3-21-2017

2017 March 21 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

QUILLEN COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Medical Student Education Committee - MSEC

The Medical Student Education Committee of the College of Medicine met on Tuesday, March 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
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Robert Schoborg, PhD
Jessica English, M4
Omar McCarty, M3
David Cooper, M2
Hunter Bratton, M1

Ex Officio Voting Members
Joe Florence, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member
Kenneth Olive, MD, EAD

Non-Voting Members & Guests
Jennifer Gibson, MD, Pediatrics

Academic Affairs Staff
Lorena Burton, CAP
Cindy Lybrand, MEd
Cathy Peeples, MPH

Shading denotes or references MSEC ACTION ITEMS

1. Approve Minutes of February 21, 2017 – Announcements

The February 21, 2017 minutes were approved as presented. They had been distributed in advance as part of the E-mail meeting reminder sent on Thursday, March 16, 2017.

Dr. Monaco made a motion to approve the February 21, 2017 minutes as presented. Dr. Abercrombie seconded the motion. MSEC unanimously approved the motion.

Minutes of the February 21, 2017 meeting are found in a link at the end of these minutes.

Dr. McGowen noted that the agenda was revised for today and the report from Implementation Group 2 will be delivered after the report from Implementation Group 1. Dr. Lasky, Chair for Implementation Group 2, is at another meeting and will arrive closer to 4:30 pm.

Dr. Olive announced that Dr. Beth Fox has had to step down as Chair of the M3/M4 Review Subcommittee due to family needs. Dr. David Wood, Chair of Pediatrics has enthusiastically accepted the position. The subcommittee will be meeting early next week under Dr. Wood.

A presentation titled: *Physician Wellness: Boundaries, Burnout, and the Physician Health Program*, will occur Tuesday, April 25th, beginning at 4:30 pm, in the large auditorium. It is being presented by Michael Baron, MD, MPH, Medical Director of the Tennessee Medical Foundation/Physician Health Program. He will be presenting to the Keystone course participants and to College of Medicine faculty. Dr. Baron will include information on how faculty may identify and address student impairment. Faculty are encouraged to attend.

Dr. McGowen reminded MSEC there will be an additional MSEC meeting on Tuesday, April 4, 2017 and a quorum will be needed for any actions to be taken. We have had a lot of curriculum topics to address with more to come and we need to remain current with our review and actions.

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

Dr. McGowen summarized the part of the Implementation Group report which had been presented at the MSEC February meeting. Recommendations for the M1 schedule and a request to review mapping and assessment standards received action from MSEC. Today, the remaining recommendations, to include the M2 schedule, will be presented by the group's chair, Rachel Walden. Prior to continuing with the report, Dr. McGowen referenced a letter to MSEC from Dr. Theo Hagg, Department of Biomedical Sciences Chair. The letter addressed the M1 schedule that had been adopted at the last meeting. The approved M1 schedule included action to split the Immunology course between the M1 and M2 years. Dr. Hagg asked that his concern be noted regarding MSEC's decision to split the course and asked that MSEC pay close attention to any adverse results from this decision.

Dr. Schoborg added that the letter is referencing any adverse results that are larger in magnitude than for other courses experiencing changes within the curriculum. MSEC received a copy of the letter with their meeting reminder on March 16, 2017.

Ms. Walden began with the options for the M2 schedule, identified as Options A, B, C (the options had been E-mailed with the draft minutes to MSEC members prior to the meeting). Dr. McGowen pointed out that when the Implementation Group initially presented their options for the M2 year (Options A and B), they had recommended that the course directors be asked to review and provide feedback. It was this feedback which created the third Option C at the Course Director's Curriculum Planning Retreat.

MSEC discussion included: similarity between Options A and B; Option C reflecting the removal of the Preceptorship week; redistribution of hours from the Preceptorship week; a two-day fall break; an updated start date for the Transition course; courses spread across the year and if there existed a need to identify them as fall/spring or course I and II for grade and remediation needs; and the need to integrate and schedule like or dependent content between courses. Student representatives expressed a positive response to integrating courses in both the M1 and M2 years. They felt Option C would encourage course directors to stage material covered in their courses when it covered like or dependent material. MSEC members concurred that there is a need to teach students how to learn to manage schedules and balance their workload just as they will need to do in residency. MSEC, to include student members, also concurred that integrated exams, either same day exam dates for all courses, or exams covering multiple courses with integrated questions will require multitasking for everyone, but it is needed.

