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Medical Student Education Committee Minutes

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2017 February 21 - 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 College of Medicine met on Tuesday, February 21, 2017 in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Michelle Bird, MD
Russell Brown, PhD
Patricia Conner, MD
Tom Ecay, PhD
Stephen Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Robert Schoborg, PhD
Jessica English, M4
Omar McCarty, M3
David Cooper, M2

Ex Officio Voting Members

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

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD, M1M2 Subcommittee
Brian Cross, Pharm D
Jennifer Gibson, MD, Pediatrics
Tiffany Lasky, DO, Surgery

Academic Affairs Staff

Lorena Burton, CAP
Cindy Lybrand, MEd
Cathy Peebles, MPH

Shading denotes or references MSEC ACTION ITEMS

1. Approve Retreat Minutes of January 17, 2017 – Announcements

The January 17, 2017 Retreat minutes were approved as presented. MSEC members received a copy of the minutes as part of the E-mail meeting reminder sent on Friday, February 17, 2017.

Dr. McGowen acknowledged the newest members of MSEC: Russell Brown, Biomedical Sciences, Mark Ransom, OB/Gyn Clerkship, and Patricia Conner, Family Medicine Clerkship, Bristol. All meeting attendees introduced themselves to the new members.

Dr. Monaco made a motion to approve the January 21, 2017 Retreat minutes as presented. Dr. Geraci seconded the motion. MSEC unanimously approved the motion.

Minutes of the January 17, 2017 Retreat are found in a link at the end of these minutes.

Dr. McGowen introduced the Implementation Group reports with a summary of the actions that have been taken over the past 1 ½ years as part of the comprehensive review of the Curriculum. **We have been following our policy that identifies a systematic approach for reviewing the curriculum.** In this review, last year MSEC formed three (3) *Working Groups* to review and report/recommend on the curriculum with regards to its current content, instruction, and assessment methods. MSEC organized their recommendations into eighteen (18) priority areas and formed three (3) *Implementation Groups* to review and report/recommend methods for implementing content, instruction, and assessment into the curriculum. Priorities that could be addressed administratively were identified and assigned to Administration, i.e., develop portfolios for documentation of educational attainment for educational objectives.

MSEC's charge is to assure a comprehensive, coordinated and effective curriculum as a whole and with today's presentation of the Implementation Groups' reports MSEC will need to discuss and act upon the recommendations presented. Those recommendations which affect the 2017-2018 academic year will need to be prioritized, discussed and acted upon first.

All Implementation Groups' reports were distributed by E-mail to MSEC members on February 20, 2017

2. Report: Implementation Group 1 – Rachel Walden, Chair – Report Delivery:

Ms. Walden presented the Implementation Group 1 report which was focused on the preclerkship priority items: 1, 2, 3, 5, 6, 7, 9, 17 and 18. Group 1 grouped the priority items into four (4) recommendations which they felt needed immediate MSEC action in addition to priority 5 recommendations which related to the M1/M2 schedules. The report also contains recommendations for the remaining priorities. Ms. Walden began with recommendation #3 that has presented itself a number of times to MSEC regarding the mapping and tagging of our curriculum to include the discussion of instructional methods.

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There are a number of needs the College of Medicine (COM) is trying to fulfill with curriculum mapping and assessment tagging, i.e. LCME, AAMC, and COM content location as well as instruction and assessment methods and outcomes. A shared understanding of the processes is crucial for success.

Recommendation #3 – Adoption and distribution of standardization to be utilized by course and clerkship directors for identification of instruction methods, assessment methods, resources, content search terms, aka keywords (USMLE with level of coverage), Plus List, Blooms, and Institutional Educational Objectives for the mapping of curriculum content in mapping and assessment software, i.e. New Innovations and Exam Soft. The Department of Learning Resources offered to pilot their assistance to course directors with the tagging of assessment questions in Exam Soft utilizing MSEC required categories. A resource manual of standardized terms/procedures to be developed based on standards identified by MSEC with distribution to course and clerkship faculty and support staff. MSEC should receive periodic reports of content mapping progress with New Innovations and course and clerkship use of integrated exams and student reports from Exam Soft. See Priorities 1, 2, 3, 6, 7, and 9.

