



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, September 15, 2020, via Zoom meeting.

Attendance (remove any not present)

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Thomas Ecay, PhD	<u>Academic Affairs Staff</u>
Russell Hayman, PhD	Mariela McCandless, MPH
Jon Jones, MD	Skylar Moore, HCMC, BSPH
Paul Monaco, PhD	Dakotah Phillips, BSPH
Mitch Robinson, PhD	
Robert Schoborg, PhD	<u>Subcommittee Chairs</u>
	Robert Acuff, PhD
<u>Student Members</u>	
R J Black, M2	<u>Guests</u>
	Lorena Burton, CAP
<u>Ex Officio Voting Members</u>	Leon Dumas, MD
Joe Florence, MD	Natasha Gouge, PhD
Tom Kwasigroch, PhD	Theo Hagg, MD, PhD
Rachel Walden, MLIS	Jerald Mullersman, MD, PhD
	Allen Musil, MD
	Cathy Peeples, MPH
	Tory Street, AD

Meeting Minutes

1. Approve: Minutes from September 1, 2020 Meeting.

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the September 1, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

Dr. Monaco made a motion to accept the September 1, 2020 minutes as presented. Dr. Abercrombie seconded the motion. MSEC approved the motion.

The MSEC minutes for September 1, 2020 were shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Curriculum Transformation Steering Committee Town Hall Meeting – An email was sent out announcing a town hall meeting on Tuesday, September 22 at 5:00 p.m. Pre-registration is not required but encouraged to have an idea of who is coming to pre-assign breakout rooms if possible.
- Faculty Development – There is an upcoming faculty development meeting on October 7 at 12:15 p.m. called “Wellness Developing Team Resilience” presented by Dr. Diana Heiman and Dr. Amy Johnson. On October 28 at 3:30 p.m., Dr. Robert Schoborg will be presenting “Active Learning and Online Environment.”
- Room reservations for the spring semester for Building 60 need to be made by October 5.

2. Report: M1M2 Review Subcommittee 2019-2020 Reports

- M1 - Doctoring I

Dr. Acuff presented an administrative review for the Doctoring I course. He noted that Dr. Lura was the course director at the time the iteration of this course was reviewed. Dr. Jerald Mullersman has now taken over as course director with Dr. Lura’s retirement. The course objectives are mapped; however, the session objectives are not completed but each individual section leader will review their material ongoing and this will be done in the near future. A table was provided showing the components that make up Doctoring I and their individual evaluations by students for the current year and the past several years, including division between generalist track and rural track. Dr. Acuff said although there are still some issues to address, improvement is noted with each iteration of the course.

The student evaluations of faculty were good. Faculty scores were in the upper 3.0s to upper 4.0s. Faculty dedication and enthusiasm were listed as strengths in the evaluations. Students felt the faculty were flexible and tried to meet the students’ needs. The overall evaluation score of the course has increased each year.

Weaknesses noted in the course were needing more time with standardized patients (SPs) and more time with physical exams. Dr. Acuff stated physical exam faculty have made opportunities for students; however, students did not always take advantage of these opportunities. Gaining access to medical equipment such as stethoscopes and blood pressure devices, etc. for OSCE practice was also noted to be a problem as well as gaining access to the clinical exam rooms in Building 60 after-hours. Inconsistent grading by faculty facilitators in case-based learning was also listed as a weakness. Organization was another source of frustration, which has also been an issue in other courses; however, organization on D2L for Doctoring I, in any other manner besides the dates, seems to be very cumbersome. The review committee had no suggestions for this issue and students did not make any suggestions on evaluations. Students would also like to see better alignment of the basic science material and where it is placed in Doctoring I. Some of these issues have been stated on previous evaluations and some of them have tried to be addressed by each section leader. Dr. Mullersman has already addressed some of these issues.

The recommendations to MSEC were:

1. Access to medical equipment to practice for the OSCE
2. Access to Building 60 and the clinical exam rooms for medical student use after hours
3. Better alignment of Basic Science material and where placed in Doctoring I
4. Grading of individual components of Doctoring I (where and the achievement of parity between SPs, CBL group facilitators, etc.)

