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Medical Student Education Committee Minutes

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10-17-2017

### 2017 October 17 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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QUILLEN  
COLLEGE of MEDICINE  
EAST TENNESSEE STATE UNIVERSITY

## Medical Student Education Committee

### Retreat Minutes: October 17, 2017

The Medical Student Education Committee of the Quillen College of Medicine met for a Retreat on Tuesday, October 17, 2017 in Classroom C-003 of Stanton-Gerber Hall.

### Attendance

#### Voting Members

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Martha Bird, MD  
Russell Brown, PhD  
Patricia Conner, MD  
Thomas Ecay, PhD  
Stephen Geraci, MD  
Russell Hayman, PhD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Mark Ransom, MD  
Robert Schoborg, PhD  
Omar McCarty, M4  
Hunter Bratton, M2  
David Cooper, M3  
Erin Lutz, M1

#### Ex Officio Voting Members

Theresa Lura, MD  
Rachel Walden, MLIS

#### Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

#### Non-Voting Members & Guests

Robert Acuff, PhD  
William Finger, PhD  
Jerald Mullersman, PhD  
John B. Schweitzer, MD  
David Wood, MD

#### Academic Affairs Staff

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

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Shading denotes or references MSEC ACTION ITEMS

#### 1. Approve: Minutes from September 19, 2017 Meeting

Dr. McGowen noted that the September minutes had been updated to reflect that the reference to the prior minutes reviewed pertained to August 2017, not September 2017. She asked for additional comments and changes. None were identified and the minutes were accepted as updated and presented.

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### Announcements:

- Dr. McGowen reported that the Faculty Development webpage had been updated to provide links to recordings of sessions held. Faculty may review delivered session presentations as wanted/needed.
- Dr. McGowen noted that the M3M4 Keystone Course Annual review, to be presented at the meeting, had been updated with the short and long term recommendations removed with resolution. Dr. Wood will speak to this with his delivery of the report.
- Dr. Olive announced that Ms. Cindy Lybrand, Medical Education Coordinator, Academic Affairs, will be retiring at the end of this month, October 2017. Ms. Lybrand will be available for a period of time for consultation, either by phone and/or email after her departure. The M1M2 course directors are encouraged to contact Ms. Lybrand before the end of the month with course scheduling questions.
- Dr. Olive shared a published book chapter by Dr. Ramsey McGowen, PhD, featured in *The Behavioral Sciences and Health Care, 4<sup>th</sup> Edition*. It is noted that Dr. Martha Bird, MD, contributed to the practice exam section of the book.
- Dr. McGowen reported that Dr. Hagg, Chair, Department of Biomedical Sciences, responded to MSEC's letter of concern about sufficiency of teaching faculty specifically in light of expected retirements that will affect the Pharmacology course. The response identified three currently advertised positions. Dr. Schoborg added that the faculty search committee discussed the next two to three recruitments and the need for one of them to possess a pharmacology background that would enable them to teach in the Pharmacology course.
- Ms. Rachel Walden, Medical Library, noted that there are two (2) "Rachel Walden" name listings in the ETSU Global Addresses and asked that extra care be taken when communicating with her by e-mail. Accurate communication with her is through the listing for Rachel R. Walden from the Medical Library.
- Ms. Walden shared with MSEC that an Academic Advisor position has been approved and being widely advertised. The position will provide academic support and career counseling to students, as well as identify and support at-risk students. Ms. Walden will send a link to MSEC for the position advertisement/specifics.

MSEC voted to accept the September 19, 2017 minutes as updated and presented.

*The September 19, 2017 MSEC minutes document is shared with MSEC members via a One Drive document storage option.*

### **2. Report: M3M4 Review Subcommittee: 2016-2017 Keystone Annual Course Review**

Dr. Wood presented an updated version of the Keystone Annual Course review. The M4 course is directed by Dr. Theresa Lura. The course requires a total of 90 credits be completed over the three-week (3) delivery and includes a wide range of topic coverage. The course is structured similar to a Continuing Medical Education (CME) course, allowing the M4 students to select and complete courses that will provide the necessary credits needed to pass the course. The course utilizes multiple instruction methods and instructors (60 plus). Dr. Lura monitors the course closely with attendance and review of the multiple sessions and student evaluations of each, making changes each year to sessions offered. There were no short or long-term recommendations identified in the report. The overall student evaluation of the course was 4.10/5.00 for both the 2016-2017 and 2015-2016 academic years.

