



Medical Student Education Committee (MSEC) Minutes May 7, 2019

The Medical Student Education Committee of the Quillen College of Medicine met on
Tuesday, May 7, 2019 in C000, Stanton-Gerber Hall, Building 178

Attendance

Faculty Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Ivy Click, EdD
Thomas Ecay, PhD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Robert Schoborg, PhD
Amanda Stoltz, MD

Student Members

Hunter Bratton, M3
Sarah Allen Ray, M1

Ex Officio Voting Members

Theresa Lura, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Guests

Robert Acuff, PhD

Academic Affairs Staff

Lorena Burton, CAP
Mariela McCandless, MPH
Skylar Moore, BSPH
Cathy Peeples, MPH

1. Approve: Minutes from April 16, 2019 & Announcements

Dr. McGowen opened the MSEC meeting at 3:31 pm with a quorum present. The April 16, 2019 Minutes were approved as received by MSEC.

Dr. Monaco made a motion to accept the April 16, 2019 Minutes as distributed. Dr. Johnson seconded the motion. MSEC voted to approve the April 16, 2019 minutes. Dr. Ecay abstained from voting.

The following announcements were made:

A request for content report volunteers continues. The subject of the content topic is open to the presenter. A list of content reports previously presented is available on the MSEC Web page.

To-date there have been no volunteers identified. Assistance is available. Please contact Dr. McGowen or Dr. Olive with your content topic interest.

The accreditation documents were sent to the Medical School Advisory Group (consultant) today. A daylong conference call will take place in approximately one (1) month to review what was sent to them. The full report will be sent to LCME in August 2019. A mock site visit is scheduled with two (2) of the Medical School Advisory Group members the week after Labor Day, September 8-10, 2019, and the actual site visit will take place October 27-30, 2019.

The MSEC Meeting minutes for April 16, 2019 are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

2. Follow-up: Class Rank Information

Dr. Olive followed up on the discussion of Pass/Fail grading and the calculation and reporting of class rank. The Registrar's office confirmed they will be calculating and reporting class rank at:

- 1) End of the M2 year
- 2) At a point in the M3 year as needed for administrative purposes.
- 3) End of the M3 year for the Medical Student Performance Evaluation (MSPE) letter. The student grade class rank reported in the M3 year will include the calculations from M1 through M3 years.

MSEC discussed how credit hours are calculated for the clerkships (two [2] credit hours per week of clerkship duration), and reported in the MSPE. Class rank determination for students who are off-cycle typically includes the late completed clerkships (credit hours), but there have been rare instances where a later completion of a clerkship may not have been included in the calculation of the final class rank for the rest of the class.

3. Discussion/Action: Passing Grade Threshold

Sarah Allen Ray, M1 MSEC Representative, spoke to MSEC regarding the adoption of a standard of 70% being the passing grade threshold for all courses and clerkships. Sarah Allen identified that with the implementation of a Pass/Fail grade system, there should be discussion now about establishing a passing grade threshold. She stated that a review of other schools' handbooks indicated that most schools have a Pass/Fail grading system with a 70% or above as a passing grade threshold.

Dr. Olive stated that his review of ETSU and College of Medicine policies did not identify a 70% passing grade policy, but rather it seemed to be a "practice" by course directors. There are some course directors though, that are concerned that the practice of the 70% passing threshold needs to be raised to 75% in an effort to identify the students who are close to passing, but struggle throughout the year(s). There is a concern that with a Pass/Fail grading system these students will put forth effort "only to pass" and will not master material sufficiently. MSEC discussed that adopting a 70% passing grade policy would take the decision on a passing score from the course and clerkship directors.

MSEC discussed a variety of issues related to this decision, including: a course or clerkship director could change the difficulty of a grade component to counteract a 70% passing grade; passing grades for components of the course or clerkship in addition to exam averages are used in many courses (e.g., must pass the majority of exams, not just have a passing average); and courses that already have a Pass/Fail grading system or rubric to identify the passing of a course. It was suggested that MSEC make a recommendation to maintain a practice of using a 70% passing grade rather than establishing a policy for the next academic year. It would be a useful exercise to ask course and clerkship directors to respond as a group to develop standards for a passing grade. Sarah Allen concurred that there should not be changes made at this time without faculty input. A recommendation will be administratively drafted and sent to all course and clerkship directors.