Dr. Click stated that Dr. Mullersman had responded by email to some of the issues noted in the self-study, and Doctoring I had already submitted a Course CQI Plan for the year, which addressed the changes to ensure parity of grading in CBL. Dr. Click asked Dr. Mullersman if he would like to comment, and he stated that some of the issues Dr. Lura had noted seemed to be persistent issues and he would try to keep those in mind going forward. Regarding Doctoring I paralleling the basic science courses, Dr. Mullersman felt the physical exam skills were appropriately set up to parallel anatomy and thought case-based learning was also set up well though it tended to lag the parallel to basic science courses slightly. Dr. Mullersman stated this was to ensure that students had sufficient foundation from the basic science courses to engage with the cases presented. Other than those two modules, Dr. Mullersman did not think there were any other modules striving to parallel the basic science courses. He would like to have specific student input to extract some specific information that could potentially be acted on.

Dr. Click asked Dr. Olive to speak to the issue of medical equipment for practice. Dr. Olive stated that Building 60 housed a large amount of expensive equipment and did not have open access to the exam rooms to practice at any given time. There are additional concerns with accessing the building now with COVID-19. He stated students were not required to purchase their own diagnostic equipment because of the expense. Academic Affairs has not purchased equipment for students to check out because of fear of loss of the equipment. Dr. Olive suggested letting students sign up for individual sessions in one of the standardized patient areas in Building 1 or investigate access with Building 60 management. Dr. Florence thought students should purchase their own physical exam equipment. Requiring the equipment and bundling the cost into financial aid was discussed. Dr. Abercrombie said her main concern was having access to the equipment for the skills and if we did not require them to purchase the equipment, we have to make sure access is provided. She pointed out that the SIM lab in Stanton-Gerber has a swipe card access room that can be accessed outside of normal hours if the building was open, which would address the second recommendation. Dr. Olive stated this was also something that could be done with the standardized patient space in Building 1. Dr. Kwasigroch noted there used to be a requirement that students had to have their own equipment and since it is not a good idea to be sharing equipment now, that requirement probably should be reinvestigated. He said if MSEC felt that students had to have their own equipment as soon as possible, financial aid could be addressed with regard to that, but students should be provided with advice about where to go to get the best possible equipment at the least expensive price for financial aid purposes. Dr. Mullersman asked how to provide reasonable protection for the students in the setting of the pandemic in terms of sharing equipment and if that shifted the obligation for the purchase away from the students towards the university. Dr. Click restated the options, one of requiring the students to have the equipment and paying for it with their financial aid and the other option would be for the college to provide the equipment.

Dr. Abercrombie made a motion to require administration to investigate student access to physical exam equipment. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

Dr. Click called for a vote on the Doctoring I Administrative Review. MSEC discussed and accepted the Doctoring I Administrative Review as presented.

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

3. Update/Approve: Introduction to Clinical Psych Admin Review Recommendations and Course CQI Plan

Dr. Click recalled that the Introduction to Clinical Psychiatry administrative review and Course CQI Plan had been tabled from a previous meeting, and Dr. Gouge was asked to bring that back at a later time. There were some concerns regarding the quizzes and the NBME percentage of the final grade and whether it should be part of this course or weighted differently, etc. Dr. Click opened the floor to Dr. Gouge to discuss the changes she had made to the course.