MSEC discussed the teaching of course material when it is dependent on introductory material being taught in another course and how the course directors will need to work together to align presentation of material in a logical sequence that allows the students to understand how the material builds. Dr. Olive commented that he hoped course directors would be flexible in scheduling their course hours and allow delivery of course material in a manner that would provide for logical sequencing and optimum student learning.

MSEC questioned how students would remediate a failed exam if the course spanned over a full year versus being split between the fall and spring. Would the student be able to remediate only the failed portion of the course or would they repeat to take the entire course? There were questions about the fees students pay for courses based on whether they covered a full year or a portion of a year. MSEC asked if there are some options for splitting the courses at a logical point, i.e., fall break, winter break, etc. Dr. Olive noted that there may be administrative changes that will need to be made based on issuance of grades/or remediation of courses with adoption of any of the schedule options, but this should not prevent MSEC from adopting a schedule for the M2 year. Dr. Olive will obtain clarification of potential issues from the perspective of the Registrar.

Dr. McGowen asked if there was further discussion before moving to the adoption of an M2 schedule effective with the 2018-2019 academic year. There were none presented.

Dr. Monaco made a motion to accept Course Director Curriculum Planning Retreat M2 Schedule, identified as Option C, for the M2 Schedule effective with the 2018-2019 academic year. Dr. Abercrombie seconded the motion. MSEC voted eleven (11) yes to three (3) no, with zero (0) abstaining. The motion passed.

Ms. Walden identified that recommendation #3 to form a committee to review mapping and assessment standardization (curriculum metadata) has moved forward and includes administrative staff and Learning Resource staff who will be meeting this week to begin their review and report back to MSEC with their findings and recommendation(s).

Ms. Walden continued with recommendation #4 to form a committee that, on a longer-term basis, would review other curriculum models as possible options for adoption by the College of Medicine. She identified that there has been an amendment proposed by administration that would help facilitate this recommendation by laying the groundwork with the offering of monthly faculty development sessions. The development sessions are a first step to disseminate and discuss curriculum-related information while educating faculty on the many types of curriculum models being implemented across medical schools. The intent of the faculty development sessions is to review information and ideas related to curriculum development, discuss the pros and cons of each, and gather information for preparation of recommendation(s) back to MSEC, either through a committee or faculty consensus. Dr. McGowen identified that the first faculty development session would be delivered on April 12th from 3-4 pm with a presentation that had been delivered at IAMSE titled: Basic Medical Science Course Directors in Integrated Medical Curricula. All faculty are invited with MSEC and course and clerkship directors being encouraged to attend.

Dr. McGowen asked for further discussion on recommendation #4 and none was presented.

MSEC concurred that the amended approach to recommendation #4 of holding monthly faculty development sessions was an acceptable approach towards long term curriculum planning. The faculty development sessions would expose faculty to available curriculum organization and content models as well as delivery and assessment methods and allow more informed decision-making in the curriculum planning process.

Additional report recommendations include that all previous and future delivered thread and content reports be distributed to the course and clerkship directors so that they may identify which suggestions for content coverage in their course might be implementable as well as see where a thread and/or content is currently being presented across the curriculum.

A recommendation for priority #7 to increase clinical content in pre-clerkship years included having core clinical faculty and be an advisory group for the basic science faculty/courses. Ms. Lybrand stated that the Curriculum Integration Subcommittee currently has clinical faculty that can and do serve this role. Ms. Walden suggested that the clinical faculty make their assistance known among the basic science faculty/courses.

Dr. Monaco made a motion to accept the Implementation Group 1 report as presented. Dr. Abercrombie seconded the motion. MSEC unanimously approved the motion.
The Implementation Group 1 report is found in a link at the end of these minutes.

3. Update: Doctoring Course Committee:
Dr. Olive reported that the committee had met and was reviewing the current learning objectives for all courses included in the Doctoring I course. Course descriptions, grading policies, and clinical activities were discussed.

