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Medical Student Education Committee Minutes

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2016 July 19 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee - MSEC

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, July 19, 2016 at 3:00 pm in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Reid Blackwelder, MD
Martha Bird, MD
Michelle Duffourc, PhD
Stephen Geraci, MD
Dave Johnson, PhD
Paul Monaco, PhD
Jerry Mullersman, MD, PhD, MPH
Jessica English, M4
Omar McCarty, M3
David Cooper, M2

Ex Officio Voting Member

Theresa Lura, MD, Ex Officio
Rachel R. Walden, MLIS, Ex Officio

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD
Russ Hayman, PhD
Cathy Peeples, MPH
Cindy Lybrand, MED
Lorena Burton, CAP

Shading denotes or references MSEC ACTION ITEMS

Dr. McGowen called the meeting to order at 3:35 pm.

1. Approve Minutes of Retreat and Annual Meeting of June 14, 2016 – Announcements

The June 14, 2016 Retreat and Annual minutes were approved as distributed.

Dr. McGowen noted that the Institutional Educational Objectives had been updated with removal of Objective 2.6 as per MSEC action of May 17, 2016. Courses and Clerkships that had previously mapped to Objective 2.6 will need to remap to other appropriate Institutional Educational Objective(s) beginning this academic year.

2. NBME Percent of Grade Waiver Request from Family Medicine

Dr. Moore presented a request to MSEC for a waiver to the current NBME grading policy for the Family Medicine clerkship. Dr. McGowen reviewed the current policy that requires all clerkships to count the NBME subject exam grade component at 35%. At the time the policy was put into effect the Family Medicine clerkship and Rural Programs clerkship were using an examination based on *FM* cases and did not use a NBME subject exam. Since that time the NBME has designed a Family Medicine subject exam that both clerkships were asked to pilot and evaluate beginning this academic year. Dr. Moore indicated that Family Medicine will begin using the NBME for the first time this academic year and its subject matter is not fully known. In addition to the NBME, the Family Medicine clerkship has a well-designed and well-established OSCE that provides objective assessment. Discussion from MSEC included the review of the grading components of the Family Medicine clerkship, whether lowering the NBME grade component would cause problems with identification of at risk students and/or concern from other clerkships where the student's grade component for the NBME was higher. MSEC concluded that the request was reasonable given the circumstances and asked that the waiver should be granted for this academic year only and be reassessed at academic year end.

A motion was made by Dr. Monaco to approve a waiver for the Family Medicine clerkship to the existing policy and to establish the NBME subject exam grade component at 15% for the 2016-2017 academic year and to reassess the need at academic year end. Dr. Geraci seconded the motion and MSEC unanimously approved.

3. Modification of M1/M2 NBME Grading Policy

Dr. Olive presented a request that came from the M1/M2 course directors to modify the current NBME grading policy, based on concern that student performance at the lower end of the scale is not adequately represented for course grading purposes. The current policy states that grades for the NBME exams are determined using a regression analysis where the 90th percentile equals 100% and the 10th percentile equals 70% for course grades. Dr. Olive reviewed the information contained in NBME score reports and noted that below the 10th percentile the reports only go to the 1st percentile, but the scaled scores can go to 1. An approach used by Dr. Duffourc for determining appropriate course grades for scores lower than the 10th percentile was presented. A linear regression would be performed between the adjusted score of one and the 10th percentile (70%) to determine grades within this range. An example of this was shown using a Physiology NBME subject exam. MSEC also discussed the question of whether scores above the 90th percentile should be capped at 100. Issues identified included that numeric grades can influence class rank, that the decision would affect nine (9) M1/M2 courses, and that there is not a consensus among course directors on how to best address cores at the upper end, but they did want a decision on the lower end. If the policy is changed, MSEC needs to identify whether it should apply to scores at both ends of the scale or to allow course director discretion in determining some aspects of incorporating NBME scores, especially at the upper end of the scale. MSEC discussion led to two motions, each modifying the current policy.