Dr. Click made a motion to recommend to course and clerkship directors that no changes be made over the next year to the current practice of using 70% as a passing grade percentage. Dr. Monaco seconded the motion. MSEC voted to approve the motion.

4. Report: Year 2 Questionnaire

Dr. McGowen reviewed the 2018 Year 2 Questionnaire summary report administered by the Association of American Medical Colleges (AAMC). The report allows MSEC to have insight into M2 student perceptions of the College of Medicine (COM) experiences in comparison to national averages. The questionnaire covers: the learning environment, student well-being, tolerance for ambiguity, quality of life, perceived stress, career plans/path/future, personal and professional development, experiences with faculty, and financial concerns. COM students responded in ways similar to the national sample in many areas, although there were slightly lower ratings of some learning environment measures. The overall COM satisfaction with medical education was 78% in comparison to the national average of 83%. The COM in-class attendance "often/most of time" continues to decline at 32% compared to the 44% national average, although the national trend indicates in-class attendance is declining nationally. Interest in potential career paths for COM students show a higher than national average interest in Family Medicine. Dr. Olive noted that this year's M2 students have experienced more curriculum changes than other M2 years and this could be making the students feel a little singled-out and perhaps this is reflected in some of the lower ratings. It is important for MSEC and faculty to be aware of what our students have experienced and could be feeling as they responded to this questionnaire.

The Year 2 Questionnaire presentation is shared with MSEC members via a One Drive document storage option.

5. Report/Approve: M1/M2 Review Subcommittee Reports 2018-2019 Fall Comprehensive

- **M1 Clinical Epidemiology & Biostatistics – Course Director: Jerald Mullersman, MD, PhD, MPH**

Dr. Acuff presented the M1/M2 Review Subcommittee's Comprehensive review of the M1 course. The course name (Clinical and Epidemiology & Biostatistics), credit hours (2), and placement of the course (spring to fall) were approved for change by MSEC and became effective with the delivery of the 2018-2019 course. The course is solely taught by Dr. Mullersman. The course has mapped its course objectives to the College of Medicine Institutional Educational Objectives.

The subcommittee noted that strengths of the course include:

- Dr. Mullersman’s experience as a physician with an MPH who is very knowledgeable concerning biostatistics and epidemiology.
- The students like the bonus assignments and that exams were promptly returned. They appreciate the Tegrity recordings and the posted study guides focusing on learning objectives of the course.

Areas noted for improvement include:

- Students need direction in undertaking practice questions and problems in the textbook.
- There is a need for additional formative assessment and small group learning.
- Homework grading was slow in coming back and some students felt it was subjective and inconsistent.
- Improvements to the D2L site to aid ease of use and location of documents
- More interactive classes to allow students to work on/interpret math-based biostatic problems.

The course director has already identified changes for the 2019-2020 course to address the areas noted for improvement and the subcommittee concurs with these planned changes. Dr. Olive noted that Dr. Mullersman had also met with him and suggested good ideas for changes to the course.

Short and Long-Term Recommendations to MSEC:

- Consider an administrative D2L site or D2L master template to ensure scheduling documents and other information, i.e., syllabi are included and located the same in all D2L sites. This would allow for changes and reminders to be pushed to students via D2L as they occur.
 - Currently the master, comprehensive M1/M2 course schedule is on the Academic Affairs website.

