



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

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, May 19, 2020, via Zoom meeting.

**Attendance**

<u><b>Faculty Members</b></u>	<u><b>Subcommittee Chairs</b></u>
Ivy Click, EdD, Chair	John B. Schweitzer, MD
Caroline Abercrombie, MD	
Martha Bird, MD	<u><b>Academic Affairs Staff</b></u>
Thomas Ecay, PhD	Lorena Burton, CAP
Russell Hayman, MD	Mariela McCandless, MPH
Jon Jones, MD	Skylar Moore, HCCM, BSPH
Paul Monaco, PhD	Cathy Peeples, MPH
Jason Moore, MD	Dakotah Phillips, BSPH
Mark Ransom, MD	Aneida Skeens, BSIS, CAP-OM
Mitch Robinson, PhD	
Antonio Rusinol, PhD	<u><b>Guests</b></u>
Robert Schoborg, PhD	Patricia Amadio, MD
	Gina Botsko, M3
<u><b>Student Members</b></u>	Brian Cross, PharmD
Erin Lutz Bailey, M3	James Denham, MD
Sarah Allen Ray, M2	Jennifer Gibson, MD
	Angela Hacksel-Newmark, M3
<u><b>Ex Officio Voting Members</b></u>	Lamis Ibrahim, MD
Joe Florence, MD	Sarah King, M3
Tom Kwasigroch, PhD	Jarred Millard, M1
Theresa Lura, MD	Jessica Murphy, MD
Rachel Walden, MLIS	Tory Street
	David Taylor, M3
<u><b>Ex Officio Non-Voting Member</b></u>	Brad Wood, MD
Ken Olive, MD, EAD	

**Meeting Minutes**

1. Approve: Minutes from April 21, 2020 Meeting.

Dr. Click opened the meeting at 12:30 p.m. and advised the group that voting would be cast by chat discussion as was done at the previous meeting in April. Dr. Click then noted a formatting issue on page 6 of the April 21, 2020 minutes regarding the position of a text box containing Dr. Abercrombie's approval of the motion for the M3 year recommendations. The text box was moved to the correct position directly under the discussion of the M3 recommendations after the minutes were distributed with the MSEC meeting reminder. Dr. Click asked for any additional comments/updates to the April 21, 2020 meeting minutes.

**Dr. Jones made a motion to approve the MSEC minutes as presented with the noted formatting correction. Dr. Monaco seconded the motion. MSEC approved the motion.**

*The MSEC minutes for April 21, 2020 were shared with MSEC Members via OneDrive document storage.*

#### **Announcements:**

- MSEC meeting June 16<sup>th</sup> - start time is 1:30 p.m. No determination has been made yet whether this will be a Zoom meeting or an in-person meeting. Please block your calendar from 1:30 – 5:00 p.m.
- Faculty Book Club – If you are participating in the summer book club and have not yet received the books, please contact Amy Johnson. The dates and books are:
  - *Black Man in a White Coat* by Damon Tweedy, Discussion on June 17<sup>th</sup> @ 3:00 pm (via Zoom)
  - *Make It Stick* by Peter Brown, Henry Roediger, and Mark McDaniel, Discussion on September 9<sup>th</sup> @ 3:00 pm
- There was a question regarding the March 17, 2020 Cellular and Molecular Medicine Outcomes Report and the calculations for the benchmark related to 50% of students at or above the National Mean. There were some updates made to the figures included in the report; however, the data verification showed that the Knowledge for Practice 2 Benchmark still remained unmet for 50% of students at or above the national mean at 47%. Data verification also showed that the Knowledge for Practice 5 Benchmark was also still unmet for the course having less than 10% of students scoring at or below the 10<sup>th</sup> percentile at 12.33%. Benchmarks were still unmet, so overall results were unchanged.
- The M3 Clerkship Exam and Grading Policy has been updated to include the exception approved at the April 21, 2020 meeting reducing the weighted score of the NBME from 35% to 20% for the 2020-2021 academic year.
- The formation of the Curriculum Transformation Steering Committee was announced by email from Dr. Block, which would be under the oversight of Dr. Ken Olive. It was pointed out that several members of the steering committee were also voting MSEC members, namely, Dr. Ivy Click, Dr. Tom Kwasigroch, Dr. Rob Schoborg, and Dr. Jason Moore. Dr. Click announced that the steering committee would hold their first meeting on Friday, May 22, 2020.