Ms. Walden acknowledged that while we have been working through the curriculum review process and focusing on the year of record and accreditation needs, we also need to begin focusing on the future and a long-term review of the curriculum with regards to various curriculum models.-COM needs time to look through various options for organizing the curriculum in order to make the best possible informed decisions going forward.

Recommendation #4 – Creation of a MSEC subcommittee/working group to review the advantages, disadvantages, and feasibility of various curriculum models, including but not limited to discipline-based, organ system-based models, spiral curriculum or hybrid curriculum to determine if an extensive curriculum change is warranted for the College of Medicine. It is recommended that the subcommittee/working group be given four (4) years to present findings and recommendations that have been vetted by course directors, teaching faculty, students, staff, and administration before implementation beginning in 2021. Covers all curriculum; also see Priority 5.

Recommendations #1 and #2 address Priority 5 - scheduling for the M1/M2 academic schedules, with the M1 changes effective in 2017-2018 and the M2 changes effective 2018-2019.

MSEC voted on November 8, 2016 to approve the start and end dates for both the M1 and M2 academic schedules, but within the start and end dates there are a lot of decisions to be made about placement of course content. Implementation Group 1, in their draft report in October 2016, presented a couple of options for the M1M2 schedules. There has been additional discussion about the M1M2 schedules since then, including options developed at the course directors' curriculum retreat.

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2. Report: Implementation Group 1 - Report Discussion:

MSEC discussed Implementation Group 1 recommendation #3 **Adoption and distribution of standardization to be utilized by course and clerkship directors for identification of instruction methods, assessment methods, resources, content search terms, aka keywords (USMLE with level of coverage), Plus List, Blooms, and Institutional Educational Objectives for the mapping of curriculum content in mapping and assessment software, i.e. New Innovations and Exam Soft.**

Issues included MSEC's recent experience with nomenclature and naming conventions during their search of curriculum content in the New Innovations (NI) curriculum database and questions about whether using the adopted USMLE content outline in our mapping endeavor needed further review before moving further with our mapping and tagging of curriculum content. Administration could review the options and come back to MSEC with recommendations or MSEC could adopt recommendation #4 and have a committee bring back options to MSEC for implementation. MSEC members felt the decision was a complex one. Several needs for curriculum content mapping and tagging were identified, i.e. LCME accreditation, AAMC CI upload, COM identification of content delivery to include instruction and assessment methods and whether the content is sequenced appropriately across the curriculum. Content or thread reports also need consideration. MSEC consensus was that a decision needs to be made soon that allows COM to move forward with a system to map the curriculum. Ms. Walden, representing COM Learning Resources, offered to review the various options with their pros and cons, and make a recommendation to MSEC. She suggested working with an appointed course director and administrative staff person, over a shorter rather than longer period of time. The option of course and clerkship documents being uploaded to the NI database and being available for searching was also mentioned.

Dr. Schoborg made a motion to accept Implementation Group 1 recommendation #3 by forming a small subcommittee, assisted by Learning Resources, to review and bring back a recommendation for implementation of recommendation #3. Dr. Moore seconded the motion and MSEC unanimously accepted the motion.

Dr. McGowen opened the discussion regarding Implementation Group 1 recommendation #4 **Creation of a MSEC subcommittee/working group to review the advantages, disadvantages, and feasibility of various curriculum models, including but not limited to discipline-based, organ system-based models, spiral curriculum or hybrid curriculum to determine if an extensive curriculum change is warranted for the College of Medicine.**

Implementation Group I members added that the recommendation was intended to be a long-term, thorough review before bringing recommendations to MSEC. Dr. McGowen reminded MSEC that there is a policy in place for review of the curriculum and any review should be active during this time and following the same review cycle which is a four (4) year cycle. MSEC agreed that more of a long-term review and look at curriculum literature and models is needed, rather than making changes to offer a solution in a short period of time.

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The composition of a long-term review committee was discussed and included suggestions for combining with the present review subcommittees, a separate committee that would come back to MSEC on a quarterly basis with their progress, and making the review part of the planned phase review/committee.

Implementation Group 1 noted that the intention of the recommendation for long-term review was to bring the findings back to MSEC periodically for discussion, -not necessarily immediate action. Proposed composition of the review group was a group of people that had the time to focus on curriculum models and understand what is working/not working for other schools. At the end of the review MSEC would be aware of the pros and cons for other curriculum models and be in a better position to decide which model was the best fit for the College of Medicine. Dr. McGowen summarized the discussion as MSEC generally adopting the idea, but the composition of the review committee was not able to be immediately determined.