MSEC discussed the report’s recommendation of an administrative D2L site or D2L template and understood the students’ need for consistency among D2L course sites to ease locating the course schedules and reference documents. Rachel Walden stated that Academic Technology Services (ATS) is set up to assist with creating a “master organizational plan”. They will work with a single course director or a group of course directors. MSEC discussion concluded that all courses are different and one template may not work for all, but some standards for what needs to be included would help. Dr. McGowen reminded MSEC that ATS presented at the last Preclerkship Faculty Development Luncheon on this subject and the session was recorded. Dr. Schoborg will follow up with Matthew Carroll to confirm the recorded session is available to all faculty.

The course does not have an NBME Subject exam and the external national measure of course success is STEP 1 which was reviewed.

Student evaluations of the course for the past three years have been:

2018-19 Fall	2.51	Mullersman
2017-18 Fall	3.32	Mullersman
2016-17 Spring	4.30	Bailey

Dr. McGowen noted that next year, the M1/M2 course reviews will be done administratively as it will be the year to review the curriculum as a whole. Because of the problems in the course last year and plans for revising it this year, the M1/M2 Review Subcommittee asked that an exception be made and that the course be reviewed next year by the M1/M2 Review Subcommittee, rather than an Administrative review.

Dr. Schoborg made a motion to have the M1/M2 Review Subcommittee complete the 2019-2020 Annual Review of the Clinical Epidemiology and Biostatistics course rather than an Administrative Review as per the Periodic and Comprehensive Review schedule for 2019-2020. Dr. Lura seconded the motion. MSEC voted to approve the motion.

MSEC voted to approve the M1/M2 Review Subcommittee Comprehensive Review of the Clinical Epidemiology and Biostatistics course as delivered.

The M1/M2 Review Subcommittee Comprehensive Review of the Clinical Epidemiology and Biostatistics course is shared with MSEC members via a One Drive document storage option.

6. Report: LCME Standard/Element Review – Element 7.5 Societal Problems

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

Prior to the meeting, the LCME Data Collection Instrument (DCI) table summary for this element was sent to MSEC for review. Dr. McGowen stated that after sending to MSEC, the format of the DCI table was reorganized and the content tables were placed in an appendix of the DCI and submitted with the summary paragraph responses.

Dr. McGowen reviewed the LCME requirements of the element.

The element asks that five common societal problems are identified and described to include where they are taught and how they are assessed. In addition, each societal problem is to be described to include: how the problem was selected, where it is taught and assessed, and the course and clerkship objectives that address the diagnosis, prevention, appropriate reporting, and treatment.

The LCME Self-Study document asks us to evaluate what we do and whether it prepares students sufficiently. The key components are: the evaluative nature, students are able to recognize and address the consequences of societal issues; and to some extent reflects our mission and location.

Dr. McGowen walked through MSEC's process of identifying and selecting the societal issues. A broad approach was taken to include the following societal issues:

1. Nutrition / Physical Activity
2. Education / Health Literacy / Poverty
3. Substance abuse (including tobacco, opioids, alcohol, illicit drugs, and prescription medications)
4. Family and Interpersonal Violence

5. Health Disparities / Discrimination / Cultural Competence / Access to care

All of the societal issues are mapped to the curriculum database. The Graduate Questionnaire questions indicate our graduates feel well prepared to recognize and treat patients in this area. Copies of the summary paragraph responses were reviewed with hard copies provided.

MSEC was asked to comment on the adequacy of the report and content covered. The following input was received:

- Coverage of “disability” under Health Disparities/Health Discrimination/Cultural Competence/Access to Care - health disparities related to people with different types of disabilities. Where this is covered in the curriculum is not identified. Dr. Lura stated that it was intermittently discussed in the Keystone course, but not recently.
- Dr. Olive said disparities related to specific subcultures was identified a little bit in the Human Sexuality II workshop with respect to LGBT populations and barriers to them seeking care. Dr. Lura said the LGBT perspective was also addressed in the Keystone course.
- Dr. Schoborg spoke to the societal problem area identified as Family and Interpersonal Violence where the coverage in the curriculum seemed less in depth than the depth of coverage for other societal problem areas. Discussion included that this societal issue is more specific and therefore the coverage reflects the more narrow focus.
- Dr. Bird expected Substance Abuse to have more coverage because it is an illness that requires treatment. Dr. Abercrombie reminded MSEC that Substance Abuse was identified as a Thread and has been singled out to be reviewed for content coverage across the curriculum with short- and long-term recommendations to be identified as needed. This shows the importance of ensuring that there is sufficient content coverage in the curriculum across all four (4) years.

