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2018 June 12 - Medical Student Education Committee Retreat Meeting Minutes

Medical Student Education Committee, East Tennessee State University

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MSEC RETREAT Minutes June 12, 2018 Approval July 10, 2018



QUILLEN
COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, June 12, 2018 in Classroom C-003 of Stanton-Gerber Hall for a Retreat Meeting.

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Russell Brown, PhD
Steven Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Rob Schoborg, PhD
Amanda Stoltz, MD
David Cooper, M3

Ex Officio Voting Members

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

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD
David Wood, MD
Jack Woodside, MD

Academic Affairs Staff

Lorena Burton
Mariela McCandless, MPH
Cathy Peeples, MPH
Sharon Smith, CAP

Shading denotes or references MSEC Concurrence and/or Action Items

1. Action: Approve Minutes from May 15, 2018 & Announcements

Dr. McGowen opened the Retreat meeting at 12:00 pm. The May 15, 2018 minutes were approved with no changes identified by MSEC.

Dr. Monaco made a motion to accept the May 15, 2018 minutes as presented. Dr. Schoborg seconded the motion. MSEC voted to accept the May 15, 2018 minutes.

2. Report: Program Director and PGY-1 Resident Survey

Dr. McGowen reviewed the Program Director and PGY-1 surveys of Quillen 2017 graduates.

The Program Director survey had a 68% response rate (average response rate over the past three (3) years = 60%). Overall, 90% of the Program Directors felt that the PGY-1s exceeded/met expectations of a first year resident and that 87.5 % exceeded/met the performance relative to other PGY-1s in their program.

Program Directors rated the PGY-1s' skill "to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles" highest with 97.91%

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exceeding/meeting expectations.

The skill rated the lowest was “the resident’s skill to give or receive a patient handover to transition care responsibility” with 75.41% rated as exceeded/met.

The PGY-1 survey had a 38% response rate (average response rate over the past three (3) years = 29.6%). The PGY-1s ranked Quillen at 96.8% in “preparing them for residency training”. PGY-1s rated two skills higher at the beginning of their residency program – “to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles” at 100%; “to gather a history and perform a physical examination at the beginning of their residency program” at 90%. There were several skills rated lower by the PGY-1s between 52% and 60% - “to enter and discuss orders and prescriptions”; “to obtain informed consent for tests and/or procedures”; and “to give or receive a patient handover to transition care responsibility”.

MSEC discussed:

- Providing the survey information to the upcoming M4s and whether it would be of benefit to them as they complete the year 4 curriculum.
- The surveys providing an idea of what Program Directors feel about our graduates after their first year in their program and what our graduates felt they were equipped to do as they entered their first year of residency.
- There have been additions to the curriculum in the past year which may be reflected in future Program Director and PGY-1 surveys. A benchmark utilizing an average of scores from the surveys over several years may be better.
- The questions and grade scale differ between the two surveys and whether they capture like information or should be changed.

Dr. McGowen reminded MSEC that the Outcomes subcommittee reviews the benchmark which utilizes the survey data and will recommend any needed changes to either the survey questions, grade scale and/or benchmark.

3. Report: LCME Standards-Element Review 7.6 and 7.7

Dr. McGowen reviewed each of the LCME Elements 7.6 – Cultural Competence and Health Care Disparities and 7.7 Medical Ethics and the associated Data Collection Instrument (DCI) tables with examples of data and sources used to gather the data. Also reviewed were the Narrative response and Survey Team questions that will need to be answered.

MSEC discussed the Quillen student remediation process when it may be determined that a medical student has breached ethics in patient care. It was noted that Quillen has not

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had many students with multiple incidents and that the Student Promotions Committee is responsible for reviewing these.

4. Report: Curriculum Content Query on Continuity of Care

Dr. Olive provided an updated content report on Continuity of Care, originally presented to MSEC in May 2013. Courses and Clerkships identified with having Continuity of Care content were: Doctoring I; Biostatistics & Epidemiology; Clinical Preceptorship 2; Introduction to Clinical Psychiatry; Community Medicine Clerkship; Family Medicine Clerkship; Internal Medicine Clerkship; OB-Gyn Clerkship; Pediatrics Clerkship; Psychiatry Clerkship; Rural Primary Care Track Clerkship; and Surgery Clerkship. MSEC discussion identified possible additional content not captured in the report that can be followed up on to determine if coverage is occurring, but not identified in a course or clerkship's mapping documents. The following possibilities were discussed:

- Pediatric Clerkship - transition of pediatric care to adult care
- All courses and clerkships where long-term planning for the patient occurs
- All courses and clerkships where discharge planning occurs
 - Exposure to an inpatient component will have discharge planning that the student may be exposed to/but may not be involved first-hand
 - Exposure of the student to discharge planning is the best we can expect for a student

MSEC identified areas for future Continuity of Care content placement:

- Doctoring 3 for future student exposure to Continuity of Care
- Portfolio assignments about a student's experience with Continuity of Care
- Interprofessional experiences (IPE) where consistent Continuity of Care content is reflected

Dr. McGowen asked MSEC to identify if the Continuity of Care content provided in the report today and the follow up areas identify sufficient coverage of Continuity of Care in our curriculum.