A motion by Dr. Monaco to modify the current M1/M2 NBME Grade Policy: **A linear regression would be performed between the adjusted score of one and the 10th percentile (70%) to determine grades within this range.** Dr. Geraci seconded the motion and MSEC unanimously approved. MSEC identified that the grade policy as changed for the lower range be outlined in each course syllabus beginning this academic year.

A second motion by Dr. Blackwelder to modify the current M1/M2 NBME Grade Policy: **Allow course director discretion on whether to cap course grades from the NBME at 100 or allow grades to exceed 100, based on extending the regression curve to scores higher than the 90th percentile.** Dr. Duffourc seconded the motion. MSEC voted in favor of the motion with eight (8) members approving and four (4) members opposing the motion. The motion passed. MSEC indicated that the grade policy as changed for the upper range be outlined in each course syllabus beginning this academic year.

4. Modification of MSEC Action of 1-19-2016: Senior Medical Student Option for Away Experience

Dr. Olive identified there are three (3) required selectives in the senior year: a selective Inpatient Subinternship in Internal Medicine or Family Medicine; a category for Critical Care that includes Medical ICU, Surgical ICU, Pediatric ICU, and Neonatal ICU; and an Ambulatory Care category. We are having problems with securing enough ICU rotations to accommodate the current class. We have lost ICU rotations that we had in the past. Academic Affairs is proposing that this Selective category be changed to a requirement for either an ICU rotation or an Emergency Medicine rotation. MSEC discussed differences in types of clinical exposure between these rotations. MSEC discussion included options for addressing this problem, including shortening the ICU rotation requirement from four (4) weeks to two (2) weeks and accepting away rotations for both ICU and Emergency Medicine. Scheduling issues prevent changing the requirement from four (4) weeks to two (2) weeks for this year's class. Dr. Geraci noted that a two (2) week ICU rotation is not enough for a student to be able to receive all the training they need to be exposed to and be able to follow a patient in the ICU. Dr. McGowen reminded MSEC that Implementation group 2 will begin looking at the 4th year curriculum and how best to make the experiences in the 4th year better.

A motion was made by Dr. Geraci to allow Dr. Olive, EAD, to approve the Emergency Medicine rotations submitted by students on a case-by-case basis and approve them as equivalent options for fulfilling the student's Critical Care Selective requirement this year only. The motion was seconded by Dr. Abercrombie and unanimously approved. MSEC asked that the motion be shared with Implementation Group 2 as they consider options for the 4th year curriculum.

5. Periodic and Comprehensive Review of the Curriculum Policy – M1/M2 and M3/M4 Review Subcommittees

Dr. McGowen gave a brief overview of the Policy for Periodic and Comprehensive Evaluation of Curriculum and identified that we have just completed the year four (4) review and will now begin with Implementation groups to receive and discuss recommendations for curriculum change across all four (4) years.

The M1/M2 and M3/M4 review subcommittees have been reviewing their processes over the past four (4) years and have identified changes they feel are needed for their processes to move smoothly and efficiently within their review subcommittees.

Dr. Acuff, M1/M2 review subcommittee chair began by identifying the self-study form they have been using for annual and comprehensive reviews. The subcommittee had hoped to combine the reviews into one single form and will continue to explore the option. The subcommittee plans to schedule all courses for annual reviews for the first two (2) years and then request a comprehensive review for all courses in the third (3rd) year. If at any time an annual review of a course identifies a need for a comprehensive review in the next review cycle, it will be completed, regardless of the year of review. At the end of each academic year the review subcommittee will prepare a written summary for MSEC that provides MSEC with a review of how this phase of the curriculum functions. The subcommittee is also working to prepare a standardized syllabus template for use by all M1/M2 courses, as is done with the M3/M4 clerkships and courses. The subcommittee sees the benefit of having COM information covered and located in a syllabus. It will enable students, course directors, review committees, and administration staff to retrieve COM and course specific information easily and quickly.