Dr. Gouge stated that one major change being made was trying to shift the focus more to active learning and less reliant on independent internalization of the lectures with quizzes and exams. Dr. Gouge reviewed the previous point percentage breakdown from 2019-2020, which showed the NBME exam was planned to be weighted at 15% and a final exam weighted at 20% of the total grade. For the 2020-2021 academic year, Dr. Gouge is proposing a new percentage breakdown consisting of 10% discussion forum participation, 35% content quizzes (7 quizzes x 5% each), 10% risk assessment critique, 35% standardized patient assessment, and 10% NBME. For the discussion forum participation, students would pick 10 topics covered over the semester and submit one to three questions that they would like to ask an expert panel. Dr. Gouge would consolidate those questions into themes, contact psychiatry experts, and moderate recorded Zoom interviews and post those to D2L as formative feedback so the students could get answers to their questions. Content quizzes will be based on video reviews, content outlines, and the DSM-V and include exposure to the USMLE questions. The quizzes can be taken at any time, but they can only be taken once, and the quizzes will be timed. The risk assessment critique would consist of reviewing a variety of risk assessment vignettes, transcripts, and videos then completing a quiz. There will be a D2L section available as an optional study tool devoted to NBME prep with materials and recordings from multidisciplinary sources (including other courses) and an ICP question bank with USMLE-style questions that can be taken an unlimited amount of times for practice but is not required. The SP assessment will account for 35% of the overall course grade and include a mock diagnostic intake with 5% based on the standardized patient completion of a rubric based on their patient experience in the interview, 10% based on the medical student's self-assessment of certain criteria, and 20% would be a summary write-up. The write-up will include the intake interview, mental status exam, risk assessment, screening data, and clinical impressions with future considerations based on what has been covered up to that point in the class. Students will be provided with examples and templates of what a diagnostic write-up would look like. Students would have about a week from the time that they do their interview with the standardized patient to turn in the summary so they could think through and integrate what had been covered in class and then process what they collected in their notes. Dr. Gouge has also gone through the schedules for pharmacology and neuroscience and tried to map where there is potential overlap. Unfortunately, there is a lot of potentially overlapping material covered before the psychiatry class begins so Dr. Gouge does not feel there is much opportunity for integration. Dr. Gouge would like to check with other course directors to see if there are additional links, resources, or reminders that she can embed to remind students of material they have previously covered in another course.

Dr. Click commended Dr. Gouge on the effort put into course improvements and stated she was impressed with the plan and asked if anyone had any questions for Dr. Gouge.

Dr. Musil, the Department of Psychiatry chair, spoke and confirmed that the department still fully accepted responsibility for teaching medical students, not just for this course but others as well, and he thought Dr. Gouge had been fantastic with taking the reins and running things and the department was fully supporting her financially and with mentoring. Dr. Bird had been helping along the way and the department would continue their support of Dr. Gouge.

Dr. Click asked Dr. Gouge if there was anything in her Course CQI Plan that had not already been addressed. Dr. Gouge stated the Course CQI Plan broke things down into more steps with the goal being to diversify assignments and have more active learning and better coordination with other courses, but

she did not think there was anything on the Course CQI Plan that had not already been covered in her presentation. Dr. Olive noted that MSEC would need to take action on approving an exception to the policy to allow the NBME to be weighted at 10%. Dr. Click stated the recommendation from the previous course review was to consider whether the NBME was appropriate or should it be weighted less. Dr. Monaco asked if the weighting for the NBME was supposed to be equivalent to the sectional exam. Dr. Olive confirmed that it was but stated there was no sectional exam for this course. Dr. Click noted there were other quizzes with lower weightings, but there was not a sectional exam in the traditional sense.

Dr. Hayman made a motion to accept the course director's plan to have the ICP NBME weighted at 10%. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.

Dr. Click pointed out there were previous concerns during the last meeting about students being able to do a mental status exam either before the Transitions Course or through the Transitions Course so this will address that concern as well. Dr. Click stated that MSEC also needed to vote to approve the Course CQI Plan.

Dr. Schoborg made a motion to approve the Introduction to Clinical Psychiatry Course CQI Plan as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the motion.

Dr. Click also noted that the course review from the previous meeting had been tabled waiting for Dr. Gouge to come back, and she believed Dr. Gouge had addressed the recommendations from the review subcommittee. Dr. Click suggested Dr. Acuff make a comment or an amendment to the review that the course director's Course CQI Plan addressed the concerns of the committee. Dr. Acuff said he would add to the review that the Course CQI Plan going forward would rectify many of the problems that were cited.

Dr. Monaco made a motion to remove the previously tabled Introduction to Clinical Psychiatry Administrative Review, edit it with the amendment that Dr. Gouge's Course CQI Plan addresses the concerns and approve the administrative review as presented. MSEC discussed and approved the motion.

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

4. Report: Outcomes Subcommittee Quarterly Report

Dr. Click presented the Outcomes Subcommittee Quarterly Report noting that it used many of the new benchmarks that were previously approved and the majority of the benchmarks were met.