There is a specific plan for committee members to review the learning objectives and come back together as a group and discuss. There is a list of general topics from the Profession of Medicine M1 course that can be effectively integrated into the M2 year, but the committee has not clarified the number of hours represented by the topics.

4. Report: Implementation Group 2 Report Delivery: Dr. Tiffany Lasky, Chair
Dr. Abercrombie presented the Implementation Group 2 report as Dr. Lasky had not yet returned from her meeting. There were many recommendations with like themes that spanned over many of the priorities assigned to Group 2. Dr. Abercrombie presented each priority, providing the pro(s) and con(s) for each recommendation, with MSEC offering comment to the recommendations as presented.

Priority 1 – Strengthen evidence-based medicine in the curriculum:
The group recommended expanding case based pharmacotherapy sessions in the M3 clerkships and expanding to the M4 curriculum in the Doctoring course. There would need to be standard cases and objectives written for the sessions. This would be an inter-professional activity bringing together a Pharmacist, Basic Science faculty and Clinical faculty with the M3 and M4 students. This recommendation touches on priorities surrounding Basic Science content, Critical Judgement, and Interprofessionalism. It was also recommended to incorporate required write ups in each M4 Selective based on patient care clinical questions for a given list of topics to be selected from, i.e., EBM, Medical Humanities, Patient Safety/QI, Societal Issues or a cost analysis of service provided. The idea is to have the students critically appraise the literature and include topics not found in the M3/M4 years. Learning Resources could aid in the development of rubrics, faculty training and possibly grade review. There may be some publication opportunities for the Learning Resources staff.

One of the MSEC student representatives cited a similar experience as beneficial when an away rotation required a write up of the selective as part of the grade. The appraisal included feedback to the student from an MD/PhD before leaving the rotation. Ms. Walden added that Learning Resources is excited about the opportunity to develop rubrics and development of faculty training modules. There was some concern from MSEC about grading and faculty time/involvement as well as what course in D2L this would be tied to allow for submission.

Priorities 2, 3, 6 – Ethics/Critical Judgement/Clinical and Translational Research:
The write up for M4 Selectives, discussed in Priority 1, could also address these priority topics. The group recommended providing faculty development for M3/M4 course/clerkship directors on objective development and mapping so that Ethics content is easier to locate. There is a content report on Ethics being done in the Curriculum Integration Subcommittee and it will allow for more/better recommendations to be identified regarding Ethics content coverage. Dr. Abercrombie stated identifying Ethics content coverage has been challenging using the current mapping documents.

OSCEs may be an option for the incorporation of the Ethics content but it would require additional cases be written.

The group emphasized the importance of these topics being included and being assessed. A concern is whether the student receives feedback. Incorporating a rubric as is done in the Practice of Medicine OSCE rubric would assist with feedback to the student. Keeping the same expectations for identifying and assessing a student's skills should run across all four (4) years of the curriculum, i.e., communication skills. Having a rubric that can be adopted by other courses across the curriculum would be the primary recommendation.

Priority 6 - Define scientific content/objectives on clinical and translational research for inclusion and placement.

As with Ethics it is difficult with the current mapping to identify where clinical and translational research is being taught in the curriculum. Trying to understand what LCME Standards and Elements say regarding translational research required some in-depth review and the group's understanding was that the student needs to understand methodology and how to use it, but they do not have to carry it out and publish a project. The Evidence Based Medicine and Biostatistics course introduces a lot of the concepts but we need more opportunities for application. The group suggested a content report be completed to help identify where in the M1/M2 curriculum are opportunities to learn and practice the scientific method, i.e. blood draw in CMM. Adding IRB (CITI) training in the M1 orientation or as pre-matriculation requirement would allow students to be ready to practice what they learned early in the M1 year. In the M4 year the student could recertify before going into resident training.

MSEC discussion included IRB re-certification needed frequencies and whether an ETSU login was required. Dr. Conner confirmed that the PGY-1 residents complete the IRB training in their orientation week so that they are ready to use in scholarly activities/assignments. MSEC felt there were several opportunities to get the student knowledge and understanding of the methodology of clinical and translational research and position it in several courses. Ms. Walden pointed out that Group 1 recommended something similar with the idea of introducing the students to a research methodology in the early years and then bringing it back full circle in the M4 year.

