



Medical Student Education Committee (MSEC) RETREAT Minutes June 11, 2019

The Medical Student Education Committee of the Quillen College of Medicine met on
Tuesday, June 11, 2019 in C003, Stanton-Gerber Hall, Building 178

Meeting Attendance

Faculty Members

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

Student Members

Not available for this meeting

Ex Officio Voting Members

Theresa Lura, MD
Joe Florence, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Guests

William Dodd, MD
Jerald Mullersman, MD
Matthew Tolliver, MD
David Wood, MD

Academic Affairs Staff

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

Meeting Minutes

1. Approve: Minutes from May 21, 2019 and Announcements:

Dr. McGowen opened the MSEC Retreat meeting at 12:00 pm with a quorum present and asked for approval of the May 21, 2019 Minutes as received by MSEC.

MSEC voted to approve the May 21, 2019 Minutes as received.

The MSEC Meeting minutes for May 21, 2019 are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

The following announcement was made:

A faculty development session will be held on Tuesday, June 25, 2019, beginning at 3:00 pm in the large auditorium. This will be a Medical Education Journal Club presented by Dr. Robert Means, MD. The primary article titled: *Employing a Root Cause Analysis Process to Improve Examination Quality* will be reviewed.

2. Update: USMLE Revised Student Promotions Committee Policy

Cathy Peeples reviewed an adopted Promotions Committee policy with revised time-specific requirements for students attempting, and for passing STEP I. The revisions become effective in academic year 2019-2020.

MSEC discussion of the policy changes included: the policy specifics, including the specific time frames by which students must take STEP 1 and pass STEP 1; the number of times STEP 1 can be attempted before being recommended for dismissal; reasons for and consequences related to the use leaves of absence related to delaying STEP I; the use of "Special Studies" periods for STEP preparation; and the availability of academic support resources.

The USMLE Student Promotions Committee Policy is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

3. Report: LCME Standards-Elements Review: 6.3 Self-Directed and Life Long Learning/8.8 Monitoring Student Time

Dr. Olive reviewed *LCME Elements 6.3 Self-Directed and Life Long Learning* and *8.8 Monitoring Student Time* and our LCME Self-Study response about how we are meeting the Element. A modification of the Element wording previously identified as **self-directed learning experiences and time for independent study** has been changed to **self-directed learning and unscheduled time**. There are four (4) elements that must be included in a single educational activity to satisfy compliance:

1. Student must identify, analyze, and synthesize information
2. Student will assess credibility of sources (resources)
3. Student will share information with peers and supervisors
4. Faculty will deliver feedback to the student on the quality of their information seeking skills

Examples and discussion with MSEC included:

- Doctoring I components – First Patient presentation feedback does not seem to meet these criteria, but Doctoring I Case Based Learning (CBL) feedback should. There may need to be a refresher with the CBL faculty to ensure the feedback is giving sufficient information to the student’s information seeking skills. The Doctoring II POM component will require additional work before meeting all four (4) elements, primarily the feedback on the quality of their information seeking skills. The Immunology component in Microbiology has an activity that would meet all four (4) parts of this element. Clinical Epidemiology and Biostatistics invited further discussion to ensure the element is met in a course activity.
- LCME does not specify how much self-directed learning and unscheduled time the curriculum should have. MSEC determines how much is needed.
- The time needed outside of class to complete required preparatory course requirements should be factored into calculations of required time. Unscheduled time is protected time for the student’s discretionary use.
- It is expected that the LCME site visit will include discussion of the element.

LCME Element 8.8 Monitoring Student Time requires the COM develops and implements effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Examples of how this is completed within the College of Medicine were presented in the PowerPoint and discussed by MSEC.

The Independent Student Analysis (ISA) includes a question about the “appropriateness of number of hours worked” and the percent of students identifying satisfied/very satisfied ranged from 83% to 98%.

Dr. Schoborg made a motion that the review of the College of Medicine (COM) curriculum hours does identify satisfactory coverage and compliance of LCME Elements 6.3 and 8.8. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion.

