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Medical Student Education Committee Minutes

5-16-2017

2017 May 16 - 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, May 16, 2017 in the Academic Affairs Conference Room of Stanton-Gerber Hall, Building 178

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha 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
Omar McCarty, M3
David Cooper, M2
Hunter Bratton, M1

Ex Officio Voting Members

Tom Kwasigroch PhD
Theresa Lura, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Non-Voting Members & Guests

Robert Acuff, PhD, Surgery
Eric Beaumont, PhD, Biomedical Sciences
Brian Cross, PharmD, Pharmacy
Theo Hagg, PhD, Biomedical Sciences
David Wood, MD, Pediatrics

Academic Affairs Staff

Lorena Burton, CAP
Cindy Lybrand, MEd
Mariela McCandless, MPH
Cathy Peeples, MPH

Shading denotes or references MSEC ACTION ITEMS

1. Approve: Minutes of April 18, 2017

Dr. McGowen stated that Dr. Johnson had identified two arithmetic errors in the Outcomes data reported for Medical Knowledge Benchmark 5. This did not change the determination of the benchmark being met. The percentage of students scoring below the 10th percentile for Neuroscience should have been reported as 7.5% versus 1.5%. The percentile for Cellular and Molecular Medicine should have been reported as 5.5% versus 6.9%. Corrections to both the Outcomes report and the MSEC minutes have been done. Dr. McGowen asked for any other changes to the minutes and none were identified.

The April 18, 2017 minutes were approved with changes

Dr. Monaco made a motion to accept the April 18, 2017 minutes with the changes identified for the Outcomes report. Dr. Brown seconded the motion. MSEC unanimously approved the motion.

Minutes of the April 18, 2017 meeting are found in a link at the end of these minutes.

Dr. McGowen made several announcements:

The MSEC Retreat will be held on Tuesday, June 13th, beginning at 11:30 am with lunch and the Retreat to begin at 12:00 pm. At 3:30 pm the Retreat will move to the large auditorium for the MSEC Annual meeting.

The second Faculty Development session was held with Dr. Antonio Rusinol demonstrating/delivering his presentation utilizing Turning Point Cloud. The session was well attended by faculty. The next Faculty Development session will be Wednesday, June 14th, at 3:00 pm, in the large auditorium. The session have a slightly more clinical focus than the past two (2) presentations. A more extended schedule of sessions is being planned so that faculty may plan their attendance.

The CBSE I will be delivered to the M1 class on Thursday, May 25th, which is a one-day change from the originally scheduled Friday, May 26th. The M1 class requested the change in date so that they do not have a day between finishing classes and the CBSE I.

2. Update/Discussion/Action: Doctoring Course Planning Group Recommendations

Dr. Olive reported that the planning group for Doctoring I has met regularly and has made substantial progress. A draft of objectives for the course has been developed and is being reviewed. All the objectives have been mapped to the Institutional Educational Objectives.

The course grade will include six components, one each from the Profession Medicine, Communications, Case Oriented Learning, Career Exploration, Instruction of Physical Examination courses and clinical experiences in Preceptorships.

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The committee recommends that there be a single course called Doctoring I to include both the M1 students from Rural and Generalist Tracks (versus separate Rural Track and Generalist Track Doctoring I courses. This could be one (1) course with two (2) of components delivered in rural locations for Rural Track students. The two components that will continue to be delivered in the Rural Track geographical locations will be Case Oriented Learning and the clinical experiences in Preceptorships. All other components will be the same. A benefit to this will be more cohesive/integrated delivery of curricular content.

The committee's second recommendation is related to grading for the Doctoring I course. The hours devoted to delivery of the course will comprise 1/3 of the total hours in the first year. Previous discussion about Pass/Fail grading has been troublesome to the committee because not assigning a letter grade means the course will not contribute to the student's class rank. There has been agreement that there can be a numeric grade given to most of the components of the course. Some of the components do not easily lend themselves to this (Career Exploration and Case Oriented Learning), but the committee feels they can identify a numeric grade for these Pass/Fail components. Conversation with the Registrar's office identified that there is not a numeric field associated with a Pass/Fail grade in Banner and there is not currently a means by which to give a Pass/Fail grade and a numeric rank equivalent. **The recommendation is for a graded course with components of the grade being Pass/Fail that will contribute to the final course grade.** Dr. Olive asked for members of MSEC that are part of the Doctoring I course to provide input to the MSEC discussion of this recommendation.