Dr. Mullersman, M3/M4 review subcommittee chair, identified that getting information from the M3/M4 clerkships and courses can be challenging. The clerkships all finish at the same time and this puts an expectation on the review subcommittee to complete all reviews in a short period of time before the beginning of a new academic year and cycle of reviews. The M3/M4 review subcommittee has concluded that a written report (narrative) from the clerkship and course directors would be more beneficial to the subcommittee for their review. Statistical data could be gathered from provided administrative files and used to complement the written narrative. This process would replace the annual and comprehensive self-study forms. An annual phase report covering the clinical curriculum will be provided by the M3/M4 review subcommittee.

The Policy for Periodic and Comprehensive Evaluation of Curriculum will be updated and presented to MSEC for approval to reflect these changes.

6. Administrative Review Reports

Genetics Spring 2016 – Dr. Paul Monaco, Course Director

The course learning objectives are mapped to the Institutional Educational Objectives. There were no substantive changes in the course organization of content. A new faculty member, Chad Haldeman-Englert, MD, was added this year. The course is a graded course with no NBME subject exam. Students identified strengths of the course include delivery of basic course content via podcasts and the clinically relevant content taught by practicing medical geneticists. Clinical sessions are not recorded and students perceived this as a slight weakness. MSEC needs to consider alternatives for best placement of the course. Implementation Group 1 (pre-clinical) will include review and discussion of the course placement in the curriculum, followed by recommendations in their preliminary and final reports. Overall the student evaluations of the course have been strong over a three-year period – 4.39-4.40/5. Course faculty received consistently positive evaluations.

Introduction to Clinical Psychiatry Spring 2016 – Dr. Martha Bird, Course Director

The course learning objectives are mapped to the Institutional Educational Objectives. There were no substantive changes in the course organization and delivery of content. Exams were administered using Exam Soft for the first time. All lectures were recorded using Tegrity lecture capture. The mean score on the NBME subject exam was 62.1 with a range of 40-80. 59% of the students scored above the national mean. Students saw integration with other courses, quality of lectures, and clear and understandable presented material as strengths of the course. Some students felt the Tegrity recordings and their length could be improved on. There are no significant issues for MSEC. Overall evaluation by students was 4.23/5 which is improved from the 3.9 range of the previous two years. The course director and course faculty received positive evaluations.

Physiology Spring 2016 – Dr. Thomas Ecay, Course Director

The course learning objectives are mapped to the Institutional Educational Objectives; but learning objectives would benefit from some restructuring. Suggestions will be submitted to the course director. The number of exams increased from four (4) to six (6) so that each exam could focus on a single organ system. Two of the exams were combined with exams from Cell & Tissue Biology which runs concurrently. The mean NBME subject exam score was 53.2, approximately the 66th percentile. 56% of the students scored at or above the national mean. The course is taught by experienced faculty and well received by the students. Simulation, electrocardiography and pulmonary function testing are used to stimulate active learning. Clinical cases in each major section were valued by the students. Student evaluations identified that class notes could use improvement and updating and the female reproductive endocrinology section could be made stronger. MSEC is asked to continue monitoring sufficient faculty for course delivery. The course director is concerned about delivery of the material over 14 weeks, rather than the entire semester and the difficulty for students to master course concepts, however, USMLE Step 1 performance does not show students with declining performance in physiology due to shorter delivery time of material. The course director is concerned about the aging faculty involved in course delivery. It is noted that the Department of Biomedical Science is recruiting for physiology faculty. The course director has requested assistance from the Executive Associate Dean (EAD) in identifying additional faculty resources for teaching the female reproductive endocrinology section. Overall student evaluations improved from 3.76 to 4.11/5. The course faculty received positive evaluations.

Life Span Development Spring 2016 – Dr. Ramsey McGowen, Course Director

The course objectives are appropriately mapped to the Institutional Educational Objectives. The main change to the course was introduction of a case discussion with an aging simulation that was well received by the students. The mean scores on the written final exam were 88 with a range of 70-97. Students cited strengths of the course to be its online delivery, course organization, and the independent learning aspect. There were no consistent themes for identified weaknesses by the students. Overall evaluation by students of the course was 4.48/5. The course has consistently been rated above 4 for the past three years. The course faculty received consistently positive evaluations.