The LCME Elements 6.3/8.8 PowerPoint presentation is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

Approve: M4 Elective Proposal: Behavioral Pediatrics: A Team Based Interprofessional Approach

Dr. William Dodd and Dr. Matthew Tolliver, Department of Pediatrics, presented a new M4 Elective: *Behavioral Pediatrics: A Team Based Interprofessional Approach*. The elective is not in a typical format, but rather consists of forty-five (45) hours over fifteen (15) sessions of three (3) hours) each in the spring semester. The sessions will include both didactic and clinical setting activities. A maximum of fifteen (15) students will be enrolled at a time. The elective may fulfill direct patient contact with several weeks of system coverage, approximately eight (8) weeks of clinic practice, and every week will utilize standardized patients.

MSEC discussion included how flexible the course could be with make-up assignments or if there could be an option for a student to remotely access a classroom session. The course directors will need to consider options for this possibility. Cathy Peeples stated she would talk with the Registrar's Office to determine the credits to be given for completion of this elective and maintain contact with the course directors to finalize details.

Dr. Florence made a motion to approve the M4 Behavioral Pediatrics Elective. Dr. Bird seconded the motion. MSEC unanimously voted to approve the motion.

The M4 Elective: Behavioral Pediatrics is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

5. MSEC Activity Log 2018-2019

Dr. McGowen presented and explained the process of maintaining the MSEC Activity Log. Each MSEC activity that MSEC takes action on through-out the year is tracked and noted for follow-up if additional MSEC action is required. The 2018-2019 report reflects the total actions taken by MSEC (identified by routine, substantive, and major actions) and those that require additional MSEC review with a recommended action.

Dr. Lura commended the MSEC Chair and support staff for the work they have done to maintain this report.

The 2018-2019 Activity Log presentation is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

6. Approve: Microbiology/Immunology Course NBME Grade Scale

Dr. Hayman presented a request to MSEC for an exception to the COM Policy: *NBME Policy for Preclerkship Courses MSEC 1212-12*, for the Microbiology and Immunology course. The policy states "Preclerkship courses will determine a NBME course grade by using a regression analysis of the NBME subject exam score where the 90th percentile equals a grade of 100% and the 10th percentile equals a grade of 70%." A review of the Microbiology and Immunology course NBME final exam results for the past several years reflects a high percent of students (at least ½ of students) scoring at the 90th percentile. The Microbiology/Immunology course requests a waiver to the policy's stipulations of using the 90th percentile as the point determining 100% and requests for the course this should be raised to the 95th percentile. This would better stratify student success. The 10th percentile would be retained at 70%. In addition the NBME final exam will now be weighted at 15% of overall grade (currently 20%) to comply with the policy.

MSEC approved a similar wavier for the Medical Pharmacology course.

Dr. Moore made a motion to approve a waiver to MSEC Policy 1212-12, for the Microbiology and Immunology course to allow the "95th percentile to equal a grade of 100% and the 10th percentile to equal a grade of 70%." Dr. Lura seconded the motion. MSEC voted to approve the motion. There were two (2) abstentions.

The Microbiology/Immunology NBME Grade Scale presentation is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

7. Report/Action: M1/M2 Review Subcommittee Reports - 2018-2019 Fall Comprehensive

- M1 Cellular & Molecular Medicine (CMM)
- M2 Clinical Neuroscience

Dr. Johnson presented both reports for the M1/M2 Review Subcommittee.

The **M1 Cellular and Molecular Medicine** was received well by the students in 2018-2019. The course used a Team-Based Learning instruction method. Dr. Mitch Robinson was the course director for 2018-2019, but Dr. Rusinol assumes the duties in the 2019-2020 academic year.

Short and Long Term Recommendations to MSEC:

1. Students have voiced a desire to have CMM as a more integrated format with the Genetics lectures being the integrated component of CMM. Students praised the Genetics guest lecturers and recommended that if the Genetics were to be integrated with CMM, the guest lecturers should continue to be part of the Genetics content. Per Dr. Monaco, the guest lecture presentations are about 80% lecture with 20% discussion.