## 2. Discussion/Approve: Class of 2022 Proposal for Modifying M3 Year

The Class of 2022 represented by Gina Botsko, Angela Hacksel-Newmark, Sarah King, and Sarah Allen Ray, presented a proposal to modify the 2020-2021 M3 year due to concerns over Prometric cancellations of Step 1 exams and the uncertainty of an official start date for clinical time for the M3 students. Students drafted a schedule proposal to maximize student time in the clinic while maintaining Quillen requirements, without encroaching on the M4 start date for the Class of 2022.

The proposal is outlined below:

- In-clinic rotations begin on August 17, 2020, with the time between June 1, 2020 and August 17, 2020 being used to complete electives, community medicine requirements, and transitions materials.
- Students wished to modify the six-week rotations to five-week rotations and the eight-week rotations to six-week rotations and have the Community Medicine Clerkship be four weeks in community clinics and two weeks online (further explanation below).
- Transitions would be split into two sessions, an online portion to be held on the original proposed dates of June 22 – 26, 2020 and an in-person portion during the week of August 10 – 14, 2020. Two two-week non-direct patient M4 electives would be taken during the four-week period between the online and in-person transition courses.
- The Community Medicine Clerkship would no longer be a concentrated rotation block. It would take place longitudinally as a one-week clerkship within the Family Medicine, OB/GYN, Pediatrics, and Psychiatry Clerkships, where the students would go to Sevierville for one week during each of these.
- The Rural Primary Care Track (RPCT) Clerkship would be modified to six weeks in each rural community, three one-week rotations with RPCT focused activities taking place in local communities (when Generalist Track would be in Community Medicine), and a two-week online session before the clerkship begins. The new rotation allows for a total of 11 weeks of RPCT.
- The end date would only change if students' participation in clinic were delayed until mid-September, which would push the end date out by one week from May 14, 2021 to May 21, 2021.
- Didactic sessions are not frontloaded for the majority of the rotations so that reserving the separation of didactics from clinical experience until absolutely necessary in anticipation of a COVID-19 resurgence during the 2020-21 year, where students could potentially be pulled from the clinical setting again.

Additional schedules were drafted to cover the contingency of an extension of the health crisis, as well as pros and cons of the proposal. This information is outlined in the "M3 Rotation Schedule Proposal" and can be viewed via OneDrive document storage.

A survey was provided to the M3 class to garner students' opinions on course schedule and three-fourths of the M3 students responded to the survey with 65% favoring the student proposed M3 schedule, 20% favoring the recently approved MSEC proposal, 12% favoring the MSEC proposal if the end of June was the actual start date and 9% were neutral.

Financial aid concerns were not part of the student presentation; however, the students did want to mention that the financial aid office has discussed dispersing student loans early in July when the interest rates go down, which would be very beneficial to the students.

The floor was opened for discussion and the following questions were asked:

- Would the Community Medicine Clerkship continue as a distinct clerkship under the student proposal? It was stated that the Community Medicine Clerkship would still be a distinct clerkship but would occur longitudinally instead of during a single block.
- How would grading requirements be handled for the Community Medicine Clerkship given that grades are required three weeks after a clerkship ends? Community Medicine Clerkship grades would carry grades for each block until the entire clerkship had concluded.
- What would take place during the additional transitions session? Mask fitting, computer training, onsite VA training, and in-person hands-on procedural skills.
- How does RPCT fit into the student proposal? Rural track has their period at the same time other students would have their family medicine rotations. When students in Family Medicine rotate out to the community, rural track would rotate into Family Medicine and the same would follow for OB/GYN, Pediatrics, and Psychology. On the weeks those students rotate out to the community, the rural track students would rotate into those rotations.