MSEC consensus was that lower content coverage for a specific societal problem did not mean that there was inadequate content coverage, but that there may not be an objective identified for every societal problem in the courses and clerkships.

Dr. Bird made a motion to accept the Element 7.5 Societal Problems Report as representative of adequate coverage in the curriculum for the five (5) Societal Issues identified by MSEC. Dr. Monaco seconded the motion. MSEC unanimously voted to accept the Element 7.5 Societal Problems Report as delivered.

The LCME Element 7.5 Societal Issues presentation is shared with MSEC members via a One Drive document storage option.

7. Curriculum Content Report/Approve: Infertility

Dr. Olive presented a report on Infertility content in the curriculum. Drs. Ecaj, Monaco, and Ransom provided input to the report. There is basic science background that the students need to understand Infertility and a fair amount of that is covered in the M1 year with Cell & Tissue Biology; Physiology; and Genetics courses. In the M2 year, the Pathology, Doctoring II, and Microbiology/Immunology courses have related content coverage. In the M3 year, the OB-GYN Clerkship devotes a significant time teaching about Infertility. Dr. Ransom felt the content coverage in the curriculum was more than sufficient.

MSEC unanimously voted to accept the curriculum content coverage for Infertility as sufficient.

The Curriculum Content Report for Infertility is shared with MSEC members via a One Drive document storage option.

8. Curriculum Content Report Update: Healthcare Quality Improvement

Dr. Olive presented an updated curriculum content report for Healthcare Quality Improvement with additional content incorporated into the report originally presented at the April 2019 MSEC meeting. Additional coverage was added to the Doctoring I course, Doctoring II course, Medical Pharmacology course, Doctoring III course, Family Medicine Clerkship, Internal Medicine Clerkship, Surgery Clerkship, and the Keystone course.

MSEC unanimously voted to accept the curriculum content coverage as updated for Healthcare Quality Improvement as sufficient.

The Updated Curriculum Content Report for Infertility is shared with MSEC members via a One Drive document storage option.

9. Report: Financial Aid

Dr. Olive presented data from the Financial Aid office on the financial aid assistance given to the COM students. Students receive training sessions throughout their M1-M4 years (introductory session, periodic lunch and learn sessions, Keystone course required session followed by a one-on-one session), email reminders, and one-on-one assistance offered from the COM Financial Aid office. Data on available scholarship funds and current and past student tuition fees is made available from the Financial Aid office. Students are kept abreast of their student indebtedness level and offered assistance with lowering and/or maintaining a lower indebtedness level. In the M4 year, students must complete an on-line student loan exit counseling session. Dr. Olive noted that as part of the Liaison Committee on Medical Education (LCME) Continuous Quality Improvement (CQI) Policy student indebtedness, scholarships, and endowments are reviewed on a continual basis.

12.1 Financial Aid/ Debt Management	<ul style="list-style-type: none">•LSSR Student Debt Report•Scholarship Report•Endowment Report
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MSEC discussed the COM reduction in loan indebtedness from 2017-2018 to 2018-2019 and asked if there was a need for a general financial needs course for the students, either prior to attending COM or within the first year of attendance. Dr. Olive stated that throughout the M1-M4 years, students are encouraged to meet with the Financial Aid office and that students do receive email reminders about deadlines related to receipt of financial aid. During interview days with new students, the Financial Aid office meets with the students. Dr. Lura stated that the AAMC is a good resource for students and the AAMC staff provide a Keystone presentation.

The Financial Aid presentation is shared with MSEC members via a One Drive document storage option.