Dr. Monaco, course director for Genetics, was asked to comment on the recommendation. He thought it was to the student's benefit that the courses were now being delivered in the same fall period. There is no Genetics NBME subject exam, but there is a lot of the content found on the Biochemistry NBME; the courses do complement each other. Dr. Monaco was not yet ready to comment on the integration of content into one course.

Dr. Olive noted that a long-term recommendation made to MSEC in 2017-2018 (9/18/18) was to review the integration of course material and both course directors have been asked to consider the recommendation and respond.

The course performance on the NBME is good with an increasing percentage of student scoring at or above the National Mean. A review of the NBME content for the exam showed a good amount of content for Genetics is included.

NBME Score by Year*

	National Mean	Quillen Students at or Above the National Mean	Quillen Students Below the 10 th %tile
2018-2019	67.6	43%	7%
2017-2018	67.9	35%	16%
2016-2017	51	56.94%	5.56%

*NBME scores are not comparable by years as a result in the change of the scoring rubric.

MSEC voted to accept the report with recommendation to MSEC as presented. There were two (2) abstentions.

The **M2 Clinical Neuroscience** has been improving in performance over time under Dr. Eric Beaumont, course director. Many of the previous identified weaknesses over the three (3) year review have been addressed by Dr. Beaumont. Dr. Diego Rodriguez Gill will become the course director in 2019-2020.

Dr. Olive noted that Dr. Rodriguez Gill is actively engaged in planning for the next academic year and has confirmed Neurology teaching for the course. Dr. Rodriguez Gill continues to familiarize himself with the course content and has attended an NBME session in May of this year to learn how NBME content is constructed for the exams.

Short and Long Term Recommendations to MSEC:

1. Continue to monitor the course for Benchmark 2 as it still has not been met; however it is reasonable to expect this will change as the NBME scores continue to improve.

NBME Score by Year*				
	2015-'16	2016-'17	2017-'18	2018-'19
Course Grade Distribution (A's/B's/C's)		26/24/16	56/12/2	33/28/1
NBME Average * (national mean 67.3)	48.4	53.5	68.1	72.3
Student Evaluation Mean	2.37	2.58	3.81	3.48
*NBME scores are not comparable by years as a result in the change of the scoring rubric.				

MSEC voted to accept the report with recommendation to MSEC as presented. There was one (1) abstention.

The M1/M2 Review Subcommittee Reports are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

BREAK – 10 minutes – approximately 1:15-1:25 pm

The agenda was reordered at this point to include additional reports/actions – agenda item # 12

12. Report/Action: Outcomes Subcommittee Quarterly Report

Dr. McGowen presented the Quarterly Outcomes subcommittee report. There were eleven (11) quarterly measures reviewed with seven (7) of them fully met: Program benchmarks 4, 5, 8, and 9; Interpersonal and Communication Skills 2; Medical Knowledge 3; and Patient Care 1.

The Outcomes subcommittee discussed Benchmark 9 - Graduates will practice in rural areas at rates above the national rate. The committee noted that there we have a benchmark for rural areas, but nothing for underserved, which is also part of Quillen’s mission. The subcommittee recommends that this be discussed as part of the evaluation of the curriculum. The Mission Management Tool (where the data to evaluate this benchmark is taken from) identifies rural areas and underserved areas as two (2) different questions.

Three benchmarks had mixed data, but were considered as met upon examining the data in total: Benchmark 6 – In order to address primary care needs of the public, QCOM graduates will obtain PGY 1 residency positions in Family Medicine, Internal Medicine, Pediatrics and OB/GYN above the annually reported national match rates for each specialty. Medicine continues with a trend below the national average, but the four (4) specialties (Family Medicine, Internal Medicine, OB-Gyn, and Pediatrics) combined bring the total primary care to 35.0% and the National Match rate is 35.6% . The recommendation is to have MSEC discuss the IM trend as part of the evaluation of the curriculum.