The Implementation Group recommendation #4 was tabled for further MSEC discussion and action.

Before opening discussion for Implementation Group 1 recommendation #1 and #2, Dr. McGowen summarized the actions taken to date for the M1 and M2 schedules. In October 2016 Implementation Group 1 presented and MSEC discussed models for preclerkship curriculum organization. A faculty forum was held and suggestions from the faculty and student representatives were heard and noted. A course director curriculum retreat occurred in December, where a third model was developed for the M1 and M2 schedules that seemed to have a fair amount of support. These models were brought back to MSEC and course directors in January. Everyone was encouraged to think about the models and how they might make the models work with their course content. This month there has been a lot of activity regarding the third model for the M1 schedule and course directors, faculty, and students have offered their input. Today MSEC must decide on a model for the M1 year and M2 year. There can be some minor changes offered to the models, and minor decisions that can be left to Administration (specific dates for one thing or another), but MSEC must make the final decision about the organization of the curriculum.

Discussion included:

- Dr. Monaco speaking to the M1 model from the course directors curriculum retreat and his understanding of the placement for the Genetics, Cellular and Molecular Medicine, and Cell and Tissue courses. He described how the concept of a Foundations course came about and the discussions he had been involved in regarding the concept. Dr. Monaco offered to MSEC his models for the curriculum, neither depicting a Foundations course.
- Content intended to be included in the Foundation course and the amount of time allotted for formation of the Foundation course was not sufficient for successful implementation in 2017-2018.
- Use of the flipped classroom approach now used with the Cellular and Molecular Medicine course and whether this could continue as part of a Foundations course.

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- Running courses in parallel allows course directors to “share or combine” course material and integrate content and exams. It allows course directors to see any overlap of material and collaborate on both delivery and time needed for instruction and assessment.
- Student members spoke to whether courses being taught as separate individual courses or merging together because of related content made no difference as long as the material is sequenced appropriately and any “foundational” material is presented at the front of the curriculum and provides a foundational understanding of material to come.
- Student members welcomed the idea of more integration of exams beginning in the first year as it prepares them for the longer exams experienced with NBMEs, CBSEs, board exams, etc.
- Course directors will have to be mindful of other course director needs when scheduling courses and assessments. The hours will need to be fluid and each course will not necessary have the same number of hours each day or each week. The hours would be flexible in the time frame offered for the course, more so than they are now.
- Student members asked that the total amount of “seat time” per week be watched closely with any changes made to curriculum.
- Shortening of the M1 fall break from one week to two days and placement following the Anatomy course would give students a break before beginning new content and allow more flexibility with scheduling of courses.
- The degree of compression in the Anatomy course and how it can be difficult for students with no anatomy background and less stressful for those who do have the background before coming into medical school. Spreading the Anatomy course over a longer period of time (no increased hours) will have an effect on other course scheduling.
- Immunology being split between the M1 year with content disbursed in Physiology and content disbursed in Microbiology in the M2 year. Dr. Schoborg would continue to teach the content in both years and work with course directors for Physiology and Microbiology to determine best placement of content within the time frame offered for each course in each year.
- Consideration of “year of record” and how curriculum changes can affect course evaluations, student comprehension and retention of course material and exam scores. The consequences of no action to identified curriculum needs versus action and monitoring of outcomes. MSEC was reminded that course directors have a responsibility to cover that which is the basis of what the student needs to learn for the course and allows the student to be successful with future courses and exams.

In an attempt to clarify which options for the M1 schedule had most support, a straw vote was taken on each model presented for the M1 schedule. Implementation Group 1 Option 1 for the M1 schedule received six (6) votes. The course director curriculum retreat Option 1 for the M1 schedule received ten (10) votes in this straw vote.

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MSEC then reviewed the two (2), M1 models (options) and identified changes to each prior to voting on the model (option) to adopt for the M1 schedule effective in 2017-2018.