MSEC is asked to approve:

- **One Doctoring I course identified for the M1 Rural Track and General Track students.**
- **The grading process for the course to be a graded course with components of the grade being Pass/Fail that will contribute to the final course grade.**

MSEC agreed that given the total number of hours, a student's final grade for the course should contribute to class rank. Discussion included following up with the Registrar's office to identify options for recording a Pass/Fail grade and associated numeric grade that will contribute to class rank and whether class rank is calculated through Banner or in a separate manner, i.e., Excel spreadsheet. There was discussion about keeping the course as Pass/Fail until Banner can be reconfigured (if possible) or an alternative method being put in place for the incoming M1 class and be used to track the grade point average for the students in the Doctoring I course until Banner fields can be established to accommodate both a Pass/Fail grade and its associated numeric grade. Students have identified previously that Pass/Fail courses were not perceived as of equal importance and disproportionate to the effort required. MSEC discussed trends in preclerkship pass/fail grading nationally. No information was available to identify how class rank was determined with the Pass/Fail grades.

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Dr. Olive stated he would speak with the Registrar's office about changes to Banner, but he reminded MSEC that a decision on the grade proposed for the Doctoring I course cannot be postponed to the June meeting date as students must be enrolled in the course through Banner as it is currently configured.

Dr. McGowen reminded MSEC that they had previously voted to have the Doctoring I course be graded as High Pass/Pass/Fail, but the Doctoring I course is revisiting MSEC's decision. Dr. McGowen asked for action today from MSEC.

Dr. Olive also reported that the IRB CITI training is ready for the incoming M1 class.

Dr. Olive shared an administrative view of the modules that the students will need to complete to satisfy the IRB training for the College of Medicine (COM). Each module has learning objectives, case presentations with some having videos, a quiz, and references for the material provided. The quiz must be satisfied at 80% or better correct to be identified as complete before the student can progress. The IRB training will be completed as part of the Doctoring I course and allow COM to report the content as part of the M1 year curriculum coverage. A decision about when these modules will be due has not been finalized.

The research piece of the course continues to be discussed in the committee. Dr. Geraci is developing a case that can be deployed in the case-based learning portion of the course to give students the opportunity to formulate research questions, look at data, analyze and draw conclusions.

Dr. Monaco made a motion to include a numeric score that will contribute to class rank with a Pass/Fail grade given for the Doctoring I course. Dr. Lura seconded the motion. The MSEC vote was twelve (12) to accept the motion and two (2) opposed. The motion passed.

Dr. Geraci made a motion to have one Doctoring I course for the M1 Rural Track and M1 Generalist Track students with the Rural Track students completing some components, i.e., Case Oriented Learning and clinical components of Preceptorship in other geographic location(s). Dr. Abercrombie seconded the motion. MSEC unanimously approved the motion.

3. Update: IPE Activities

Dr. McGowen introduced Dr. Brian Cross, who-provided updates on the Interprofessional Education initiative. Dr. Cross stated that in the current optional two-year longitudinal experience, students selected from all five (5) colleges, comprise about 10-12% of the first year students. One day per semester has been devoted to IPE. Beginning this fall the Deans and Associate Deans in the Health Sciences have agreed to a second day of experience. The two (2), one-half day experiences will run through the spring of 2019 academic year. In the fall of 2018, it is expected to have curricular based activities versus curricular parallel activities.

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In theory, it has been agreed by all of the Deans that we will have dedicated time within the curriculum for Interprofessional activities and within the College of Medicine, the Doctoring course looks like the most logical place for the Interprofessional curriculum, but there is yet a lot of details to be finalized.

To summarize, all colleges have agreed to an imbedded curricular model versus a curricular parallel model where students are part of “something”, rather than having to be excused from “something”. By the end of this semester, there will be more clarity to the role-out of this model for fall 2018. Faculty recruitment continues for a couple of new faculty that will lead group sessions.

MSEC asked for confirmation of the experience to be two (2) days versus one (1) day per semester, for the first-year students, effective the new academic year 2017-2018. Dr. Cross confirmed this would be a one-half day activity on a Tuesday or a Thursday (not within the same week) for a total of two (2), one-half days in the fall and spring semester of the M1 and M2 year.

MSEC was concerned that the two, one-half (2) days identified would impact the basic science course schedules as well as the exam schedules when students are identified for an excused absence from a course and/or exam. While the courses are not asked to cancel activities, but rather make the student(s) available for the Interprofessional activities, it does impact the scheduling of course activities /exams. With the changes made to the basic science curriculum beginning in the fall of 2017, the delivery of course material has yet to be confirmed so selection of a “more available” date for the fall of 2017 would be difficult to confirm at this time.