Medical Knowledge 2 – 50% of students will score at or above the national mean on NBME subject exams. Five (5) of six (6) courses with data considered met the benchmark. Physiology fell slightly short of this measure. The recommendation is to have the established course review procedures followed (M1/M2 Review Subcommittee) for the course specific findings.

Medical Knowledge 5 – Fewer than 10% of students will score at or below the 10th percentile on any NBME end of course exam. Five (5) of six (6) courses with data considered met the benchmark: Cell & Tissue, Intro to Clinical Psychiatry, Medical Pharmacology, Microbiology & Immunology, and Physiology. Pathology did not meet the benchmark. The recommendation is to have the established course review procedures followed (M1/M2 Review Subcommittee) for the course specific findings.

One benchmark was not met:

Patient Care 3 – 95% of students will pass the USMLE Step 2 CS on the first attempt. 90% of students passed USMLE STEP 2 CS on the first attempt. Outcomes subcommittee found it hard to interpret one-year's performance. MSEC has discussed in the past how to best prepare the students for the Integrated Clinical Encounter (ICE). The recommendation is to monitor performance trends after clerkships and Doctoring II efforts to better prepare students to have had sufficient time to be of benefit.

There were two (2) new benchmarks for systems-based practice proposed for the 2019-2020 academic year. The benchmarks utilize the Program Director and Resident Surveys. Both surveys utilize a 3-point scale:

1) Program Directors will rate PGY-1 residents as 2.5 or above, which falls between the ratings of 2 (“approaching”) and 3 (“well prepared”) in having the ability to identify patient safety system failures and contribute to a culture of safety and improvement/error reporting.

2) PGY-1 Residents will rate themselves at 2.5 or above, which falls between the ratings of 2 (“approaching”) and 3 (“well prepared”) as “approaching or well prepared” in having the ability to identify patient safety system failures and contribute to a culture of safety and improvement/error reporting.

In summary the Outcomes subcommittee recommends:

1. No individual course-related recommendations; continue with established procedures for monitoring of individual courses
2. Addressing STEP 2 performance via the clerkships and Doctoring II efforts.
3. Monitor curriculum content in systems based practice.
4. Adopt two (2) new systems based practice benchmarks based on residency program director survey and resident (graduate) survey.

MSEC discussion included:

- The implications for students of STEP failures and whether there are any curriculum implications
- The continued lower rate of students selecting Internal Medicine residency and whether MSEC and/or the College of Medicine need to take any action to address it. Dr. Click identified that she had previously has pulled a lot of this data and in past years (1998-2009) our percent of students going into Internal Medicine residency was higher than the National average (52%). Dr. Click offered to update the information if it would be helpful to the Outcomes subcommittee and/or MSEC. Dr. McGowen thanked Dr. Click for the offer and said it would be helpful. MSEC also concluded that a calculating rolling average over three years of those going into Primary Care would be a better way to look at the numbers rather than for a single year at a time.

Dr. Bird made a motion to accept the report with recommendations to MSEC as presented. Dr. Schoborg seconded the motion. MSEC voted to accept the motion. There were two (2) abstentions.

The Outcomes Subcommittee Quarterly report is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

The agenda returned to its original schedule with agenda item #8

8. Report/Action: M3/M4 Review Subcommittee Reports - Comprehensive Reports 2018-2019

- Internal Medicine Clerkship
- Pediatrics Clerkship
- Ob-Gyn Clerkship
- Community Medicine Clerkship

Dr. Wood presented all of the comprehensive reviews for the M3/M4 Review Subcommittee.

The **Jr. Pediatrics Clerkship** is directed by Dr. Jennifer Gibson. The clerkship has had a consistently strong teaching over the past three (3) years. CLIPP cases (Aquifer) and weekly didactic lectures provide a standardized curriculum and ensure core clerkship learning is provided to all students. There has been increased student access to pediatric subspecialties that allow students to focus on areas of particular interest as well as augment core inpatient and outpatient rotations.