Implementation Group 1 Option 1 for the M1 Schedule

Calendar wk	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May																												
17	24	31	7	14	21	28	4	11	18	25	1	8	15	22	29	5	12	19	26	2	9	16	23	30	6														
year-semester wk	1-1	2-2	3-3	4-4	5-5	6-6	7-7	8-8	9-9	10-10	11-11	12-12	13-13	14-14	15-15	16-16	17-17	18-18	19-19	20-20	21-21	22-22	23-23	24-24	25-25	26-26	27-27	28-28	29-29	30-30	31-31	32-32	33-33	34-34	35-35	36-36	37-37	38-38	39-39
M1 (39wk) Class 2021	Orientation	Embryology and Anatomy (10 wk, 174h, 17-18 h/wk)							Fall Break	CMM and Genetics (10 wk, 149h, 15 h/wk)							Winter Break	Physiology (17 wk, 121h, 7-8 h/wk)							Spring Break	Physiology													
		Biostats and Epidemiology (20 wk, 27 h, 1-2 h/wk)								Biostats								Cell and Tissue (17 wk, 110h, 6-7 h/wk)								Cell and Tissue													
		Rural and Generalist Track Case-Oriented Learning (36 wk, 72h, 2 h/wk)								Case-Oriented Learning								Lifespan (9wk, 13h, 1.5h/wk)								Immunology (8wk, 32h, 4h/wk)													
		Doctoring (39 wk, 138h, 3-4 h/wk)								Doctoring								Case-Oriented Learning								Case-Oriented Learning													
Average Scheduled Hours/wk	26							23							22.5							25																	

The **Implementation Group 1 Option 1 for the M1 schedule** (above) was modified as follows:

1. Changing the fall break from one (1) week to two (2) days at the end of the Anatomy course with the Anatomy course to include weeks of October 2nd and October 9th.

Anatomy would be an additional two (2) weeks minus two (2) days, not more weeks than they currently are scheduled, but more than what is shown on the Implementation Group 1 Option 1 schedule.

2. The Cellular and Molecular Medicine and Genetics courses will run as two (2) separate courses parallel to each other (at least in the first iteration and will not require a new course name to be developed).

3. Biostatistics will be in the fall semester and scheduled based on the course director availability. The total hours will not change for the course.

Course Director Curriculum Retreat Option 1 for the M1 Schedule

	July			Aug			Sept			Oct			Nov			Dec			Jan			Feb			March			April			May																		
Calendar wk	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	5	12	19	26	5	12	19	26	7							
year-semester wk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
M1 (39wk) Class 2021	Embryology and Anatomy (14wk, 180h, 13h/wk)															Foundations: Molecular Biology and Genetics (6wk, 72h, 12h/wk)			Biochemistry (18wk, 82h, 4-5h/wk) Histology (18 wk, 114h, 6-7 h/wk)			Biochemistry (18wk, 82h, 4-5h/wk) Histology (18 wk, 114h, 6-7 h/wk)																											
Orientation	Life Span and Development (6wk, 14h, 2-3h/wk)						Biostats and Epidemiology (8wk, 28h, 3-4h/wk)						Winter Break			Physiology + Immunology Block (18 wk, 140h, 8 h/wk)			Physiology + Immunology Block (18 wk, 140h, 8 h/wk)																														
	Doctoring (COL; POM:PPS; IPES; CSHP; CE) (39wk, 257h, 6-7h/wk)									Doctoring (39wk, 257h, 6-7h/wk)			Doctoring (COL; POM:PPS; IPES; CSHP; CE) (39wk, 257h, 6-7h/wk)			Doctoring (COL; POM:PPS; IPES; CSHP; CE) (39wk, 257h, 6-7h/wk)																																	
Maximum Avg h/wk	23						24						19			27			27																														

The **Course Director Curriculum Retreat Option for the M1 schedule** (above) was modified as follows:

1. The Foundations course is eliminated. Genetics either runs as part of the Cellular and Molecular Medicine course, or as a separate course in some way, at least to begin with; and runs concurrently with the Cellular and Molecular Medicine course. The Cellular and Molecular Medicine course, Cell and Tissue course, Physiology course, and the first half of the Immunology course will run concurrently across the timeframe with course directors managing the weekly scheduling/distribution of course hours.