Dr. Olive stated that earlier when the one-half day dates were identified for the Interprofessional activities, the exam schedules were reviewed and where exams had typically been scheduled, that day was not selected. Dr. Cross confirmed that dates are continuing to be refined. Dr. Monaco made a request that a Thursday be selected for the M1s, when the majority of the Doctoring course materials would be delivered. Dr. Hayman stated that a Thursday was not a good day for the M2s. There were other suggestions about keeping the Interprofessional activities centered within the Rural Track where students meet on Tuesday and/or Thursdays.

It was noted that there are some days where courses do not meet for the full day and this may provide an option for the one-half day Interprofessional activities. Dr. McGowen asked Dr. Cross to share the dates with MSEC as soon as he is able to so that MSEC can have a follow up discussion to see how best to accommodate the identified dates.

4. Review/Approve: FM NBME Grade Component

Dr. Moore, Family Medicine Clerkship Director, presented a follow up report on the Family Medicine clerkship’s MSEC mandated administration of the NBME exam. MSEC had given a waiver to the Family Medicine clerkship regarding percentage weight assigned to the NBME exam grade component, including a 10-point curve. Part of the reasoning for the waiver was that there was an established OSCE included as 25% part of the final grade components.

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The waiver was for the NBME exam to be 15% of the overall grade (with 25% for OSCE = a total of 40% determined objectively) and a 10-point curve would be given to all NBME exam scores prior to the 15% grade component being figured.

Dr. Moore provided a Power Point slide presentation with details of the FM NBME administration. He requested a continuation of the current waiver until they have had a chance to review content area performance on the exam. NBME does not produce cumulative data until the fall time frame. At that time, the Family Medicine clerkship will be able to review comparative data and make changes to their curriculum as needed. The Family Medicine clerkship has already added some content to their curriculum based on a review of the NBME exam by the Clerkship Director and teaching faculty.

Dr. Olive noted that there is a financial cost associated with the request for Family Medicine to administer the NBME exams. The fmCases subscription (similar to Pediatric CLIPP cases and Surgery WISE MD cases), which included content for on-line case reviews and exam content preparation, was eliminated and the money redirected to the administration of NBME exams.

Dr. Moore's Power Point presentation is found in a link at the end of these minutes.

Dr. Geraci made a motion to extend the waiver to the Family Medicine clerkship for an NBME exam grade component of 15% to include a 10-point curve, for an additional academic year 2017-2018. The Family Medicine clerkship will continue to administer an OSCE with a 25% grade component. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

5. Report: M1/M2 Review Curriculum Subcommittee reports

Dr. Schoborg, requested he be contacted by telephone and participated at this point for the meeting item.

Dr. Acuff presented the M1/M2 Review Subcommittee report of the **Neuroscience course, with Dr. Eric Beaumont as course director**. Dr. Acuff reported the review identified similar short-term recommendations to those of previous years' review of the course. Despite some improvements such as improving NBME scores, the subcommittee asked for a more in-depth review by MSEC because of ongoing concerns. The course director, Dr. Beaumont, continues to make positive changes to the course's curriculum, instruction, and assessment methods since he took over as course instructor in 2015.

The added review of progress is recommended for the course to reach a satisfactory level of success acceptable by MSEC. The course received an overall evaluation by students of 2.6/5.0. Dr. Acuff reviewed the multiple comments in the report made to MSEC and the Course Director/Chair and EAD.

MSEC discussion included the larger number of instructors who provide materials/instruction for the course, issues in sequencing all instructors and formats, and whether four (4) to five (5) core faculty should be the norm for most courses.

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Student comments were noted about difficulty with the variations in instruction format and request that the same format be used for all course material. Dr. Brown clarified that there are three (3) instructors, including himself, that teach approximately 70% of the course. The other instructors teach less than ten (10) hours in the course. Dr. Beaumont confirmed this. -Further discussion included whether course instructors understood course objectives, assessment methods, schedules, format of delivery, and curriculum material covered by other instructors -- ensuring alignment with all events/sessions delivered in the course. Dr. McGowen reminded MSEC that a recently drafted policy, *Preparation of Resident and non-Faculty Instructors*, for review today may aide with this discussion.