Dr. Olive addressed the situation of the USMLE vendor, Prometrics, closing many of their centers and half of our students being randomly cancelled for exams and this being an extraordinarily stressful event for the students. He stated there was a reasonable possibility that students could get back into the clinical learning environment in July. Dr. Olive wanted to emphasize the fact that the students' proposal was compressing seven periods down to six, when it was actually eight weeks from the original schedule being compressed into six. There are only seven clerkships that the students rotate through; however, there are eight six-week blocks in a traditional academic year for the fall and the spring. He also discussed the disadvantage of still having about ten seniors that had junior requirements left to complete and it would be a challenge to put more students on shorter clerkships while making the community clerkship longitudinal as this would increase the student load from 10 – 11 to approximately 13 – 14 students per clerkship period and that number does not include the seniors who still have two weeks to complete. There are already complaints of overcrowded ambulatory settings and some clerkships are experiencing a decrease in clinical volume so there are less patients being seen. Housing accommodations in Sevierville for community rotations were also discussed. There are not enough rooms available to accommodate a higher number of students and there would be a cost increase in cleaning expenses as each room would have to be cleaned and sanitized each week in between students.

**After much discussion no motion was put forward to MSEC. It was decided to continue with the previously approved M3 plan and when more information was known as to when students would be allowed back in clinics, a special called meeting could be held to revisit the student proposal.**

*The Student Proposal and accompanying documents were shared with MSEC Members via OneDrive document storage.*

### 3. Approve: Online Electives

- Dr. Amadio presented a proposal for a new online elective for **Street Medicine Basics**. The goal of this course will be to equip students to participate in street medicine outreach to homeless patients. Topics to be covered and activities students would be expected to participate in include Healthcare for the Homeless 101 online course (National Health Care for the Homeless Council), trauma informed care, street medicine manual concepts, local homeless agencies/resources and designing a street medicine program. This will be a 100% online two-week elective being offered during all periods with no shared slots. There will be a maximum of 20 students per period and third year students will also be accepted for a two-week rotation as an M3 elective. The course will consist of an asynchronous completion of online modules with scheduled Zoom meetings daily of one to two hours to reflect collectively on the online modules. There will also be scheduled Zoom faculty presentations as available. An expected student involvement of 35 hours per week is anticipated for this course. Dr. Amadio also expressed that she would also like this course to be available as an interprofessional online offering.

**Dr. Moore made a motion to approve the proposal for the online elective Street Medicine as presented. Rachel Walden seconded the motion. MSEC approved the motion. It was noted that changes to the elective could come at a later date with more interprofessional experiences.**

*The Online Elective for Street Medicine was shared with MSEC Members via OneDrive document storage.*

- Dr. Denham presented a proposal for a new online elective for **The Business of Medicine**. The goal of this course will be to give students a broad exposure to various aspects of business in healthcare and medicine. Topics to be covered and activities students would be expected to participate in would introduce the student to the principals of Practice Management including: healthcare economics, accounting, finance and profitability, revenue, coding and reimbursement, healthcare law, regulations and contracts, basics of personal finance and investing, effective leadership, business ethics, corporate governance, and fiduciary duty. This will be a 100% online two-week elective being offered during all periods with no shared slots. There will be a maximum of 10 students; however, exceptions can be made with course director approval. Third-year students will also be accepted for a two-week rotation as an M3 elective. An expected student involvement of 35 hours per week is anticipated for this course.

**Dr. Abercrombie made a motion to approve the proposal for the online elective Business of Medicine as presented. Dr. Moore seconded the motion. MSEC approved the motion.**

*The Online Elective for Business of Medicine was shared with MSEC Members via OneDrive document storage.*

- **Advanced Medical Spanish** elective was on the agenda but was not yet finalized so it was tabled until the June MSEC meeting.