Dr. Moore made a motion to accept the Curriculum Content Query: Continuity of Care as presented. Dr. Geraci seconded the motion. MSEC unanimously voted to accept the motion.

5. Report: MSEC Activity Log with discussion from Curriculum Integration Subcommittee: Thread name/content coverage for Substance Abuse

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Dr. McGowen began with defining what is considered activity and the types of action MSEC completes.

2017-2018 Report:

Total Activity: 77

Routine: 47

Substantive: 40

Major: 2 IPE and M1 curriculum

Additional Activity: 2 Faculty Development segments

There are seven (7) pending items with recommendations to close and/or keep on future MSEC agenda for receipt of report, discussion and/or final action.

2016-2017 Report:

Total Activity: 78

Routine actions: 38

Substantive/Major actions: 40

All items were completed with the June 2017 MSEC meeting.

2015-2016 Report:

Total activity: 88

Routine actions: 41

Substantive actions: 19

Major actions: 4

There were three (3) pending items with a recommendation to close all as other related MSEC action included resolution to the items.

MSEC agreed with the recommendations identified for the remaining pending items.

Dr. McGowen asked Dr. Woodside to address the Curriculum Integration Subcommittee's (CIS) proposal to change their assigned Thread report on *Substance Abuse* to *Substance Use Disorders and Pain Management*.

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Dr. Woodside stated that the content overlaps which will essentially be providing two (2) reports delivered in one (1). MSEC was in agreement that CIS can decide on the name of the report and the content areas to be included. MSEC confirmed the expected receipt date for the Thread report will be the fall of 2018.

6. Report: Outcomes Subcommittee Report

Dr. McGowen reported the Outcomes Subcommittee’s finding based on nine (9) reviewed benchmarks.

Six (6) benchmarks were met:

Program benchmark 4 (percent of student completion of curriculum within 5 years);
 Program benchmark 5 (percent of graduates obtaining residency positions);
 Interpersonal and Communication Skills 2 (STEP 2 CS pass rate);
 Medical Knowledge 3 (USMLE Step 1 and 2 pass rate);
 Patient Care 3 (Step 2 CS pass rate); and
 Continued monitoring of primary care needs of the public – graduates in FM, IM and PEDs will practice in rural areas at rates above the annual reported national rates for each specialty.

Three (3) benchmarks were not met:

<p>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</p>	<p>MEASURE NOT MET: (NRMP data) Family Medicine ETSU (9) 13.04% / US 12.0%; OB/GYN ETSU (5) 7.25% / US 4.4%; Pediatrics ETSU (10) 14.49% / US 9.2%; Internal Medicine ETSU (7) 10.14% / US 24.9%; Total Primary Care 44.93 % / US 46.11%</p>
<p>Medical Knowledge 2: 50% of students will score at or above the national mean on NBME subject exams</p>	<p>All courses met the measure except Biochemistry which had 34.72% of the students score above the national mean</p>
<p>Medical Knowledge 5*: Fewer than 10 % of students will score at or below the 10th percentile on any NBME end of course exam.</p>	<p>All courses met the measure except Biochemistry and Neuroscience: Biochemistry had 15.28% of students score below the 10th percentile; Neuroscience had 10.14% below the 10th percentile</p>

Outcomes Subcommittee recommends for those benchmarks not met:

- **Benchmark 6:** The number of our graduates going into Internal Medicine seems to be the deterring factor in the benchmark results. Nationally, the Internal Medicine residency match rate was also lower than the prior year. The number of Quillen students entering Internal Medicine is following the national trend.

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The Outcomes Subcommittee noted that MSEC had previously considered a general discussion about factors affecting the number of our graduates entering primary care be placed on a future MSEC agenda, but that such a general discussion had not occurred. Whether this general discussion is needed or if discussion via the quarterly Outcomes report is sufficient is a decision for MSEC to make.

MSEC discussion included:

- Issues related included Internal Medicine (IM) as part of the primary care benchmark given that IM graduates largely subspecialize, although IM is still considered Primary Care nationally
- How the benchmark was originally set and what the vision is for use.
- Career Exploration I, II, III, and IV were designed to help students identify what was the right career path for them
- The Primary Care panel in Doctoring I provides exposure to various program directors. Admissions focuses on primary care and they may have input on this benchmark

Dr. McGowen suggested this be brought to MSEC at a future date for discussion. MSEC agreed.

- **Medical Knowledge 2:** the committee felt the decline in the Biochemistry NBME subject exam scores may have been an artifact of the Cellular and Molecular Medicine course placement in the new M1 year since this course has performed very well in recent years. Changes are already in place for the 2018-19 year. No suggested actions required, but will be monitored through the 2018-19 results.
- **Medical Knowledge 5:** the committee felt the decline in the Biochemistry scores may have been a result of the Cellular and Molecular Medicine course placement in the new M1 year since this course has performed very well in recent years. Changes are already in place for the 2018-19 year. No suggested actions were recommended, but 2018-19 results will be monitored. The Neuroscience exam results were under the measure by .14% which did not concern the committee. The course overall has performed much better over the last two years. This also was the first year both exam results were reported in the new equated percent correct format.