Benchmarks met:

- Professionalism 1 reported less than 20% of M1-M2 students receiving a professionalism incident report. (benchmark is <20%)
- Professionalism 2 reported less than 10% of M3-M4 students receiving a professionalism incident report. (benchmark is <10%)
- Professionalism 4 reported 99% of students were rated as having "no concerns" on the professionalism item. (benchmark is 90%)
- Personal and Professional Development 2 reported 87.93% of students felt prepared or well prepared to recognize and address personal stressors or academic challenges, which was obtained from the M4 Wrap Up survey. (benchmark is 85%)

- Interprofessional and Communication Skills 4 reported 99% of students were rated as showing “no concerns” on their clerkship assessment question addressing communication skills. (benchmark is 95%)
- Interprofessional Collaboration 3 reported 100% of students were rated at or above “building competence” on the M3 clerkship assessment question addressing relationships with healthcare team. (benchmark is 95%)
- Knowledge for Practice 5b reports 5.19% of students scored at or below the 5th percentile on the NBME end of year exams or other nationally normed exams. This was previously reported with all of the individual clerkship results instead of an overall perspective. (benchmark is <10%)
- Patient Care 2 reported 100% of students were rated at or above “meet all expectations” on the clerkship assessment question addressing patient care. (benchmark is 95%)
- Practice Based Learning and Improvement 3 reported 100% of students were rated at or above “building competence” on more than 95% of their clerkship assessment questions addressing Practice Based Learning and Improvement (PBLI). This rating was complicated as there is not just one question related to PBLI on the M3 faculty assessment of students . To get the results, three questions were used, and the multiple faculty assessments of each student were multiplied to get the students individual rating, then the individual ratings were averaged to get an overall score. (benchmark is 95%)
- Program Benchmark 2: Curricular questions with greater than a 15% rating of poor overall dissatisfaction (on GQ) will be targeted for a review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum. The Outcomes Subcommittee recommends this be reviewed by the new Phase Review Subcommittee. The Outcomes Subcommittee determined that this is looking at whether the content is covered sufficiently in the curriculum and is not necessarily an outcomes issue.
- Program Benchmark 7 reported 97% of students in the classes of 2013 through 2017 passed Step 3 on their first attempt. The national average for that same period of time is 97.8%. The class of 2017 was the last class we were able to get this data for and 99% of those students passed Step 3 on their first attempt. The national average for that year was 98%.

Benchmarks partially met:

- Program Benchmark 1 was reworded from being about specific course evaluations to now stating that 85% of students will report satisfaction with the overall quality of their academic year. The data was taken from the retrospective surveys that were done in 2019-2020 and the M4 wrap-up survey. All of the ratings were over 85% other than the M2 class, which did not meet the benchmark, having a 72.88% satisfaction rating. The Outcomes Subcommittee recommends that MSEC address the quality of the M2 year.

Benchmarks not met:

- Personal and Professional Development reported 89% of students who utilize Student Mental Health Services will report being at least satisfied with services and care provided, as reflected by GQ responses. (benchmark is 90%) The national average is 74.7% so we are holding ourselves to a higher standard and only missed our higher benchmark by 1%. It should also be noted that this has markedly improved from the previous year as the 2019 GQ showed 67.5% of students being satisfied. This information should be provided to Dr. Kwasigroch and Phil Steffey. The recommendation here is to continue to monitor this.

The benchmark for Systems-Based Practice also requires that multiple questions be aggregated and was not ready for today’s report and will be reported next time. Dr. Click asked if there were any questions and opened the floor for discussion. Regarding the recommendation to address the quality of the M2 year, Dr. Click noted that having the course directors presenting Course CQI Plans and working with the

course directors on content alignment is addressing that recommendation. Dr. Olive commented that the Preclerkship Phase CQI Plan discussed at the August 18th meeting also addressed this.

Dr. Click called for a vote on the Outcomes Subcommittee Quarterly Report. MSEC discussed and accepted the Outcomes Subcommittee Quarterly Report as presented.