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Dr. Deidre Pierce, MD, Internal Medicine, will be assisting Dr. Lura in the future as a co-director and will be phasing in as the course director upon Dr. Lura's planned retirement in 2019-2020. Dr. McGowen asked for questions regarding the report, and if none, acceptance of the delivered report.

Dr. Schoborg made a motion to accept the M3M4 Review Subcommittee Keystone Annual Course Review as updated and presented. MSEC voted to accept the report with Dr. Lura abstaining.

*The Keystone Course Annual Review document is shared with MSEC members via a One Drive document storage option.*

### **3. Report: Curriculum Content Query: Substance Abuse**

Dr. Olive presented a curriculum content report titled: *Substance Abuse* utilizing curriculum data taken from multiple resources, i.e., Curriculum Database, D2L course sites, etc. The search for data included Keywords, i.e., abuse, addiction, narcotics, opioids, alcohol, tobacco, pain, and neonatal abstinence.

Multiple courses/clerkships in the M1-M4 years were identified with topic coverage. Several MSEC members identified additional courses/clerkships where the topic is covered/addressed and will send the information to Dr. Olive for updating the content report.

Dr. Olive stated that the plans for Doctoring II includes developing content on comprehensive Pain Management. MSEC discussed this content report and agreed that "Substance Abuse" should be considered for inclusion as a formal curriculum "Thread."

Dr. Lura made a motion to forward a request to the Curriculum Inventory Subcommittee (CIS) to review and prepare a formal Thread report of curriculum content on Substance Abuse for MSEC. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion. Dr. Olive will forward the content report to CIS upon receiving the additional content coverage from courses/clerkships that was identified.

*The Curriculum Content Query report on Substance Abuse as presented is shared with MSEC members via a One Drive document storage option.*

### **4. Report: LCME Standard-Element: 8.1 Curricular Management & 8.3 Curricular Design, Review, Revision/Content Monitoring**

Dr. Olive reviewed LCME Elements 8.1 and 8.3 covering the management, design, review and revision of the curriculum as well as monitoring that is intended to ensure the curriculum is functioning effectively as a whole and achieving medical education program objectives. The LCME Data Collection Instrument (DCI) requires specific identification and/or examples of the curriculum development, design, implementation, the structure and relationships, review processes, reporting, addressment of problems, on-going monitoring, and the tools (database, templates, minutes, etc.) which will need to be provided before-hand to LCME in 2019 in conjunction with the their site visit. Dr. Olive reported he contacted the two (2) M1 students from the Organization of Student Representatives (OSR), who will be coordinating the LCME Independent Student Analysis (ISA) Report as part of the College of Medicine's accreditation site visit preparation.

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The presentation led to an MSEC discussion regarding evaluation of faculty performance and the use of student evaluations versus faculty or peer evaluations. Discussion included consideration of a more formal mandatory peer review process initiated as part of the curriculum review. Dr. Olive commented that the Faculty Advisory Committee (FAC) would need to review and comment on a peer review process before putting into place. MSEC members were concerned with 1) timing of the request and the curriculum changes already scheduled for implementation and whether specific courses may need to be targeted to keep the initial scope manageable and; 2) most course instructors were never formally trained to be teachers and training would have to come before formal evaluation of faculty. Dr. McGowen reminded MSEC of the Faculty Development sessions being held and saved to the Faculty Development webpage for review. The topic of faculty evaluation will be part of subsequent discussion(s) in future MSEC meeting(s).