10. Report/Action: Balance of Inpatient/Outpatient Clinical Experiences

Dr. McGowen reviewed responses to LCME Elements 6.4 Inpatient/Outpatient Experiences, 5.5 Resources for Clinical Instruction, and 8.6 Monitoring of Completion of Required Clinical Experiences. Each of the Elements has related information that must be considered when responding to the LCME Self-Study, Data Collection Instrument (DCI), Narrative Responses, and Team Reports. Data came from: 1) clerkship directors' responses on their submitted self-studies; 2) student responses about the types and variety of patients reported on the clerkship evaluations; 3) student responses to patient load experiences; 4) student responses to whether the performed skills were in the inpatient or outpatient location; and 5) Review Subcommittees' determination that required experiences are adequate with balanced experiences and coverage.

Dr. McGowen asked MSEC, after reviewing all of the presented data, to answer the question: **Is the balance of inpatient and ambulatory clinical experiences adequate to meet goals of the clinical educational program?**

MSEC discussed the low outpatient percentage reported for the Psychiatry and Surgery Clerkships. Dr. Bird, Psychiatry Clerkship Director, stated that the outpatient clinic is not made available at this time due to the nature of the patients seen, but that students spend a half-day at Overmountain Recovery, participating in outpatient care. In 2019-2020, the Psychiatry Clerkship plans to add additional clinical sites as available for student rotations. MSEC appreciated the detailed explanation and continued to be concerned with the reported outpatient experience percentage for the Surgery Clerkship. Hunter Bratton, M4 Student Representative, stated he received 1 (one) half-day outpatient clinic rotation while on the Surgery Clerkship. The last M3/M4 Review Subcommittee Annual Review of the Surgery Clerkship did not identify the percentage mix as being a concern. The M3/M4 Review Subcommittee Comprehensive Review of the Surgery Clerkship will be coming to MSEC in the next few months and this may be an area that needs to be reviewed closely.

Dr. Moore made a motion to accept that the **overall** balance of inpatient and ambulatory clinical experiences is adequate to meet the goals of the clinical educational program. Dr. Lura seconded the motion. There were eleven (11) YES; zero (0) NO; and two (2) abstentions. The motion passed.

NOTE: Dr. Olive contacted Dr. Lasky, Surgery Clerkship Director and reviewed the reported outpatient percentage in both the 2017-2018 Annual and 2018-2019 Comprehensive Self-Studies. **Both Dr. Lasky and the Self-Studies reported a higher percentage (15%) of outpatient experiences than was reported in the table presented at MSEC. The DCI will be corrected to reflect the accurate percentage (15%).**

11. Update: SGEA Meeting Information

The Southern Group on Educational Affairs (SGEA) held its Regional Conference in April 2019. Attendees from the COM included: Hunter Bratton, M4; Mariela McCandless, Medical Education Coordinator; and Cathy Peeples, Clinical Medical Education Coordinator. Each of the attendees briefly summarized their "take-away" from the conference sessions. Each of them may be contacted for additional information on the sessions or the conference they attended.

- Hunter Bratton – Interactive session from Texas A & M regarding incorporating mental health into a Transition course OSCE and an Interprofessional session that incorporated the culinary arts.
- Mariela McCandless – Presentation related to using an Aquifer software product to tie basic science curriculum to the clinical curriculum.
- Cathy Peeples – Presentation related to STEP 1, curriculum development, clinical experiences, and an EPA based assessment system.

MSEC noted that Hunter Bratton also presented a poster at SGEA.

The MSEC meeting adjourned at 6:05 p.m.

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

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

Matthew Carroll, Instructional Design
and Technology Manager
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MSEC Meeting Dates 2018-2019: * NOT 3rd Tuesday

May 21, 2019 – 3:30-6:00 pm – C000
June 11, 2019 – **Retreat** 11:30 am-3:00 pm* - C003
June 11, 2019 - **Annual Meeting** - 3:30-5:00 pm* - Large auditorium

MSEC Meeting Dates 2019-2020: * NOT 3rd 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 – **Annual Meeting** 3:30-5:00 pm – TBD