As a following up, the Outcomes Subcommittee recommends a replacement for the **Professionalism benchmark** that was deleted when the M3 clerkship assessment form was re-formatted to capture EPA information:

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RECOMMENDED Benchmark: “95 % of M4 students will be rated on the Engagement and Professionalism item as “met all expectations.”

The Outcomes Subcommittee continues to look at options for replacement benchmarks that were deleted when the M3 and M4 clerkship assessment form was re-formatted to capture EPA information.

It will require waiting until the end of the 2018-2019 academic year before determining whether the data can be available in a reporting format from the forms that have served as a basis for benchmarks in the past.

The Outcomes Subcommittee specifically is looking for additional benchmarks for Systems Based Practice as requested by MSEC in December 2017 and will develop a recommendation to MSEC as soon as possible.

MSEC voted to accept the report and recommendations as delivered with Dr. Lura and Dr. Monaco abstaining from vote.

7. Action: Preclerkship NBME Grade Policy

Dr. Olive presented the NBME Policy for Preclerkship Courses, MSEC 1212-12. With the M1 and M2 curriculum changes planned for 2018-2019, an exemption to the policy is proposed for the percentage of the course grade determined by the NBME subject exams for M1 and M2 courses to a minimum of 10% for academic year 2018-2019.

MSEC discussion about the proposed exemption for the 2018-2019 academic year was uniformly supportive of this proposal.

MSEC unanimously voted to accept the exception to the policy for 2018-2019 academic year.

Break 1:25 pm – 1:35 pm

8. Report: M3M4 Review Subcommittee Reviews

Transition to Clinical Clerkships with Post Evaluation, directed by Dr. Caroline Abercrombie. Dr. Woods presented the report and stated that the M3/M4 Review Subcommittee had reviewed the course’s current and past self-studies, syllabus, student evaluations of the course as well as post-course evaluations completed in the fall, several months after completion of the course. The course has mapped its objectives to the Institutional Educational Objectives (IEOs), Entrustable Program Activities (EPAs) and the USMLE content outline.

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The course objectives related to preparing students for clerkships are appropriate and there are a number of instructional methodologies employed throughout the three (3) days. A variety of assessment methods are utilized to determine the final Pass/Fail grade.

The prior short term recommendations to the course director were earnestly addressed with the changes made to the course being presented this year.

A prior recommendation to consider extending time and adding resources to cover content were not identified in this year's self-study or materials reviewed.

In summary, the Transitions to Clinical Clerkship course should be commended on delivering an excellent course that includes the necessary rules, regulations, advice and clinical skills for entering the clerkships. The course director has made several recommendations in planning of this year's course to minimize online assignments and move some to delivered material. The M3/M4 Review Subcommittee has two recommendations:

- 1) Consideration be given to expanding the opportunity to conduct and present full H&Ps and Psychiatric Mental Status examinations.
- 2) Develop a relationship with Ballad to have them provide direction on all forms that need to be filled out by the students prior to starting their clerkships.

MSEC voted to accept the 2017-2018 Transition to Clinical Clerkships Annual Review as presented with Dr. Abercrombie abstaining from vote.

Dr. Abercrombie asked for confirmation of the 2018-2019 Transition to Clinical Clerkships course dates. Dr. McGowen stated that Academic Affairs staff will review and respond.

9. Report: Administrative Reviews – Senior Selective and Electives (to include away rotations) – Tabled to July 10, 2018 MSEC Meeting

10. Discussion: LCME Element Breakout Groups

- 6.3 Self-Directed and Life-Long Learning
- 7.3 Scientific Method/Clinical/Translational Research
- 8.1 Curriculum Management
- 8.4 Program Evaluation

Dr. McGowen provided MSEC with the identified four (4) small group assignments focusing on examining our curriculum related to these parts of the accreditation standards.

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She asked each small group to designate a facilitator to work within their small groups to discuss the assigned LCME Element over the next forty-five (45) minutes and then come back together as a large group to present the group's findings. Dr. Olive and Dr. McGowen moved between the small groups, assisting as needed.

The groups each provided a written response to their assignment. These will be assembled into one electronic document and provided as a resource to the individual(s) assigned to completing the Element in the Data Collection Instrument (DCI).

The meeting adjourned at 3:03 p.m. in preparation for the MSEC Annual Meeting 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 the below link and opening the August 15, 2017 MSEC meeting folder. https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents

Select the “**new sign-in experience**” option and enter your ETSU email address and password.

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

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423-439-2407

MSEC Meeting Dates 2018-2019: * NOT 3rd Tuesday – Locations to be determined

July 10, 2018 – 3:30-6:00 pm*
August 21 – 3:30-6:00 pm
September 18 – 3:30-6:00 pm
October 16 – Retreat – 11:30 am-5:00 pm
November 13 – 3:30-6:00 pm*
December 11 – 3:30-6:00 pm*