#### **4. Administrative Reviews/Accept: 2019-2020 M3/M4 Clerkships and Courses: Ob-Gyn Clerkship**

Dr. Olive presented an administrative review for the Obstetrics and Gynecologic Junior Clerkship for Dr. Mark Ransom, the clerkship director. The review was completed by Dr. Ken Olive and Kayla Watson (MS3) on April 3, 2020. The Clerkship Objectives have been mapped to the EPAs which are mapped to the Institutional Educational Objectives through the Physician Competency Reference Set. Session level mapping has not yet been completed for this academic year. It was noted that specific instruction is provided on patient handovers, but this was not reflected in the clerkship and it was suggested that a clerkship objective related to this should be added and mapped to Entrustable Physician Competency Activity (EPAs) 8.

Follow up on the previous year's review showed that sometimes the patient volume was too low and the clerkship director was aware of that and has a policy where if a student doesn't get a chance to deliver a baby on the clerkship, they can come back at a later time to do that. Data showed the clerkship evaluations were strong at a 4.63 for the partial year, which is an increase.

Strengths of the course were discussed. Attendings and residents were very interested in teaching the students. Faculty and resident evaluation scores were high. The students appreciated the pocket manuals they were given and thought the didactic material was organized. They liked the layout of the rotation, including the night float, which was felt to be a worthwhile experience.

Weaknesses of the course were also discussed. Students gave feedback that they were not permitted to see patients on their own or write notes in the EMR, but these issues are being worked on. There was one issue where a resident did not receive a positive evaluation and that has been addressed by the clerkship director, the residency program director, and the department chair. An area of weakness was discovered on the National Board of Medical Examiners (NBME) subject exam in applying foundational science concepts. The clerkship has identified a formal curriculum through Association of Professors of Gynecology and Obstetrics (APGO) to use for the two weeks of didactics - utilizing cases and modules that cover basic science. It is expected that the basic science subscores on the NBME will increase with continued use of the APGO curriculum.

Overall the clerkship is performing well. The only suggestion would be to add the learning objective related to patient handover and monitor the data regarding foundational science knowledge on the NBME exam.

**Dr. Moore made a motion to accept the Ob/Gyn Clerkship Administrative Review for 2019 – 2020 as presented. MSEC approved the motion.**

*The OB/GYN Clerkship Administrative Review for 2019-20 was shared with MSEC Members via OneDrive document storage.*

At this time, a 10 minute break was initiated from 2:40 – 2:50. Upon return from the break, it was noted that no discussion was initiated during the proposal of modifying the M3 year for taking time off for Step 2 exams. It was decided to hold off on this decision for the time being.

#### **5. Report: Liaison Committee on Medical Education (LCME) Secretariat Meeting Review**

Dr. Olive discussed a recent LCME Secretariat webinar. Grading policies were discussed and it was suggested that due to the exceptional circumstances due to COVID-19 it was reasonable to make a change in the grading policy at some point as long as the change was consistent for everyone. He pointed out that we used this approach with the last clerkship where grading was changed from a numeric score to a pass/fail score for everyone who was in those clerkships during that period of time. Being creative with accomplishing requirements of learning objectives were also discussed. It was suggested that clinical skills could be achieved in rotations outside of their normal clerkship. For example, a student is required to see a specified patient type, such as a diabetic, but that patient could be seen in Family Medicine, Surgery, Internal Medicine, etc. Simulation was also deemed an acceptable way to accomplish some of the patient types. Basically, LCME was supportive of institutions taking a broad look at their objectives and ensuring that program objectives are being covered somewhere in the curriculum.

#### **6. Report/Accept: Curriculum Integration Subcommittee (CIS) Updated Report: Patient Types and Procedures**

Dr. Schweitzer requested Lorena Burton present a CIS report reviewing patient types and procedures from the AAMC recommendations that did not appear to be in the curriculum. The current patient types and procedures should include a review of the clinical skills beginning in the M1 year through the M4 year in order to better integrate and sequence the delivery of educational content to the students. Skills should be introduced in the M1 year then built upon so that when the student completes the M4 year they have actually been doing those skills. Currently, there is no way to consistently measure or assess these skills. This was also recently addressed in the Working Group 3 report that was presented to MSEC. The CIS recommendation was to consider implementation of a separate Clinical Skills Curriculum for UME as part of the overall review of the curriculum process.