LCME Standards-Elements, Guidelines and Procedures, etc. can be found at:  
<http://lcme.org/publications/>

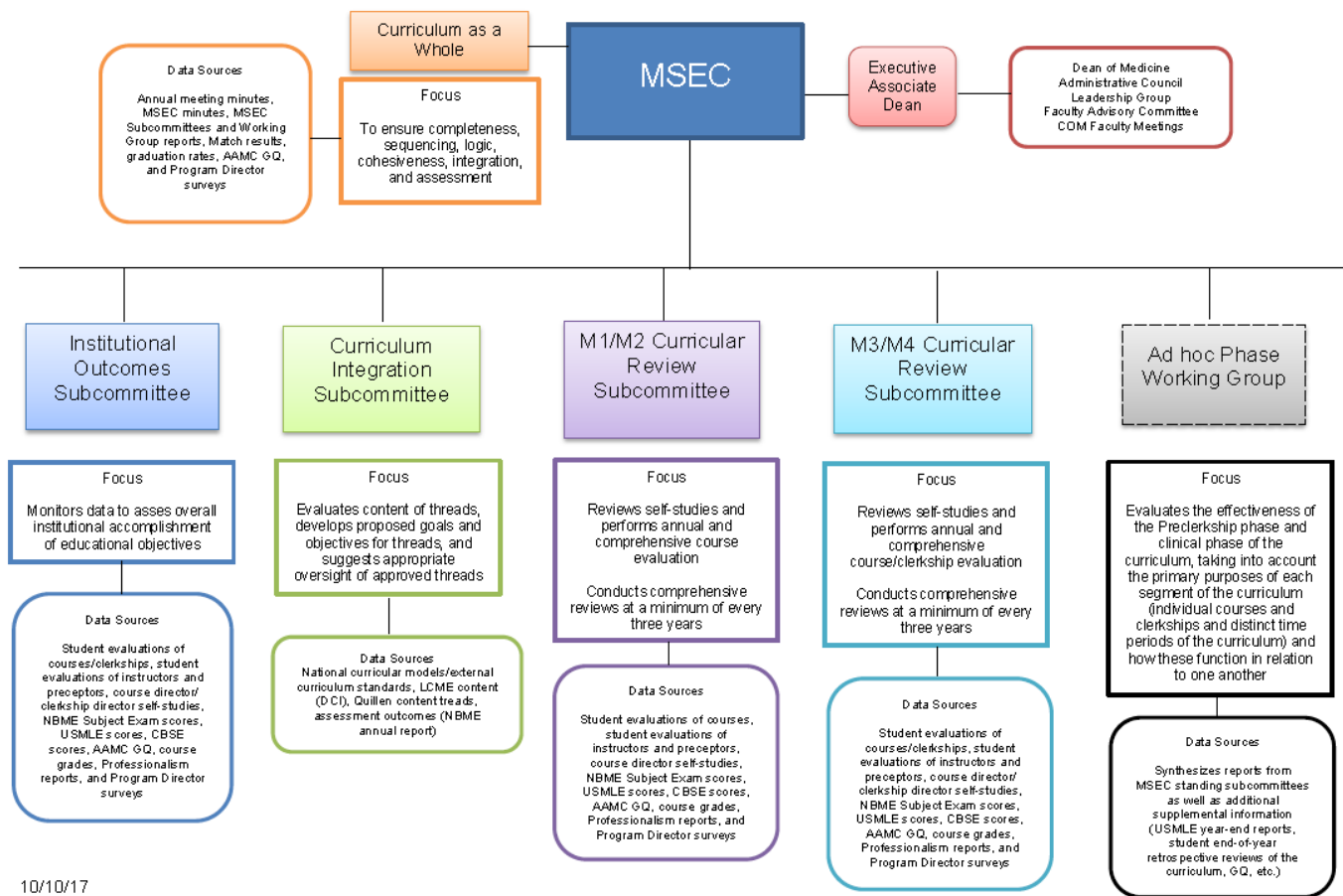
*The LCME Standard-Element PowerPoint presentation is shared with MSEC members via a One Drive document storage option.*

### **5. Review/Discussion: Curriculum Review – Phases and Comprehensive**

Dr. McGowen reviewed three (3) schematics depicting our curriculum design and the review processes to include the Periodic and Comprehensive Review of the Curriculum and the Review of Phases (preclerkship and clerkship).