Dr. Schoborg agreed that instructors need to have instruction prior to the start of the course and stated that he and Dr. Beaumont are already reviewing instructor notes in an effort to ensure like format and readability by students. He invited others to assist in the review. Any required major changes by MSEC to the course that would affect delivery of the course, i.e., reducing the number of instructors this upcoming academic year, 2017-2018, would create more issues, rather than encouraging progress with current efforts. A list of items to address has already been identified and is being worked on.

David Cooper, MSEC student member, stated it was important to reach out to the next class and inform them of the positive changes to the course, to help offset preconceived negative expectations of the course. In response to Dr. Beaumont's request for year-long support for USMLE Word access for students, student MSEC members endorsed the use of Board Vitals which is accessible though the QCOM library, while Q Bank requires additional payment. The Dean's office provides \$10,000 per year to the M2 class for the purchase of USMLE Word.

Dr. Hagg offered perceptions about the course from an administrative perspective. He stated that Dr. Beaumont was hired as the Neuroscience course director and was given the course to teach. The course continues to transition from a previous curriculum structure and previous course directors. Dr. Schoborg was asked to assist in review of the course and to assist Dr. Beaumont. He has also received great support from the other M1 and M2 course instructors. New faculty are being hired, but they have set percentages for both teaching and research which is reviewed after a period of time after being hired and adjusted as needed. He also noted that he, Dr. Olive, and Dr. Schoborg have and will remain in conversation about how best to manage the course curriculum and its delivery.

MSEC agreed that the approach to assisting with the course delivery would be to sequence the short and long term recommendations with a primary goal of delivering the Neuroscience curriculum with a core set of faulty. After extensive discussion, Dr. McGowen asked that MSEC identify their recommended action to be taken. According to our existing policy, action could include a request for an early comprehensive review (possibly including additional administrative staff in the review). Alternatively, MSEC could request a follow-up in a prescribed time-frame by the course director about the status of planned improvements.

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Dr. Johnson requested a change to the M1/M2 short-term recommendation for an Administrative review to one that requires Dr. Beaumont to provide a status report to MSEC in six (6) months on the list of planned actions and include his impression of how the course is progressing. MSEC accepted the report as delivered with the change to the short-term recommendations.

The M1/M2 Review Subcommittee report for Neuroscience is found in a link at the end of these minutes.

6. Report: M3/M4 Review Curriculum Subcommittee reports

Dr. Wood presented the **Pediatric Clerkship report, which has Dr. Jennifer Gibson and Dr. Demetrio Macariola as clerkship directors.** He reviewed the breadth of instruction methodologies, added simulation experiences, added sub-specialty instruction, and multiple assessment components utilized in calculation of the final clerkship grade. The Pediatric clerkship uses MEDU CLIPP cases for students as part of their directed self-study curriculum structure. The NBME mean was 74.1 compared to the national mean of 76.4 for pediatric clerkships of comparable length. The overall student evaluation of the clerkship was 4.6/5.0. The course's strengths and weaknesses were identified as were recommendations for the course director.

MSEC discussion included concerns about lack of student access to the EHR. Dr. Moore stated that Family Medicine has been able to create a workable solution and he would share this with the Pediatric clerkship. There was discussion about the number of students assigned to each Pediatric clerkship rotation which is determined by class size. The course directors are working to identify additional rotation locations for the next year that will allow student populations at locations to be reduced in number or more evenly distributed.

MSEC accepted the report as delivered.

The M3/M4 Review Subcommittee report for the Pediatric clerkship is found in a link at the end of these minutes.

Dr. Wood presented the **RPCT Clerkship report, with Dr. Joe Florence as clerkship director.** The course is primarily ambulatory and occurs in two rural placements. The clerkship plans to restructure the course to address concerns about organization and its roll-out to the students to include improving the syllabus and schedule, and-scheduling regular meetings with the students. This year, the course began delivering the NBME exam and student scores have been good with 55% of the students scoring about the national mean. The overall student evaluation of the course was 4.5/5.0 for both locations. Strengths and weaknesses were identified. Short-term recommendations include many of the items that are being proposed for restructure by the course administration. Long-term recommendation is to have the course map their instruction and assessment methods to the institutional objectives.

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MSEC accepted the report as delivered.

The M3/M4 Review Subcommittee report for the RPCT clerkship is found in a link at the end of these minutes.