Dr. Olive reviewed LCME Element 7.3 *Scientific Method/Clinical/Translational Research*. The standard requires instruction in the scientific method including hands on or simulated exercises in which students collect or use data to test and or verify hypothesis and address questions about biomedical phenomena. In the basic and scientific ethical principles of translational research the way research is conducted and evaluated, explained to patients and applied to patient care. The standard does not require a project be done or proposed. If the requirements of the standard can be accomplished through another method you have done a research proposal. The Data Collection Instrument (DCI) identifies that we will need to list the courses in which formal learning objectives and assessment can be documented to be able to include translational research is covered in the curriculum.

Priority 8 – Increase basic science content in years three (3) and four (4):

The group recommended completing a basic science content report of M3 clerkships to determine methods of integrating basic science content and assessment in M3 teaching. There were multiple activities identified to facilitate basic science content instruction / coverage: a journal club led by basic science faculty members; case based group instructions, simulated sessions, and case based narrated modules for self-directed learning.

MSEC discussion included questions about whether all students due to schedules would have an opportunity to participate in the suggested recommendations and whether we need to add more basic science or whether it is a matter of documenting where we include material and how we are assessing the student's understanding of basic science material when performing/completing clinical skills. Clinical MSEC faculty felt this is being done every day in the M3 and M4 years, either in didactics or teaching rounds. MSEC students felt that basic science content happens in a fair amount. The group felt it was included in the M3 and M4 year, but whether it is being assessed and documented is the basis of their recommendation(s). Dr. Gibson provided MSEC with examples of simulation cases in Pediatrics where students must use their basic science knowledge in patient diagnosis. These provides the clerkship director an opportunity to give the students feedback. MSEC members commented that several basic science faculty respond positively to requests to assist with facilitating M3 or M4 activities providing their research time does not interfere.

Priority 11 – Adopt Entrustable Professional Activities (EPAs) as organizing structure for clinical content.
This had previously been approved by MSEC for the M3 and M4 curriculums.
The group recommended this could be accomplished in the M1 and M2 years by reviewing each EPA and determining the foundational pieces and areas of instruction and assessment and where it should be taught in the pre-clerkship phase of the curriculum. The process would be like what is done for a thread or content report review, looking for gaps and standards in other areas and opportunities to incorporate.

Priority 18 – Evaluate the instructional methods used across the curriculum and identify opportunities for using new or alternative methods to enhance educational delivery and outcomes.
The group recommended completion of course and clerkship mapping with input to New Innovations would be needed to accurately assess needs and ensure consistency with terminology.

IEOs 4.4, 5.2, 6.6 - Identified as being part of the Portfolio proposals under Implementation by Administration.

IEO 8.6 – **Provide leadership skills that enhance team functioning; the learning environment, and/or the health care delivery system.**
The group recommended development of M4 longitudinal elective opportunities. These could potentially be extended to other years. Students would develop their own individually arranged elective to include preparation and delivery of teaching sessions. Examples of courses where they may participate are: IGR, Cellular and Molecular Medicine, Academic Medicine research, QI or patient safety project and Leadership Development (AOA grant). There would need to be faculty mentors/advisors to help students with structuring their schedule.

IEO 8.7 – Demonstrate self-confidence that puts patients, families, and members of the health care team at ease.
This is tied to Priority 11 – EPAS 6, 11, and 12 in the M3 and M4 years.

IEO 8.8 – Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.

It is recommended that the session in the Transition to Clerkships be modified to include more about ambiguity. Currently the topic is well reviewed but student comments from past Transition courses identify this could be reviewed in another manner than what they have received prior in the M1 and M2 years.

There were two long term goals identified with the report:

1. With lengthened M4 year, increase student capacity to support requirement of a two (2) week Emergency Room (ER) experience in either the M3 or M4 year for all students, increasing the number of required weeks from 33 to 35.