**Dr. Abercrombie made a motion to accept the CIS Updated Report: Patient Types and Procedures as presented. MSEC approved the motion. Dr. Click stated the CIS Updated report would be forwarded to the Curriculum Transformation Task Force for review.**

*The CIS Updated Report: Patient Types and Procedures was shared with MSEC Members via OneDrive document storage.*

#### **7. Approve: Clerkship Patient Procedures Listing**

Dr. Olive presented the 2020-21 M3 Required Procedures List updated on 02/19/2020. He used the surgery section of the report and demonstrated how surgery was requiring students to document items and these were things that have already been on the list but not systematically

required. They went through the threads to see how we could contribute to fulfilling the threads. Surgery was adding requirements for nutrition, pain management and substance use disorder, patient safety, rehabilitation, and transition of care. There was also a skill combined under transitions for sterile Foley catheter insertion that had previously been separated as male and female catheter insertion skills. This was designated as a simulation workshop skill. Notation was made that skills had been updated to designate whether they had to be performed live or by simulation. It was noted that the transitions section needed to be updated in the location column. Dr. Abercrombie stated there were five skills that would become global M3 requirements, five skills that would be live simulated skills, and three skills that would have to become hospital requirements. It was decided to move forward with approving whether the clerkship skills could be done virtual, simulated, or had to be done live and whether they were clerkship specific or could be done in any setting and then address updating the transitions piece later and send it out for a virtual vote so that sessions could be set up in New Innovations. A question was asked on how tracking would be done on the global skills, and it was stated that a report would be run at the end of each clerkship period and would be sent out to all clerkship coordinators showing what procedures each student had logged. The question was asked if an attending would still be signing off on the skills and it was stated that the students would still be responsible for logging the skills into New Innovations. The logger configuration page would have to be checked to see if additional fields could be allowed to add text in order to list the clerkship and attending's name.

**Dr. Bird made a motion to approve the two columns of the Clerkship Patient Procedures Listing designating if the clerkship skills would be live, in person, or virtually and if the skill was clerkship specific or global. Dr. Monaco seconded the motion. MSEC approved the motion. The transition list will be updated and sent out via email for approval.**

*The Clerkship Patient Procedures Listing was shared with MSEC Members via OneDrive document storage.*

## **8. Discussion/Action: M2 Spring Semester NBME**

Dr. Olive discussed the general concerns about the exam density in March and raised the question with the course directors on what their thoughts were on keeping the NBME exams and having the exam density issues or talking to MSEC about the possibility of omitting the NBME. There were mixed opinions as some course directors felt very strongly that those exams had value and should be kept and other course directors did not feel strongly about that. Previous data had been shown that indicated on average, students' grades came up by about 1.5 points when the NBME exam was included. Dr. Olive asked M3 student MSEC representative, Erin Bailey, what her thoughts were since she had previously taken all of those exams in March. Erin said that the schedule was a drawback but even though it was stressful, overall, she thought that it was good as a baseline for Step 1 so students could identify weaknesses before dedicating study time. After further discussion, the pros of keeping the NBME were that the students would get experience with the style of questions the NBME offers and they are able to get feedback about their strengths and weaknesses for preparation for Step 1. Customized assessments were mentioned and Dr. Olive stated that the main issue with customized assessments is no national normative data for comparison or benchmarking is available. Customized exams could combine some of the courses to reduce the number of



exams the students have to take. Giving comprehensive exams was also mentioned and some thought that could be very difficult on the faculty. It was suggested to work on integration of the courses and then discuss a combined shelf exam. The current policy states if there is an NBME exam available for a course then it is to be used. No strong opinions were expressed so in the interest of time, it was decided to continue with the current policy.