Dr. Wood presented the **OB-Gyn Clerkship report, with Dr. Mark Ransom as clerkship director**. Students rate the course highly with an overall evaluation of the course of 4.4/5.0 across all locations. The NBME mean is 75.5 compared to the national mean of 77.5 for clerkships of comparable length. There are seven (7) key instruction methodologies identified for the course. The ambulatory instruction is identified as 2-weeks of the 6-week rotation. Course strengths and weaknesses were identified. The short-term recommendation was to the clerkship director to work with inpatient attending physicians and residents to ensure active student engagement on the inpatient service. There were no long-term recommendations.

MSEC accepted the report as delivered.

The M3/M4 Review Subcommittee report for the RPCT clerkship is found in a link at the end of these minutes.

7. Report/Action: Curriculum Database and Exam Soft Tagging Recommendations

Dr. McGowen introduced Rachel Walden, Associate Dean of Learning Resources/Library Director who led a review to identify recommendation(s) for the identification of a standardized vocabulary in tagging of our curriculum content and how we assess it. She reviewed the requirements/needs we have for wanting to be able to map our curriculum and assess it.

Recommendations in general were to:

- Continue to tag instruction and assessment methods to Medbiquitous
- Use the USMLE vocabulary as-is with predefined supplementation (plus list) for course events/sessions, and exams
- Work toward event-level tagging for all courses/clerkships

There were three (3) optional approaches for managing the session/event tagging:

- Course/clerkship director provides keywords and librarians map to controlled vocabulary.
- Course/clerkship director provides course materials and syllabi to pick terms
- Course/clerkship director does it all

Recommendations for the Plus List:

- The Plus List be modified to provide a topically grouped reference sheet, along with the event forms
- The event form to be revised to use language about keyword rather than USMLE codes

Additional recommendations for Course/Clerkship Directors:

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- Complete keywords at the time of delivery of the event
- Annually return all course event terms to course director for review/update
- Pilot test librarians tagging exam questions for Exam Soft

There were additional recommendations regarding the tagging levels, training materials, etc.

MSEC discussion included the multiple recommendations offered to the course and clerkship directors for initial mapping (where it had not yet been done) of their course/clerkship to the event level. The data entry process will be defined by Academic Affairs Administration. Dr. Hayman asked what level the course/clerkship director should be going to when mapping their curriculum material. Ms. Walden explained it is not black or white, but is dependent on what the course/clerkship director feels reaches the material being covered. She suggested asking “what is the event about”, “what does it cover” to better identify how deep to go in identifying the keyword(s)/level.

Dr. Lura made a motion to accept the recommendations for using the USMLE vocabulary with a modified supplemental list. Dr. Johnson seconded the motion. MSEC unanimously approved the motion.

The Learning Resource Power Point with all recommendations is found in a link at the end of these minutes.

Due to the lateness of the day the following agenda items were tabled to the June 13, 2017 MSEC Retreat.

8. Report: LCME Standard/Element:

- 6.2 Required Clinical Experiences
- 9.3 Clinical Supervision of Medical Students

9. Approve: MSEC Policies

- Preparation of Resident and non-Faculty Instructors – New Policy
- Clinical Supervision of Medical Students - New Policy
- Documentation of Specific Required Procedures and/or Patient Types MSEC 0313-4

10. Report/Approve: Required Skill Logger Listing

11. Report: Curriculum Content Report: Medical Professionalism & Ethics

12. Follow Up: Anatomy Lab Faculty

13. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates

The meeting adjourned at 6:05 pm.

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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>

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1. [April 18, 2017 Minutes](#)
2. [FM NBME Grade Component Power Point Presentation](#)
3. M1/M2 Review Subcommittee Report - [Neuroscience](#)
4. M3/M4 Review Subcommittee Report – [Pediatric Clerkship](#) – [OB-Gyn Clerkship](#) – [RPCT Clerkship](#)
5. [Curriculum Database and Exam Soft Tagging Recommendations – Power Point Presentation](#)

Upcoming MSEC Meetings

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

2018-2019 – all Tuesdays - *Note not on the 3rd Tuesday of the month due to holiday scheduling

July 18, 2017 – 3:30-6:00 pm August 15 – 3:30-6:00 pm September 19 – 3:30-6:00 pm

October 17 – Retreat – 11:30 am-5:00 pm November 14 – 3:30-6:00 pm*

December 12 – 3:30-6:00 pm* January 16, 2018 – Retreat – 11:30 am-5:00 pm

February 20 – 3:30-6:00 pm March 20 – 3:30-6:00 pm April 17 – 3:30-6:00 pm May 15 – 3:30-6:00 pm

June 19 – Retreat 11:30 am-3:30 pm June 19 - Annual Meeting - 3:30-5:00 pm

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