It was recommended that the course hours for Physiology and Immunology be calculated to confirm the Course Director Curriculum Retreat Option 1 for the M1 schedule which combines Physiology content hours and one-half of the Immunology content hours will allow delivery of both content. One-half of the Immunology material will become part (a block within) of the Physiology course material and the Physiology course name will not change. The Immunology course will no longer exist as a course. The remaining one-half of the Immunology material will become part (a block within) of the Microbiology course. The Microbiology course name will not change. If there is room within the timeframe identified for the Physiology course to incorporate all of the Immunology hours then the entire Immunology course hours could be moved to the M1 year as a course.

Dr. Schoborg made a motion to adopt the Implementation Group 1 Option 1 for the M1 schedule with the three (3) identified changes as the M1 Schedule effective with the academic year 2017-2018. Dr. Johnson seconded the motion. MSEC voted eight (8) YES and nine (9) NO. The motion failed.

Dr. Schoborg made a motion to adopt the Course Director Curriculum Retreat Option 1 for the M1 schedule with the one (1) identified change as the M1 Schedule effective with the academic year 2017-2018. Dr. Abercrombie seconded the motion. MSEC voted ten (10) YES and seven (7) NO. The motion passed.

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- Third year OSCE
- Fourth year Keystone Course

There is consideration/discussion of including the elective courses which are available to our students:

- Healer's Art
- Medical Humanities
- Medical Ethics
- Medical Spanish
- End of life
- Academic Medicine (a new 4th year elective to be presented to MSEC)

The current hours allocated to each of the above courses (with exception of the third year) are sufficient to deliver the course material. There will need to be time shifted from year one (1) to year two (2) to allow better staging of content presentation. Small group sessions in the third (3rd) year at intervals of four-six (4-6) weeks will address clinically relevant issues such as self-reflection, ethical issues, and patient safety/quality improvement. They may also help us accomplish assessment of outcomes for softer Institutional Educational Objectives (IEOs). The small groups should not begin until after the "transition year 2018-2019" is completed. All small groups should be longitudinal for one (1) year at a time. There are recommendations from Implementation Group 2 that will be relevant to the course. A new academic fourth (4th) year elective, is being proposed and offered as part of the Doctoring course.

There was additional content related to MSEC's approved priority action plan identified for possible incorporation into the Doctoring course:

- Ethics – nothing specific was identified but based on pending CIS report this could change
- Quality Improvement/Patient Safety/High Value Care – again nothing specific was identified but based on pending CIS report this could change
- Clinical and Translational Research & Evidence Based Medicine – research ethics is currently included. Learning Resources' evidence based medicine presentation would be retained. Third (3rd) year small group sessions for some research related content would be appropriate.
- Critical Judgement – as part of the Practice of Medicine course material will be maintained
- Self-Care – nothing specific was identified but this fits with the overall theme of the Doctoring course curriculum and could be part of the third (3rd) year small group sessions
- Interprofessional – the future interprofessional education initiative, currently in development, could fit in this curriculum, i.e. Clinical Preceptorship and third (3rd) year small group sessions. Corner Stone Village Retirement Community is already in use by the College of Pharmacy and may be able to become an option for medical students

Implementation Group 3 has not identified a unified opinion about whether the Doctoring course should be a Pass/Fail (P/F) or graded A/B/C course.

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The courses included in the course are currently P/F courses, but there are arguments for both options and the Implementation Group asks that MSEC take action on the grade scale to be used for the Doctoring course.

There are a number of options for the naming of the course and MSEC was asked to take action on selection of a name for the course from the following:

- Becoming a Master Physician
- Asclepius
- Caring
- Care of the Patient
- Fundamentals of Patient Care
- Cornerstone: Art and Science of Medicine
- Cornerstone: Altruism, Excellence and Accountability
- Pillars of Medicine: Altruism, Excellence and Accountability
- Art and Science of Medicine
- Arc of Caring: Patients, Society and Physicians
- Becoming a Physician: Role and Responsibilities
- Progressing from Student to Physician
- Pathway to Becoming a Physician (could be aka Pathways course)
- Evolving from Student to Physician

3. Report: Implementation Group 3 – Report Discussion:

Dr. Lura spoke to the course name and recommended the name remain “Doctoring”. There was only one (1) objection to the naming convention when discussed earlier and the name is a common one used in other medical schools.