Dr. McGowen asked for questions and/or comments with none being identified.

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The Curriculum Review Schematics (3) are shared with MSEC members via a One Drive document storage option.

## 6. Discussion: Course/Clerkship Governance

Dr. McGowen asked for MSEC to break into three (3) discussion groups, each having two (2) hypothetical cases involving curriculum/course/clerkship governance questions. The groups were asked to discuss and bring back to MSEC for discussion the main points discussed, and the difficulties and/or ease in identification of what types of decisions can be made within a course/clerkship and which should be reviewed by MSEC.

MSEC large group discussion identified some of the instances where MSEC should be part of the discussion and final decision process before initiation of a change (list is not inclusive).

- Any change to a process/procedure previously identified as part of an adopted MSEC policy/procedure
- Change to percentage of NBME scores/final grades
- Curriculum changes after the initial start of a course or clerkship
- Curriculum changes that impact the curriculum as a whole

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MSEC large group discussion identified some of the instances where MSEC does not need to be part of the discussion and final decision process before initiation of a change (list is not inclusive).

- Sequence changes to delivery of material within a course/clerkship
- Rescheduling of students to course/clerkship sub-assignments and/or groups where overcrowding of students may be identified

Dr. McGowen thanked MSEC for their group discussions and felt that everyone had a better understanding of the type of decisions that can be made within a course/clerkship as well as understand the problems or potential for problems that can be avoided when a change is discussed with other course/clerkship directors and/or MSEC before the change is implemented.

*The hypothetical cases (3) shared and discussed are made available to MSEC members via a One Drive document storage option.*

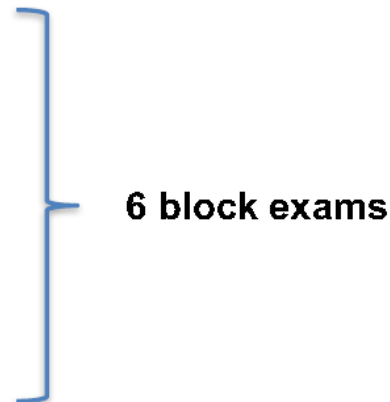
**BREAK: 15 minutes**

### **7. Report: M1 Course Directors Gaps, Redundancies, and Sequencing and Other Examples**

Dr. Schoborg presented a PowerPoint presentation summarizing the M1 curriculum changes initiated in 2017-2018 including a summary of the resequencing of the M1 curriculum into “foundations” and “systems” with block exams and the deletion of some repeated content which will facilitate elimination of unplanned redundancy. He identified that there were no major additions, but more resequencing or renaming of content coverage. The block exams will be multiple separate exams, but delivered on the same day. In the future it is hoped that the multiple separate exams will be able to be combined into “integrated” exams, covering multiple content in one exam.

# Summary

- **Significant resequencing into “foundations” and “systems”**
  - Foundations in Nov/Dec (2 block exams)
  - CV in Jan
  - Pulmonary in Feb
  - Renal in Feb/March
  - Spring break
  - GI in March/Apr
  - Endocrine in Apr
  - Reproductive in Apr
  - Immuno/Cancer/Genetic disorders in Apr/May
- **Deleted some repeated content in CMM, Genetics, and Immunology**
  - Mostly cell biologic content
- **Facilitates elimination of more unplanned redundancy in the future**
  - Faculty are requested to attend other course activities in their blocks to facilitate this process



*The M1 Course Directors Gaps, Redundancies, and Sequencing PowerPoint is made available to MSEC members via a One Drive document storage option.*

## **8. Report: CBSE Scores Include Comparison to STEP I**

Dr. Olive presented a comparison of the CBSE scores relative to STEP 1 scores for the Classes of 2017, 2018, and 2019. A score of 192 is passing for the STEP 1 exam. Students with a CBSE II score at or below 68 predict failure of the STEP I exam and students scoring at or below this level are counseled about preparation, including the potential option of time off to study for the STEP I exam. Students who have a single NBME below 10% are advised to take a comprehensive basic science self-assessment. The CBSE I exam is not looked at with relation to passing the STEP I exam, but the M1 students receive their scores as formative feedback.