Sequencing is appropriate for the clerkship. Vertical integration building on pre-clerkship curriculum includes lifespan development, genetics, toxicology, nutrition, and pathology. There were no unplanned redundancies identified. The only potential training gap identified was the limited opportunity for self-directed or supervised student-lead clinical encounters in the outpatient setting. The proportion of ambulatory time appears to be appropriate to the content and learning objectives for the clerkship.

Short Term Recommendations to MSEC: None. All prior recommendations were addressed by the course director.

Long Term Recommendations to MSEC: None. All prior recommendations, with the exception of student concerns over limited independence in the outpatient clinical settings, were addressed by the course director.

Data from the current academic year shows 25.8% of students scoring below the 10th percentile on the Pediatrics NBME exam. This is an increase and may be attributed to the condensed five (5) week clerkship schedule. Continued monitoring in the 2019-2020 academic year is recommended. Jennifer Gibson is to be commended for her thoughtfully prepared Comprehensive Self-Study of the Pediatrics clerkship. The clerkship previously completed initial mapping of clerkship sessions/events to include, instruction, assessment, resources, objectives and identification of USMLE content to the New Innovations Curriculum database.

Dr. Bird made a motion to accept the report with recommendations to MSEC as presented. Dr. Schoborg seconded the motion. MSEC unanimously voted to accept the motion.

The **Jr. Obstetrics and Gynecology Clerkship** is directed by Dr. Mark Ransom. The past three (3) years have noted strong didactic sessions and a positive three (3) year trend. Student assessment includes Uwise quizzes in preparation of the NBME end of clerkship exam. The clerkship places emphasis on current practice guidelines to identify content to be taught. Students participate in mechanical patient simulation sessions to practice the “art of delivery”.

Sequencing of the course and material is on a stable trend and meeting the goals of the clerkship. Horizontal integration is appropriate with overlap of related women’s health maintenance and other clerkship content that does not represent unintended redundancy.

Short Term Recommendations to MSEC: None

The course should maintain continued awareness and emphasis on student involvement and engagement on the OB-Gyn inpatient services as it appears to be a consistent trend.

Long Term Recommendations to MSEC: None

The clerkship previously completed initial mapping of clerkship sessions/events to include, instruction, assessment, resources, objectives and identification of USMLE content to the New Innovations Curriculum database.

MSEC voted to accept the report to MSEC as presented. There was one (1) abstention.

The **Jr. Internal Medicine Clerkship** is directed by Dr. Timir Paul and Associate Director, Dr. Blair Reece. The clerkship instituted Residents as Teachers session and per the student evaluations this has improved the teaching by residents and the relationship between residents and students.

The clerkship utilizes multiple instruction methods which are appropriate and have consistently received strong student reviews. Students state that strength of the clerkship is the significant training in the development of an H&P and oral presentation. The detailed and timely feedback given to students is being positively received. Weaknesses identified by the students included needing updated Uworld questions for the quizzes and the course director is addressing this concern. Students noted a preference for case based instruction or problem-based learning versus lecture, in in the didactic half-days and the presentations have been revised. The VA night shift did not seem to add educational value and has been eliminated as a requirement and replaced with more day shifts.

The proportion of inpatient to outpatient is appropriate based on the proportion of exposure in the IM Residency program. In 2019-2020 the clerkship will add back opportunities for student outpatient subspecialties which were curtailed with the current year shortened clerkship. Implementation of SOFA physicians and rotations (due to size of the 2018-2019) clerkship class) was positively reviewed by the students and will continue to be part of the clerkship assignments in the first part of 2019-2020. Timely evaluations of students are received from SOFA physicians.

Short-term recommendations to MSEC: None

Long-term recommendations to MSEC: None

The course director is encouraged to continue to update Uworld quiz questions as necessary. The clerkship continues their work to complete initial mapping of clerkship sessions/events to include, instruction, assessment, resources, objectives and identification of USMLE content to the New Innovations Curriculum database.