Case Oriented Learning I & II Fall 2015-Spring 2016, Dr. Paul Monaco, Course Director

The course objectives are appropriately mapped to the Institutional Educational Objectives. There were no major changes to the course, although faculty had been asked to give students more specific feedback on the quality of student presentations. The course director believes this resulted in better quality student presentations during Cadaver Case presentations. The course is a pass/fail course and students receive primarily narrative assessments. Strengths identified were relationships built between faculty members and students as students get to work closely with faculty facilitators. There are opportunities to correlate material from other courses to clinical cases. Student evaluations of faculty averaged 4/5. Weaknesses included some students having difficulty with correlating cases with other courses in the first year. Some students prefer more structure (which is not the nature of this course) and are not happy with having to do presentations in class. Several students asked for more feedback. The course director is working with Administration to re-design the *student evaluation of course* form to make it more relevant to the course. The course may be impacted with curriculum revision moving forward if it is incorporated into the “Doctoring” course/curriculum. Overall student evaluations were 4/5. Overall the course continues to be fulfilling its goals and be functioning well.

MSEC discussion noted that case discussions may bring out student feelings that otherwise may not be known or never stated in a public group setting. This may be difficult for students to hear and discuss openly and still be objective. Dr. Lura noted this happens in the Keystone course and its Ethics presentation/discussions. It is something that course directors need to be aware of and prepared to facilitate the conversation so to accommodate and not alienate students with different beliefs and views.

All reports were accepted by MSEC as delivered.

All course Administrative reviews are identified in the meeting documents links found at the end of the minutes.

7. Curriculum Comparison Data – Peer Schools

Dr. McGowen provided an update to the prior data provided to MSEC on May 17, 2016, on comparison of curriculum data and the requested information from peer schools. Administration continues to review our existing curriculum data concerning instructional hours and review its findings of tabulated course activity with respective course directors. Findings have identified that comparison data is not easy to find as many schools no longer tag to disciplines and no longer report academic years, but rather phases or periods of instruction. The distribution of educational experiences across the years varies widely. A similar number of “weeks” comparison to other schools does not mean that the curriculum includes teaching the same things in that time period. Comparison data is only going to be a place to begin implementation planning of our curriculum. There is no direct curriculum comparison; there are many different things other than traditional required courses. Considerations for our Implementation groups include findings that about one-half of peer schools start clerkships in April or before. Some with clerkships starting in July end required courses earlier (April) or have low-stress requirements such as independent study prior to taking Step 1. Many schools have elective blocks in the preclerkship years.

Some peer schools reduce summer breaks between the M1 and M2 years to allow capture of time for needed M2 weeks and still end M2 courses early. Curriculum organization among peer schools is largely organ systems, although one utilizes a spiral curriculum. Most importantly we need to consider our mission, curriculum objectives, and our resources in determining what curriculum structure, content and organization to employ.

The data found will be provided to the Implementation groups.

The Power Point presentation is identified in the meeting documents links found at the end of the minutes.

8. Implementation Groups

Dr. McGowen identified the Implementation Group chairs and members and asked if there were any others that wanted to join one of the groups to please let Dr. Olive or her know. The groups will begin meeting soon and have a draft report to MSEC in October 2016 with a final report in February 2017. It was noted that the planning of the 2017-2018 Academic Calendar will begin in February and any changes to the curriculum structure for 2017-2018 will need to be identified at the October 2016 MSEC meeting.

Implementation Group 1 – Preclinical – Chair is Rachel Walden

Implementation Group 2 – Clinical – Chair is Tiffany Lasky

Implementation Group 3 – Doctoring Course – Chair is Kenneth Olive

The Implementation Group listing is identified in the meeting documents links found at the end of the minutes.

9. Implementation Priorities: Administrative Lead

Priority 10 – GTA experience

Dr. Olive reported he continues to work with the Standardized Patient Coordinator to identify sufficient individuals to supervise delivery of the GTA training for all students in a condensed time frame.