MSEC felt that the newly identified Academic Advisor position needs to be involved with those students who receive low exam scores and a plan for study and test taking be developed and monitored. MSEC discussed M1 students' perception of the CBSE I exam, whether they saw it as a predictor of future exams, whether they understood how to interpret their CBSE I score and use it for summer review prior to beginning their M2 year.

*The CBSE Scores and Comparison to STEP I Scores document is made available to MSEC members via a One Drive document storage option.*



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**9. Report: Clerkship Distant Site Comparisons**

**Ref: LCME Element 8.7 - Family Medicine and Rural Primary Care Track Clerkships**

Dr. Olive presented data from the Family Medicine (FM) and Rural Primary Care Track (RPCT) clerkships about site comparisons, noting where differences were identified. LCME Element 8.7 states a medical school will ensure the curriculum includes comparable educational experiences and equivalent methods of assessment across all locations with a given course and clerkship to ensure students achieve the same medical education program objectives. MSEC discussed these data and determined that the one example of differencing performance on Step 2 CK performance was explained by a scheduling fluke and that comparable education was occurring.

**RPCT Comparability Across Sites 2015-2017**

Year	OSCE grade	NBME score	Final Clerkship Grade	Mid-Clerkship Review	Documentation of Patient Types and Procedures	Work Hours < 80	Step 2 CK	Step 2 CS	Clerkship Evaluation
<b>Rogersville</b>									
2015-2016, N=8	81.2	73	96.5	100%	95.8%	100%	238.1	100%	3.93
2016-2017 N=5	80.3	73.4	92.3	100%	100%	100%	258.8	100%	4.33
<b>Mountain City</b>									
2015-2016 N=7	85.3	67.5	95.5	100%	93.4%	100%	238.6	100%	4.77
2016-2017 N=4	80.3	79.3	94.3	100%	100%	100%	240	100%	3.75
<b>Comparisons</b>									
2015-2016	p=.086	p=.006	p=.362	n.s.	p=.546	n.s.	p=.936	n.s.	p=.06
2016-2017	n.s.	p=.087	P=.105	n.s.	n.s.	n.s.	p=.122	n.s.	p=.813

**Family Medicine Comparability Across Sites 2015-2017**

Year	OSCE grade	NBME score	Final Clerkship Grade	Mid-Clerkship Review	Documentation of Patient Types and Procedures	Work Hours < 80	Step 2 CK	Step 2 CS	Clerkship Evaluation
<b>Bristol</b>									
2015-2016 N=21	83.2	82.8	90.3	100%	98.68	100%	227*	95%	4.65
2016-2017 N=19	83.9	83.3	90.1	100%	100%	100%	243	100%	4.89
<b>Johnson City</b>									
2015-2016 N=17	87.1	82.8	89.9	100%	92.16%	95%	247	100%	4.33
2016-2017 N=18	86.4	80.4	89.5	100%	99.69%	95%	238	100%	4.24
<b>Kingsport</b>									
2015-2016 N=15	84.4	80.4	88.6	100%	95.42%	100%	232	100%	4.71
2016-2017 N=20	86.7	85	90.6	100%	100%	100%	244	100%	4.42
<b>Comparisons</b>									
2015-2016	p=.101	p=.509	p=.196	p=.196	P=.0001**	n.s.	p=.004	n.s.	p=.114
2016-2017	p=.286	p=.289	P=.001	n.s.	n.s.	n.s.	p=.4	n.s.	p=.004

\*3 failures from at-risk students

\*\*most had 100% Johnson City group had one severe outlier which skewed results

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### **10. Approve: Revised M3 & M4 Attendance/Leave Policies**

Cathy Peebles presented two (2) revised policies related to M3 and M4 leave requests. Each policy has added a requirement for pre-approved student attendance/leave from a clerkship/course for the purpose of Quillen Activity (Official QCOM committee or Integrated Grand Rounds/other teaching activity). The activities will require a "Permission to be Absent Form" to be completed and approved prior to the activity. Additional language added to each policy includes: "Failure by the student to comply with the policy may result in a Professionalism form being submitted by the clerkship director or the student receiving an incomplete for the clerkship."