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

5. Update/Approve: Approval to Waive Certain Requirements from the List of Procedures/Diagnoses

Dr. Click stated that earlier in the year, MSEC approved a list of required procedures and diagnoses and one of the requirements was an EMS ride-along for students to participate in during the Community Medicine and Rural Primary Care rotations. Unfortunately, that has not been available for our students due to COVID-19 but because this was on the approved list, we need to have a proposal to waive this requirement for the 2020-2021 academic year. For clarification, Dr. Abercrombie asked if they were still going to provide the opportunity if they could, but it was just not going to be a requirement? Dakotah Phillips said that was her understanding and that a couple of the students had been able to do an EMS ride along but not consistently enough for it to be a requirement. Dr. Florence stated that it was difficult because students were restricted from seeing COVID patients, and the EMS system does not know who they are seeing until they get there.

Dr. Monaco made a motion to waive the requirement for an EMS ride-along for Community Medicine and the Rural Track Clerkships. Rachel Walden seconded the motion. MSEC discussed and approved the motion.

The presented EMS Ride along – RPCT and Community Medicine Procedures document is shared with MSEC Members via Microsoft Teams document storage.

6. Discussion/Approve: Course CQI Plans

- Medical Physiology

Dr. Ecay presented the Medical Physiology Course CQI Plan and stated the data used to develop the Course CQI plan was primarily the ISA survey from April of 2018 and the LCME follow up survey from April of 2020. Dissatisfaction with general course organization rose from 13.64% in the April 2018 ISA survey to 18.46% on the April 2020 LCME follow up survey, so Dr. Ecay noted there is work to do on the general course organization. Teaching quality satisfaction had improved from 22.73% in the April 2018 ISA survey to 19.7% in the April 2020 LCME follow up survey; however, this was still above 15% dissatisfaction. Dissatisfaction with overall course quality rose from 10.94% in the April 2018 ISA survey to 15.16% in the April 2020 LCME follow up survey. The goal is to reduce those levels of dissatisfaction to below the 15% mark.

Dr. Ecay described planned interventions to address these issues. For course organization, he plans to increase communication with the students about the expectations and the schedule. Each faculty member is responsible for laying out their expectations and schedules for their own sections. This will be explained in detail in the syllabus. GUTS modules will be introduced at the beginning of each organ section so the students will have some introduction to the basic foundational concepts and vocabulary. Another strategy will be to link the lecture handouts and figures directly back to the textbook so if students are using multiple resources they know how to go back and forth between them and that might also help with their view of the organization of the course. This will impact Goal 2, teaching quality. Strategies for Goal 2 are to add study quizzes to lecture notes for immediate review to help

knowledge retention. Lecture time will be reduced and active learning content will be increased. Flipped classrooms and TBL teaching is being planned for reproductive physiology and immunology because these courses do not overlap. It is hard to do multiple courses on flipped formats at the same time. This process will be refined going forward depending on curriculum revision. The formatting of the lecture notes will be standardized for all sections, so that should address teaching quality to some degree. For overall course quality, the course schedule will be reviewed with Cell and Tissue Biology to improve alignment of topics covered and the integration of structure and function concepts. Feedback will be gathered from student surveys through the AERC representative to monitor student perceptions of course organization and teaching effectiveness.

Dr. Click noted that she thought the Course CQI Plan was appropriate and asked if there were any questions for Dr. Ecay.

Dr. Monaco made a motion to approve the Physiology Course CQI Plan as presented. Dr. Robinson seconded the motion. MSEC discussed and approved the motion.

The presented Physiology Course CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

7. Discussion/Approve: Course Review and Self-Study Rubric for Annual Review and Discussion of Clerkship Review Process

Dr. Click presented the course review rubric. She stated that she and Dr. McGowan took the rubric from MedEd Portal and edited it for our needs. There are two rubrics, one for courses and one for clerkships. There are rating columns for exceeds expectations, meets expectations, and below expectations and a final column for ratings/comments. The elements are organized into sections, which can be reviewed on the rubric document. Specific comments would be expected for anything that is below expectations from the review subcommittee. The rubric is being presented to determine if these elements and expectations are appropriate.

The first rubric discussed was the course rubric. Some of the elements have “yes” or “no” answers and these elements use “meets expectations” for “yes” or “below expectations” for “no.” The elements were reviewed and discussed; however, elements with no discussion are not included here as they can be viewed on the rubric.

