm – Large auditorium