MSEC voted to accept the report to MSEC as presented.

The **Community Medicine Clerkship** is directed by Dr. William Fry. The teaching was rated as both strength and a challenge. The faculty are largely volunteers and it is difficult to establish schedules within the various clinical environments. Student assessment includes a comprehensive end-of-clerkship exam and an end-of-clerkship peer review in which students numerically evaluate the performance of their peers.

The content is unique to the clerkship. Students have a wide variety of-experiences to include opportunities not available in other core clerkship, i.e., prehospital, community health fairs, and physical therapy/rehabilitation settings. There are no gaps or unplanned redundancies identified within the clerkship.

Short Term Recommendations to MSEC: None

Previously a recommendation was made to the clerkship director to provide to the students a written summary of clinical opportunities within the Community Medicine rotation (catalogue). This is currently being prepared and is expected to be available in the 2019-2020 academic year.

Long Term Recommendations to MSEC: Enrollment exceeding eight (8) to ten (10) students per rotation and with individual preceptors was raised again as a potential issue. Overall numerical evaluation scores remain fairly consistent (3.48, 3.59, 3.79, 3.17) with a common theme for student dissatisfaction being the overcrowding of clinical sites and limited patient contact secondary to high student to patient ratios.

The clerkship continues their work to complete initial mapping of clerkship sessions/events to include, instruction, assessment, resources, objectives and identification of USMLE content to the New Innovations Curriculum database.

MSEC voted to accept the report with recommendations to MSEC as presented.

The M3/M4 Review Subcommittee Reports are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

9. Discussion/Action: QCOM Exam Question Rebuttals Policy MSEC 1212-5: definition of “rebuttal” -- Link to policy: <https://www.etsu.edu/com/msec/resources/policies.php>

Dr. Schoborg presented a proposal to add a definition to the QCOM Exam Question Rebuttal policy for the term “rebuttal”. This proposal results from M1/M2 course directors employing different approaches to student comments on exams. The proposal offered a definition of “rebuttal” as “student feedback on questions received after the exam period is over”.

A feedback function in Exam Soft allows students to make comments on questions during the exam. Students can be told at the beginning of an Exam Soft assessment that they may leave comments, but once the exam is over. Students also can make comments on the scratch pad provided to them during the exam. This is turned in when the student completes the exam, before they leave the exam room. It is when students send emails or speak directly with a course director, regarding a question or response option, after the exam is completed, that student feedback should be considered a rebuttal.

MSEC discussion included:

- Exam time allocation and how that affects students who have accommodations or who use all the time in the process of completing the exam and do not have time for comments. The time allotted for the exam includes writing comments. Course Directors should be allowing added time for feedback when they create the exam.
- The term “rebuttal” may need to change to another word as the term tends to lead one to think “points back”.
- Comments received during an exam can be a form of quality improvement for the course director when an exam is written/re-written. Feedback should be encouraged.

- There could be times when a course director may receive comments from several students and upon hearing the students' reasoning may decide to give credit to the entire class for questions.
- Multiple student comments during an exam and exam statistics will identify to a course director if scoring modifications are needed.
- In ExamSoft a student has the option to give comments only prior to knowing if they answered right or wrong. Once the exam is over comments are not enabled.
- Students are not able to receive credit for a question after an NBME or MCAT exam.
- The policy was written to also deter students from coming to the course director during an exam and questioning the format of the question.
- Clinical exams are usually based on points and not sure this policy covers these situations.

MSEC asked that Administration reframe and re-phrase the policy wording and bring back to MSEC for review. Include course exams that are not completed in ExamSoft, i.e., practical, OSCE, etc., or separate into separate policies for assessments of clinical skills.

10. Discussion/Action: Retake of courses and passing score for retake

Dr. Schoborg presented a proposal for a new MSEC policy stating those students who fail a College of Medicine (COM) course must score a minimum of 75% to pass the course retake exam. Students are exposed to the same content and should do better on a re-take.