- It was noted that the learning environment element has always been included on both course and clerkship evaluations. However, this is not something that the review subcommittees have reported on routinely.
- Discussion regarding the grade breakdown element was that the “95% of students passing” comes from an old outcomes benchmark where 95% of students would pass sectional exams. This could possibly be changed to what we expect as it is unknown if 95% is appropriate for “meets expectations” for pass/fail.
- For NBME performance, “meets expectations” is rated at 50% of students scoring at or above the national means and “exceeds expectations” is 75% of students scoring at or above the national means.
- The element regarding students receiving feedback are questions that are included on the student evaluations.
- There is also a question from the course evaluation form included on the rubric regarding student satisfaction with the quality of teaching. Additionally, faculty themselves are individually assessed, so a question that needs to be addressed is should the rubric ask about individual faculty members since the information is available and if so, is 85% satisfied with

every instructor a reasonable benchmark or should it be that students are satisfied with 85% of instructors? This is something that will need to be determined in what should be reported.

- Discussion regarding if prior required changes to a course have been addressed is something that comes up in every course review as to whether the changes have been made from the previous year.

A table was also included on the rubric to show course trends because this is something that has been requested for evaluations, NBME/Aquifer scores, and the pass/fail ratio for data going back three years. The bottom of the rubric is a comments section to show things that are going well, recommendations for improvement, required changes for next year based on elements that are below expectations, and recommendations for MSEC. Dr. Click opened the floor to discussion.

Discussion of the rubric included:

- Concern with the rating that “at least 85% of students were satisfied or very satisfied with each instructor,” due to new faculty with little experience teaching medical students and the potential to negatively affect their career advancement.
 - Dr. Abercrombie noted that we have noticed issues with individual faculty in the past by including individual faculty ratings.
 - Dr. Click suggested having a lower threshold for each individual instructor if we wanted to consider that.
 - Dr. Schoborg suggested that the review subcommittees include comments giving perspective about individual faculty
 - Dr. Robinson asked about considering only faculty with at least one year in the course when looking at individual faculty satisfaction and giving new faculty a one-year grace period.
- Concern that 85% student satisfaction with overall course quality was not equivalent to our current benchmark of 3.5/5. It was noted that the LCME seemed to use 15% dissatisfaction as their threshold.
- Concerns that student satisfaction could be impacted as the curriculum was reimaged. Dr. Click noted that we would have at least 2 years before that happens and we would need to carefully monitor new courses, although it was expected that evaluations would have some dips.
- Dr. Olive asked if anyone saw anything that would be important for MSEC to know that was missing from the rubric.
- Dr. Hayman asked if there was a place on the rubric form for aggregate issues brought up by student comments. Dr. Click thought those might fall under the recommendations for improvement. Dr. Abercrombie suggested to continue having two separate areas for strengths and weaknesses, one for the course director and one for the students’ comments.

Dr. Click also reviewed the Clerkship Review Report Rubric and noted that the majority of the form was the same as the Course Review Report Rubric. The differences noted in the forms are as follows:

- The clerkship wording was different than course wording and the clerkship form had EPAs in the mapping part at the beginning.
- There is a specific question about resources at the site supporting an effective learning environment that is not included in the course reviews.
- The feedback question is a little bit different in that the students are satisfied with the timeliness and quality of the feedback they received.
- The students received a mid-clerkship review. It is a requirement that all students receive a mid-clerkship review in each clerkship, so this asks whether or not they received them.
- The clerkship review form asks about satisfaction with resident teaching and satisfaction with attending teaching separately.

Dr. Click noted that course and clerkship directors should always have a chance to review the rubric report before it comes to MSEC so they can provide input. Dr. Ecay asked for clarification on the “required changes for next year” language stating it was not the right verbiage because it was a review from a subcommittee who could not require changes. Dr. Click said that could be changed to say “areas not meeting expectations, areas below expectations, or recommendations due to not meeting expectations” or something like that. Dr. Abercrombie suggested changing it to say “areas for Course CQI Plan” because they are below expectations. After more discussion, it was decided to get more input and feedback on the rubric form then make some edits and bring it back to MSEC at a later date.

The Course Review and Self Study Rubric for Annual Review was tabled and will be revisited at a later date once edits have been made to the form.

The presented Course Review and Self Study Rubric for Annual Review document is shared with MSEC Members via Microsoft Teams document storage.