**Decision was made to keep the current policy and no motion was made.**

## **9. Discussion/Approve: 2020-2021 M4 Modification to Requirements**

Dr. Olive presented a proposal to modify the M4 requirements for 2020-2021 due to COVID-19 restrictions. The proposal was to remove the restrictions from the currently required 18 weeks of electives. Currently, students can only participate in 8 weeks of non-clinical electives. Because of the need to use online electives, it was felt that the students would exceed the allowed 8 weeks of non-clinical electives so it was proposed to remove this limitation. Currently, students can only do 8 weeks in any single specialty. It was proposed to remove this limitation to maximize flexibility and practicality.

**Dr. Moore made a motion to remove the restrictions from the currently required 18 weeks of electives for student participation in only 8 weeks of non-clinical electives and only 8 weeks in a single specialty as presented. Dr. Jones seconded the motion. MSEC approved the motion.**

It was also proposed to reduce the selective requirement durations. Currently, students are required to do four weeks in each of inpatient sub-internships, critical care, and ambulatory care. Cathy Peeples provided a summary table for M4 selectives showing selectives scheduled in June and July are expected to be cancelled and there is not enough capacity in the year remaining to reschedule these into four-week slots. It was proposed to reduce the requirement for critical care and ambulatory care to two weeks each and leave the inpatient sub-internship selective at four weeks. Dr. Olive asked for input from clinical faculty. Dr. Jones stated that ideally four weeks would be better, but he thought a two-week rotation could be sufficient to accomplish the learning experiences necessary if the rotation was of good quality with good patients and people interested in teaching. Dr. Jones did point out that a two-week intensive care rotation would require a lot of self-study. Dr. Moore stated he felt there were fewer chances of getting a good continuity in a two-week inpatient setting and thought leaving that rotation at 4 weeks was a good compromise. Dr. Lamis Ibrahim stated that internal medicine's capacity had been reduced from six slots to five because of VA team cuts and wondered if reducing the inpatient sub-internship to two weeks would offer additional capacity for other rotations. Dr. Olive noted that because they were different rotations, it would not generate additional capacity. It was suggested that perhaps space could be made in block 7 when students generally scheduled interviews as virtual interviews were being recommended and some specialty groups were pushing interview dates back.

**Dr. Jones made a motion to reduce the selective requirement duration for intensive/critical care (A) and ambulatory care (D) from 4 weeks to 2 weeks each and to leave the duration of the inpatient sub-internship (B) at 4 weeks as presented. Dr. Moore seconded the motion. MSEC approved the motion.**

It was further proposed to add four weeks of required clinical electives given the proposed reduction in selective time. This should not result in either an increased time for the year or a reduction in student flexible time as all students will have 4-6 weeks of elective credit carried over from the third year.

**Dr. Moore made a motion to increase required clinical electives by four weeks given the previously approved four-week reduction in selective requirements as presented. Dr. Abercrombie seconded the motion. MSEC approved the motion.**

It was noted that the M4 modifications to requirements could be revisited in June.

*The M4 Modification to Requirements was shared with MSEC Members via OneDrive document storage.*

## **10. Report/Accept: Curriculum Content Report: Orthopaedics**

The Orthopedics Curriculum Content Report was distributed to MSEC members earlier this morning. It was suggested that members review the report after the meeting and the content report could be discussed at the June meeting if necessary.

**No action was taken on the Orthopedic Curriculum Content Report.**

*The Orthopedic Curriculum Content Report was shared with MSEC Members via OneDrive document storage.*

The MSEC meeting adjourned at 4:21 p.m.

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### **MSEC Meeting Documents**

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

**If you are unable to access the One Drive link or have not set up your OneDrive contact: Matthew Carroll, Instructional Design and Technology Manager at: [carrollmo@etsu.edu](mailto:carrollmo@etsu.edu). Telephone contact is: 423-439-2407.**

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

June 16, 2020 – 1:30 - 3:00 pm – Zoom meeting

June 16, 2020 – **Annual Meeting** 3:30-5:00 pm – Zoom meeting

**MSEC Meeting Dates 2020-2021: \* NOT the 3<sup>rd</sup> Tuesday of the month**

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

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

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

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

November 10 – 3:30-6:00 pm\* - TBD  
December 15 – 3:30-6:00 pm - TBD  
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