MSEC discussed whether students involved in official QCOM committees should be required to complete a "Permission to be Absent Form" and/or have the number of days count as an absence. Student representatives commented that submitting the forms is not an issue, but having to count the days towards the number of days absent is not acceptable. MSEC members identified needing input from clerkship directors on this proposed policy revision.

Dr. Johnson moved to table MSEC action on the revised policies until the Clerkship Directors can provide input during their Clerkship Director meeting on Wednesday, October 18th. Input from the Clerkship Directors is to be brought to MSEC at the November 14th meeting.

Dr. Bird asked that a similar policy be drafted for the M1 & M2 years. Dr. McGowen confirmed a policy for M1 & M2 Attendance/Leave will be administratively reviewed for draft.

*The Tabled M3 & M4 Attendance/Leave Policies are made available to MSEC members via a One Drive document storage option.*

### **11. Approve: MSEC Policy for Student Transfer between Generalist and RPCT Tracks**

Dr. Olive and Dr. Joe Florence, RPCT Director, have drafted a policy addressing student requests to move from a Generalist Track to the RPCT Track or vice-versa. The student may request a move onetime in their M1-M4 years. Students must wait to begin the new track at the start of an academic year (no moves will be granted mid-year).

Dr. Abercrombie made a motion to approve the MSEC Policy for Student Transfer between Generalist and RPCT Tracks. Dr. Hayman seconded the motion. MSEC unanimously approved the motion.

*The MSEC Policy for Student Transfer between Generalist and RPCT Tracks is made available to MSEC members via a One Drive document storage option.*

### **12. Report: Actions related to MSEC discussion for development of means to educate/identify professionalism and responsibilities of both students and faculty.**

Dr. Olive confirmed that steps are being taken to educate and create an awareness for students across the curriculum about evaluating courses, clerkships, and faculty in a professional manner. Student comments need to be delivered so as to enable the course/clerkship director to improve the course for others and in a manner that provides course/clerkship directors with specific examples that can be acted upon. The Organization of Student Representatives (OSR) and Administration are working together on initiatives to foster the awareness.

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### 13. Presentation/Discussion: Faculty Development Video

Dr. McGowen introduced the Faculty Development segment with a video titled: *Spaced Education*. “Spaced Education” over time increased retention level and has been found to be better versus “mass learning”, i.e., cramming, boot camps, board reviews. After viewing the video, MSEC discussed the idea of designing a spiral curriculum with some planned redundancies that promotes student retention of material. Dr. Schoborg commented on his use of a spiral curriculum in the present M2 Immunology course delivery and offered to develop a summer tutorial that could be used by the M1 students, beginning with the class of 2021 between the M1 and M2 year when the Immunology course will be delivered in two (2) sections in 2018-2019 as part of the Physiology and Microbiology courses. MSEC also identified that all D2L courses should be available over a four (4) year term to allow students to review prior completed course material as needed.

*The link to the Faculty Development Videos (viewed video and reference video) are made available to MSEC members via a One Drive document storage option.*

**The MSEC meeting agenda was revised at this point to accommodate a guest presenter, Dr. Bill Finger with agenda item number 16 – Report: Administration Reviews: Human Sexuality I & II Summary Evaluation Data**

### 16. Report: Administration Reviews

#### Human Sexuality I & II Summary Evaluation Data

Dr. Bill Finger presented a PowerPoint presentation identifying the changes planned for the M1 and M2 Human Sexuality I & II workshops in the 2017-2018 spring semester. The changes are in response to student overall evaluation ratings and comments this past academic year (16/17).