MSEC asked which courses are presently P/F and which are graded. It was confirmed that all the identified required courses for the Doctoring course are P/F. Dr. Florence noted that any of the Rural Program courses taken by our students as credit towards the Masters in Public Health (MPH) degree must be give a numeric grade at completion of the course (in addition to the P/F grade) to satisfy requirements of the Graduate school.

MSEC asked for clarification on the small group sessions inclusion in the M3 eighty-hour (80) work week limitation and it was confirmed that they would need to be included in the total hours for the week. The small group sessions are planned for intervals of every four-six (4-6) weeks. Dr. Florence asked about participation in the small groups when a student is not on campus, i.e. Sevierville, Mountain City or Rogersville, etc. Dr. Olive explained there would need to be an excused absence for non-attendance if the student is away -- perhaps setting a required number of attendance dates with an option to allow a number of excused dates. There may be an opportunity to SKYPE in on the session from a distance location or shorten the day for remote locations or all group sessions are held at the end of the day. Some of the clerkships, i.e. Internal Medicine and Surgery with their eight-week (3) rotations will have two (2) sessions during one clerkship.

Dr. Lura made note that movement of materials/hours (more clinical in nature) from year one (1) to year two (2) may require additional hours be added to a year two (2) course.

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Dr. Geraci stated that the report from the Curriculum Integration Subcommittee on Quality Improvement and Patient Safety will be delivered to MSEC next month and will require an additional six (6) contact hours to cover basic-content not currently covered in the curriculum.

MSEC asked Dr. Olive to speak to how the course would be managed, with a central course directors or multiple course directors. Initially, the course directors from the courses included in the Doctoring course will coordinate to manage the course and eventually there will need to be one chair or an executive position to oversee the Doctoring course and its content. Some of the courses will continue to run as they do now, i.e. Communication Skills for Health Professionals. Others with large group sessions will change significantly with small group session instruction.

Dr. Florence asked about comparable objectives for the course with regards to the generalist track and rural track. Dr. Abercrombie asked that there be more information provided on the administration/structure of the Doctoring course to ensure that each year's courses are connected across the curriculum. Dr. Olive stated currently there is not a commitment from one person to manage the course across all four years, but felt that this first year the Doctoring course could be implemented with a committee of course directors and one person taking the lead.

The report delivered by Implementation Group 3 is a broad overview of the Doctoring course and there is additional work that needs to be done to implement for the M1 schedule in 2017-2018; with additional work over the next few years as each year's schedule is defined and implemented.

Dr. Schoborg reasoned that if all the courses being included in the Doctoring course are now P/F then there should be no difference in the amount of student participation in the curriculum under the Doctoring course. Dr. Hayman asked about the number of students participating in the MPH program who will need a letter grade. Three to four students typically are enrolled and these students now receive a letter grade for their MPH course and a P/F for the medical course(s). Dr. Lura stated that she has numbers assigned to the P/F grades for POM: PPS which means that a letter grade can be produced for each P/F grade. Dr. Monaco was concerned with inter-rater reliability if he had to produce letter grades for the COL course. Neither of these courses contribute to the MPH program. MSEC discussed issues related to pass/fail versus graded course assessment. MSEC student members noted that students in a P/F course will be more relaxed and not study for a course as hard as they would for one they know has a letter grade associated with it and affects their grade point average (GPA). Some schools do use a high pass/pass/fail grade scale that does not affect the GPA, but can be identified in the Dean's letter/MSPE and gives added incentive to be involved in the course without affecting the GPA. Putting a letter grade on a course shows its' importance to us and the students. Student representatives commented that if the now P/F courses are graded would the students receive "A's" and lessen the importance of a letter grade and contribute to greater grade inflation. The idea was expressed that implementing a High Pass/Pass/Fail grade scale may have a more positive impact on students striving for the notation of High Pass versus Pass in the Dean's letter/MSPE comments.

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Dr. Abercrombie spoke to Implementation Group 2 report that will include recommendations about standardizing the assessment tool in the third (3rd) and fourth (4th) years and utilizing a rubric style assessment; resulting in a letter grade that is more standardized. Dr. Bird saw in her experience with evaluations there is no validity in the issuance of grades by faculty. Dr. Lasky noted that the comments in the composite are better identifiers of student accomplishment and supports the P/F grade scale.