Implementation Group 2 supported a required two (2) week ER experience. We do not currently have the capacity to do this, but encouraged administrative work to facilitate this. If we provide an opportunity in the M3 or M4 year it would help decompress the requirement over two (2) years. Dr. Pierce has been recruiting ER physicians since learning about the limited capacity for rotations in ER. The group asked if we are asking our alumni and faculty or relying on staff to make the call about where opportunities exist to place students.

2. Increase availability of ICU/Critical Care (CC) experiences:

The group felt because this is a requirement for all students, we need to be able to have sufficient slots for students without them having to complete the requirement at another institution. The group reported that GME Program Directors have identified that all students should have at a minimum experience in Emergency Medicine, Critical Care, and a Subinternship in the student's field.

Dr. McGowen asked for MSEC comments on any of the recommendations presented today.

Dr. Olive stated that there are a lot of great recommendations in the Implementation Group 2 report, but if MSEC voted to adopt each of them in its entirety, Academic Affairs would be unable to implement them at the present time. There may be a few higher priority recommendations that we need to identify and implement. He was also concerned with the number of recommendations that would require someone to evaluate and provide feedback to the students, which would be a challenge. Dr. Abercrombie stated that the report was meant to offer recommendations and suggestions for implementations, but it is realized that not all recommendations and suggestions can be adopted now. The group's strongest recommendation is for documentation of instruction and formal assessment of the student's knowledge of the material being taught. Any formal assessment is going to require someone to grade the skill or work done by the student.

MSEC discussion centered on standardization of assessments and whether this can be done in the M3 and M4 years i.e., each clerkship has different rubrics for a patient history and physical. There was discussion about how the mapping of a course/clerkship would reflect the assessment of the student's history and physical skills. There may not need to be changes to the curriculum, but rather a need to complete mapping of each course and clerkship to reflect what they are teaching and how they are assessing that which is taught. Dr. Abercrombie summarized the Implementation Group 2 report into: completion of basic science content reports, the pharmacotherapy sessions for M3 and M4 years, Citi training, selective write-ups, and changes to orientation.

Dr. McGowen said the report has been presented and we have had some clarifications about what some of the report is recommending and asked if MSEC had questions regarding any recommendations or modifications to any of them.

Dr. Olive suggested that the report recommendations be taken to the course/clerkship directors for input about what they felt could be implemented. At the earliest it would be 2 or 2 ½ years before implementation of any of the recommendations as we do not want to do too much in the transitional year so we are looking at implementation when the incoming class is moving to their M3 year.

Ms. Walden asked that the same be done with Implementation Group 1 report and have it taken back to the course directors for input about what they felt could be implemented. There were several recommendations in the report that were not specifically discussed with MSEC because the primary focus was on the M1 and M2 schedules, but all recommendations do need to be shared with the course directors.

Dr. Olive asked Dr. Gibson to comment on whether she felt as a clerkship director and Implementation Group 2 member whether the recommendations were implementable. Dr. Gibson felt that a lot of the recommendations are probably already happening in some manner, but the documenting of teaching and assessment is not complete. Some of the areas like Translational Research are not as clear cut and the report was intended to offer suggestions about how this might be incorporated into a course or clerkship. Using some type of rubric for certain clinical skills could be incorporated to help standardize an assessment tool.

Dr. Schoborg made a motion to accept the Implementation Group 2 report as presented and to continue content and assessment mapping that will provide the details of the College of Medicine's curriculum content to include instruction and assessment methods. The Implementation Group reports will be taken to the course and clerkship directors to both educate and gather implementation options for courses and/or clerkships regarding recommendations. Dr. Florence seconded the motion. MSEC unanimously approved the motion.
The 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.

Dr. McGowen thanked the Implementation Groups for their hard work and the work MSEC has done with receiving the reports. MSEC will be meeting again in two (2) weeks on April 4, 2017 at 3:30 pm.

The meeting adjourned at 5:50 pm.

MSEC Minutes Approval April 4, 2017

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:Subcommitteess\ MSEC Minutes; Documents

1. **February 21, 2017 Approved Minutes**
2. **Implementation Group 1 Report**
3. **Implementation Group 2 Report**

Upcoming MSEC Meetings

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