MSEC discussion included:

- There are times when a COM student would need to complete an away course and exam and the away college sets a passing score based on their own requirements. COM would not be able to control the needed percentage to pass.
- Class rank -- changes may need to be made with a re-take.

Dr. McGowen introduced consideration of LCME Element 9.9: Student Advancement and Appeal Process that stipulates a single standard for medical student advancement.

With identification of the LCME Element 9.9, Dr. Schoborg asked that the proposal for a new MSEC policy be retracted and discussion closed.

11. Discussion/Action: Administration of delayed course exam requests

Dr. Schoborg presented a proposal for a new MSEC policy requiring students who delay an in-course exam must take the make-up exam during "finals" week, rather than taking the make-up exam in close time proximity to when the exam was originally administered.

One Biomedical Science department course, with an approved syllabus, schedules make-up exams during finals week. In this case the course had a large number of re-take requests which interfered with delivery of the course and the course director had to move the make-up exams to a time after delivery of the course.

MSEC discussion included:

- Course director's decision should identify when a make-up exam is given.
- Retake of an exam is best at the time content is presented or close after presentation.
- There is not enough time in the finals week to schedule make-up exams.
- Rather than require make-up exams during "finals week", require students to schedule a make-up exam as close to the original exam date.
- Students must complete a request form to delay an exam based on an acceptable reason and have this approved prior to the scheduled exam.
- There are different lengths of time for course delivery and this must be taken into consideration when trying to write policy that fits all course schedules.

MSEC identified that the course director is currently responsible for identification of a make-up exam and this should remain in place. The course syllabus should state when make-up exams are delivered.

The three (3) PowerPoint slides for agenda items 9, 10, and 11 are shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

See agenda item #12 delivered earlier in the meeting

13. Report: Mission Management Tool Summary

Dr. Olive reviewed the report with MSEC. The report comes from the Association of American Medical Colleges (AAMC). There are forty-eight (48) data points looking at six (6) mission areas, using a wide variety of resources to pull in all the data. The data provides comparison data to other LCME accredited schools. The summary presented looked at some QCOM mission areas: Graduate a Workforce Addressing Priority Health Needs of the Nation; Prepare a Diverse Physician Workforce; Provide High Quality Medical Education as Judged by Your Recent Graduates and Prepare Physicians to Fill the Needs of the Community.

MSEC discussion included:

- Recent curriculum changes would not have been reflected in the responses identified for this summary (graduates in the 2004-2008 time frame).
- National discussion regarding STEP I may be driving the student's perception of what a medical school curriculum should be providing.
- None of the data in the Mission Management Tool summary is reported/used in the LCME site visit. LCME does ask for the Graduate Questionnaire data.
- The summary provides data about graduates practicing in both rural areas and in underserved areas, along with those practicing in primary care and in-state.

The Mission Management Tool presentation is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage

14. Report: Curriculum Content: Schizophrenia

Dr. Olive presented a curriculum content report on Schizophrenia. Content was found in the following courses and clerkships: Clinical Neuroscience, Medical Pharmacology, Introduction to Clinical Psychiatry and Psychiatry Clerkship.

MSEC identified additional areas for Schizophrenia and/or related content. Dr. Olive asked that those courses and/or clerkships send an email to Dr. Olive and he will update the content report. Dr. Bird, Psychiatry clerkship director, stated the coverage seemed sufficient for UME education.

Dr. Bird made a motion that the curriculum content coverage for Schizophrenia is sufficient with the identified changes. Dr. Click seconded the motion. MSEC unanimously voted to accept the motion.

An updated Curriculum Content report on Schizophrenia is shared with MSEC members via a One Drive document storage option. All MSEC minutes are available on the MSEC webpage.

The MSEC Retreat meeting adjourned at 3:10 p.m. The MSEC Annual meeting followed in the Nancy B. Stanton auditorium, beginning at 3:30 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
carrollmo@etsu.edu / 423-439-2407

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