Dr. Geraci reviewed the proposed M4 elective titled *Preparing for an Academic Career* which is recommended as a four (4) week elective, thought it could be taken as a two (2) week elective. The elective is to prepare students who are specifically interested in future academic careers gain skills and knowledge in advance of beginning their residency. Ms. Peeples stated that one of the Implementation Group 2 recommendations will be for longitudinal electives in the M4 year so this elective may fit into that recommendation.

Dr. Lura said we have a number of students with different interests and there may be an opportunity to add an Interest thread, i.e. academic medicine, across all four (4) years. Learning Resources asked about the teaching of literature research for the proposed elective and Dr. Geraci confirmed he would be asking Learning Resources to participate in teaching this segment. Dr. Geraci asked MSEC for approval of the elective.

Dr. Olive noted that the course needs to identify formal learning objectives and be mapped to the Institution Education Objectives (IEOs) before it can be approved by MSEC.

Dr. McGowen asked that today MSEC take action on the following with regards to Implementation Group 3's report:

- Naming of the Doctoring course
- Decide if the Doctoring course is going to be P/F or graded
- Approve/Disapprove the general concept of the Doctoring course, even though a lot of the details for the course remain to be solidified

**Dr. Johnson made a motion to name the longitudinal course "Doctoring."
Dr. Florence seconded the motion. MSEC unanimously approved the motion.**

Confirmation was made that the naming convention for the Doctoring course would be Doctoring I for the M1 course, Doctoring II for the M2 course, Doctoring III for the M3 course, and Doctoring IV for the M4 course.

Dr. Monaco made a motion to keep the Doctoring course as a Pass/Fail course. Dr. Bird seconded the motion. Dr. Bird asked that the motion be amended to a High Pass/Pass/Fail grade scale for the Doctoring course. MSEC votes resulted in a tie vote of nine (9) yes and nine (9) no votes, with no abstentions. Dr. McGowen broke the tie vote, making the final vote ten (10) yes and nine (9) no. The motion passed.

Dr. Geraci made a motion to accept the Academic Medicine Elective in concept and bring back to MSEC with the course details to include the learning objectives and proposed grade scale. Dr. Monaco seconded the motion. The motion passed.

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Dr. Moore made a motion to accept the Doctoring course concept to include the courses identified for inclusion in Implementation Group 3's report. Dr. Bird seconded the motion. MSEC unanimously approved the motion.

*The final Implementation Group 3 report is found in a link at the end of these minutes.
The proposed M4 Elective is found in a link at the end of these minutes.*

4. Report: Implementation Group 2 – Tiffany Lasky, Chair Tabled to March 21, 2017 for Presentation

The final Implementation Group 2 report is found in a link at the end of these minutes.

5. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates – no discussion needs were identified.

The meeting adjourned at 6:00 pm.

MSEC Meeting Documents

Window users will connect to the files in the Shared T Drive at:<T:\Shared\Curriculum Management\MSEC Meetings; Membership;Subcommittees\MSEC Minutes; Documents>

For MAC users you will need to connect to the ETSUFS2 server and then navigate to the T:\Shared folder and then navigate through to the Curriculum Management\MSEC Meetings; Membership:Subcommittees\MSEC Minutes; Documents

1. [MSEC Retreat Minutes January 17, 2017](#)
2. [Implementation Group 1 Report](#)
3. [M1-M2 Proposed Schedules](#)
4. [M1 Adopted Schedule](#)
5. [Implementation Group 3 Report](#)
6. [Implementation Group 3 M4 Preparing for an Academic Career Elective - DRAFT](#)
7. [Implementation Group 2 Report \(Tabled to 3/21/16\)](#)

Upcoming MSEC Meetings

Tuesday, March 21, 2017 – 3:30-6:00 pm

Tuesday, April 4, 2017 – 3:30-6:00 pm

Tuesday, April 18, 2017 – 3:30-6:00 pm

Tuesday, May 16, 2017 – 3:30-6:00 pm

Tuesday, June 13, 2017 – **Retreat** 11:30-3:30 pm/**Annual Meeting** 3:30-5:30 pm

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

LCME Timeline

2015-2016 – Comprehensive review of curriculum

2016-2017 – Develop / implement curricular changes

2017-2018 – Academic year reported in LCME Self-study and DCI

Fall 2019 – LCME accreditation Site Visit