Priority 12 – Portfolios

Dr. McGowen stated review of possible software to be used for the implementation of Portfolios is being conducted administratively. Suggested software included D2L, New Innovations, and Path Bright (used by Pharmacy). The later requires additional costs per student population. The details of implementation (questions asked, years covered, reviewers) have been considered, but are yet to be finalized.

Priority 13 – Exam Soft Tagging

Administration continues to look at Exam Soft for assessing of course objectives and ultimately program objectives. The full USMLE content has been recently loaded to Exam Soft and is identified as USMLE 2016 in the categories listing. Prior tagging of USMLE content to course assessment questions will need to be retagged as time permits. Mapping to the updated USMLE will not be required at this time. Blooms Taxonomy is also available for tagging of assessment questions. Course objectives, entered into Exam

Soft by the course instructors would be another tagging option. Dr. Hayman recommended that a plan with clear objectives be developed for tagging in Exam Soft. Course faculty will need to be made aware of what is expected of them when tagging assessment questions in Exam Soft.

A list of all Implementation Priorities is found in a link at the end of the minutes.

10. EHR Software – MSHA facilities

Dr. McGowen provided follow up information about the software that is used within MSHA facilities – it is called Sorian. The question had arisen based on a comment made in the self-study by the Family Medicine inpatient selective director related to concerns about the system. Students are now able to enter notes about the patients they follow. Students are not able to enter patient orders.

11. Standing Agenda Item: Subcommittee, Working Groups & Technology Updates

Dr. Olive reported recent Step 1 scores are positive with 60 out of 61 students who have taken the exam obtaining passing on the first go-around. There are 8 students who need to take Step 1. They are preparing by studying and taking diagnostic tests and report doing well with them. The CBSE has made a difference with students by giving them a basis on which to study for Step 1. MSEC student members were asked what they used for studying prior to Step 1. Responses included the USMLE World Question Bank which has a format identical to Step 1. Another is the 2400 Board Vitals which has better sound bites and the questions are more like a board exam. It also has questions related to each clerkship topic.

The meeting was adjourned at 6:03 pm.

MSEC Meeting Documents -

1. Approval of Retreat Meeting Minutes – [June 14, 2016](#)
2. Approval of Annual Meeting Minutes – [June 14, 2016](#)
3. Modification of M1M2 NBME Grading Policy [Power Point Presentation](#)
4. Administrative Review Reports – [Genetics](#) – [Introduction to Clinical Psychiatry](#) – [Physiology](#) – [Lifespan Development](#) - [Case Oriented Learning](#)
5. Curriculum Comparison Data [Power Point Presentation](#)
6. Implementation [Group Listing](#)
7. Implementation [Priority Listing](#)

Upcoming MSEC Meetings

Tuesday, August 16 – 3:30-6:00 pm
Tuesday, September 20 – 3:30-6:00 pm
Tuesday, October 18 – **Retreat** – 11:30-6:00 pm
Tuesday, November 8 – 3:30-6:00 pm*
Tuesday, December 6 – 3:30-6:00 pm*
Tuesday, January 17, 2017 – **Retreat** – 11:30-6:00 pm
Tuesday, February 21, 2017 – 3:30-6:00 pm
Tuesday, March 21, 2017 – 3:30-6:00 pm
Tuesday, April 18, 2017 – 3:30-6:00 pm
Tuesday, May 16, 2017 – 3:30-6:00 pm

MSEC Minutes Approval August 16, 2016

Tuesday, June 20, 2017 – **Retreat** 11:30-3:30 pm/**Annual Meeting** 3:30-6:00 pm

*Note not on the 3rd Tuesday of the month due to holiday scheduling

TIME LINE: Program Evaluation to LCME Visit

2015-16 Review of the entire medical education program

2016-17 Implementation planning of identified curricular changes

2017-18 Academic Year reported on in Self-study Summary Report and DCI

2018-19 Complete Self-study Summary Report and DCI based on academic year 2017-18 data; begin process in March 2018

2019-20 Self-study Summary Report and DCI due to LCME spring 2019 with site visit fall 2019