8. Review: GQ Report

Dr. Olive presented the 2019-2020 GQ Report with a PowerPoint presentation summarizing the GQ Report that was sent out to MSEC members for review. Dr. Olive provided benchmarking data, noting that some numbers were so tight that a small percentage in change can actually drop or raise percentiles in a meaningful amount. He pointed out that we had a 96% response rate compared to the national response rate of 82%. Highlights from the presentation included:

- “Overall I am satisfied with the quality of my medical education.” The rating of 83% of students that agreed or strongly agreed was down from the 2019 rating of 93%. This was felt to be representative of the student dissatisfaction that we have been seeing in other surveys reviewed recently and that rating places us just below the 25th percentile.
- “Basic science coursework had sufficient illustrations of clinical relevance.” The rating of 83% of students that agreed or strongly agreed was higher than the national mean of 76%, which puts us between the 50th - 75th percentile range.
- “Required clinical experiences integrated basic science content.” The rating of 83% of students that agreed or strongly agreed was higher than the national mean of 80%, which puts us between the 50th - 75th percentile range.
- “How well did the following course prepare you for clerkships (2016 – 2017)?” Some of the scores in the national percentile were colored green to notate that we were more than 10% higher than the national mean (Genetics, Histology, Immunology, Pharmacology) and other scores in the national percentile were colored red to notate that we were more than 10% lower than the national mean (Neuroscience, Pathophysiology). Overall, we have done well.
- “Rate the quality of your educational experiences in the following clerkships (2018-2019).” Our weakest clerkship is still internal medicine. Seventy-nine percent of the students rated it good or excellent compared to 91% nationally, putting it in less than the 10th percentile. The other clerkships are generally satisfactory.

Dr. Olive summarized by saying that overall, there was an excellent response rate that was better than usual and there are some very positive things in this report. There are areas in the curriculum that are doing well and there are areas that need improvement.

No action was needed for this item.

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

9. Report: Survey Results:

- Resident Match Survey

Dr. Olive presented the resident match survey, which is done in the fourth year during the Doctoring IV Keystone Course in April. The students have gone through the matching process and they know what the outcomes are. Participation is voluntary, and we had an 81% response rate with 56/69 participants.

Over one-fourth of the students got their first choice of residency program, and over half of the students got their first, second, or third choice. About 10% of students got their fourth choice and about 20% got their fifth choice. There were two students who did not match and 13 students who did not participate in the survey. There were three people who said they did not match into my specialty of first choice.

Most students did not do an away rotation at the program where they matched. Only 13 students said they completed an away rotation at the program where they matched.

Students apply to a lot of programs, and on average, these students applied to 46 programs. Students got a mean number of 16.9 interview offers, which is a little over a third of the applications resulting in interview offers, and they got offerings ranging from a low of 3 to a high of 50. Students completed, on average, 12.3 interviews and that is a good number. If a student has 10 – 12 programs on their rank order list, they have a high probability of matching.

When asked now that you have gone through the match, if you were reapplying, how many programs would you apply to, on average they said they would apply to 41.

The more competitive specialties where people apply to many programs are dermatology, ENT, orthopedics, and general surgery.

No action was needed for this item.

The presented Resident Match Survey document is shared with MSEC Members via Microsoft Teams document storage.

10. Discussion/Approve: M4 Hand Surgery Elective

This item was moved to the next meeting.

The presented M4 Hand Surgery Elective document is shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 6:18 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:

October 20 – **Retreat** – 12:30 am-5:30 pm - Zoom meeting

November 3 – 3:30 – 5:30 pm – Zoom meeting
November 17 – 3:30-6:00 pm - Zoom meeting
December 15 – 3:30-6:00 pm - Zoom meeting
January 19, 2021 **Retreat** – 11:30 am-5:00 pm - TBD
February 16 – 3:30-6:00 pm - TBD
March 16 – 3:30-6:00 pm - TBD
April 20 – 3:30-6:00 pm - TBD
May 18 – 3:30-6:00 pm - TBD
June 15 – **Retreat** 11:30 am-3:00 pm – TBD
June 15 - **Annual Meeting** - 3:30-5:00 pm – Lg. Auditorium