#### Human Sexuality I & II Course Evaluation Ratings

Course	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Human Sexuality I workshop		4.19 (4%)	4.01 (8%)	4.04 (7%)	4.08 (3%)	4.3 (1%)	4.32 (0%)	4.28 (4%)	3.92	3.99
Human Sexuality OSCE						4.00	3.32		OSCE Not performed due to weather closure	4.06
Human Sexuality II workshop	2.53	3.38 (16%)	3.36 (16%)	3.67 (8%)	3.36 (15%)	3.5 (17%)	3.99 (4%)	3.98 (8%)	4.20	3.25

Prior student concerns included:

- The day is too long with too much data covered
- Do not schedule the workshop(s) around an exam – student focus will be lost
- There is not enough interview practice
- The information needs to be more medically relevant and practice focused on how to treat patients
- No focus on sexual history

To improve delivery, spring 2017-2018 workshops will be ½ day in length and include small group discussions and interview sessions. There will be pre-class work assignments consisting of YouTube video links and virtual case discussions. The M1 class will be assessed with an OSCE after the ½ day workshop. The M2 class will be assessed with an on-line exam.

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MSEC suggestions included a pre-workshop quiz on D2L covering the pre-workshop material. This would allow the instructor access to view student responses and completion. Dr. Olive confirmed the Human Sexuality I workshop and OSCE will be delivered within the Doctoring I curriculum in the spring semester. Human Sexuality II workshop will be delivered this academic year as in the past, during the time blocked for the Practice of Medicine course. Doctoring II course planning is looking at adding the Human Sexuality sessions as part of the Doctoring II curriculum. MSEC asked if the patient range covered from adolescent to geriatric. Dr. Olive noted that while this is a huge range of material to cover, adolescent sexuality could be added at some point if not currently covered.

*The Human Sexuality I and II PowerPoint presentation is made available to MSEC members via a One Drive document storage option.*

### 14. Update: Portfolios (graduation requirement for Class of 2019)

Dr. Olive reported that the majority of M3 students have not begun submitting Portfolio assignments, though a “mass” email request was sent. Dr. Olive has since sent individual emails to the students and this created more responses by the students. Students are encouraged to not wait until the end of the year to complete all assignments, but rather submit responses in conjunction with their past and current experiences.

### 15. Report: Outcomes Subcommittee Quarterly Report

Dr. McGowen reviewed benchmarks where courses failed to meet the benchmarks as well as where benchmarks and measurements were met. It was noted that the Graduation Questionnaire (GQ) source for Benchmark 2 is from the 2017 Class so the time reported was two (2) or more years ago for courses or clerkships identified. The Outcomes Subcommittee recommends courses/clerkships not meeting Benchmark 1 or 2 be referred back to the respective review subcommittees for inclusion in the course/clerkship annual review presented to MSEC. The Outcomes Subcommittee does not recommend any other actions to MSEC this quarter.

The Outcomes Subcommittee plans to review the wording of all Benchmarks to align with the new M3/M4 EPA evaluation form.

### Failed to Meet Benchmarks:

<b>*Benchmark 1:</b> Courses with a ranking of greater than 20% student dissatisfaction rate overall for the course (ranking of 1 or 2) are targeted for an in-depth review to be completed by the respective subcommittee.	<b>Courses failing to meet Benchmark:</b> Based on - point scale: Intro to Clinical Psychiatry; 2.93 and Pathology II: 3.31*
<b>Benchmark 2:</b> Curricular questions with greater than a 20% rating of poor overall dissatisfaction rating will be targeted for a review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum.	<b>Courses failing to meet Benchmark:</b> Source: GQ: Neuroscience: 31% poor/46.5% fair; Internal Medicine Clerkship: 4.2% poor/18.3% fair; OB/GYN Clerkship: 9.9% poor/21.1% fair

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### Met Benchmarks and Measurements:

<b>Benchmark 7:</b> 95% of graduates will pass Step 3 on their first attempt	<b>Benchmark Met:</b> For Class of 2014: 1st time takers May 2014-Dec 2016 reported in June 2017: 98% pass rate, national pass rate=98%
<b>Continued monitoring:</b> In order to address primary care needs of the public, QCOM graduates in Family Medicine, Internal Medicine, and Pediatrics will practice in rural areas at rates above the annual reported national rates for each specialty	<b>Benchmark Met:</b> Source: Mission Management report: 2017 report: graduates between 2001-2002 and 2005 -2006: 36% were practicing primary care medicine/US mean=22.2%; 41.7% are practicing in state/US mean 34.5%; 9.2% were practicing in rural areas/US mean 6.1%; 28.3% were practicing in underserved areas/US mean 19.3%
<b>Medical Knowledge 1:</b> 95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Medical Knowledge Domain Objective	<b>Measure Met:</b> BioStats-100%; Cell & Tissue-100%; Microbiology-100%; Intro to Clinical Psychiatry-100%; Pharmacology-95.6%; Genetics-98.6%
<b>Personal and Professional Development 1:</b> 90% of students who utilize will report being at least satisfied with the Student Mental Health Services.	<b>Measure Met:</b> Source: GQ: 94% of students reported being Satisfied or Very Satisfied. 50 of 71 (70%) students reported utilizing the service.
<b>*Personal and Professional Development 2:</b> 90 % of students will report being at least adequately prepared to recognize and address personal stressors and/or academic challenges during medical school.	<b>Measure Met:</b> Source: question on Keystone eval: 2.34 on 3-point scale
<b>Practice Based Learning and Improvement 2:</b> 100% of students complete mid-clerkship self-assessment	<b>Measure Met:</b> 100% for period 1 and all of 2016-17 academic year
<b>Medical Knowledge 5:</b> Fewer than 10 % of students will score at or below the 10th percentile on any NBME end of course exam.	<b>Measure Met:</b> Cell & Tissue-4%; Intro to Clinical Psy0%; Microbiology -5%; Pathology-5.8%
<b>Patient Care 1:</b> 95% of students will achieve a passing grade on institutionally developed course/clerkship assessments (numeric grade average excluding NBME) for those courses which have mapped to the Patient Care Domain Objective	<b>Measure Met:</b> Same as Medical Knowledge 1 above
<b>*Professionalism 1:</b> <20% of students will receive professionalism incident reports in years 1 & 2	<b>Measure Met:</b> 6 total received for the 2016-17 academic year as report to the Student Promotions Committee
<b>*Professionalism 2:</b> <10% of students will receive professionalism incident reports in years 3 & 4	<b>Measure Met:</b> 6 total received for the 2016-17 academic year as report to the Student Promotions Committee

### The following measures were carried forward pending data availability in NI

*Interpersonal and Communication Skills 4: 90% of students will be rated "between fair and good" or above on end of clerkship composites for Interpersonal and Communication Skills
*Interprofessional Collaboration 3: 90% of students will be rated of "between fair and good" or above on the M3 clerkship assessment question addressing relationships with the health care team.

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*Patient Care 2: 90% of students will be rated of “between fair and good” or above on the M3 clerkship assessment question addressing Patient Care
*Practice Based Learning and Improvement 3: 90% of students will be rated of “between fair and good” or above on the M3 clerkship assessment question addressing Practice-based Learning and Improvement
*Professionalism 4: 95% of students will be rated of “between fair and good” or above on the M3 clerkship assessment question addressing Professionalism
*Systems-Based Practice 2: 90% of students will be rated of “between fair and good” or above on the M3 clerkship assessment question addressing System-based Practice

**Dr. Abercrombie made a motion to accept the Outcomes Subcommittee report as presented. Dr. Brown seconded the motion. MSEC unanimously voted to approve the motion.**

### **17. Update: Curriculum Mapping Update**

Lorena Burton provided MSEC with a brief update of courses and clerkships with data mapping completed and entered as well as plans for future data input. Learning Resources is assisting course/clerkship directors and staff with mapping while two (2) Standardized Patients are assisting with data input to the New Innovations Curriculum database.

- November 2017, 20.45% of the 44 total courses/components will be mapped/entered.
- Completion of the 2017-2018 academic year to have 45-50% of total courses /components mapped and data entry completed.
- Completion of the 2018-2019 academic year to complete remaining mapping and data entry of all courses/components to include updates of content /delivery/assessment /resources.

### **18. Standing Agenda Item: Subcommittees, Implementation Groups & Technology Updates**

None were identified.

The meeting adjourned at 5:00 p.m.

## MSEC Minutes October 17, 2017 Approval November 14, 2017

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### MSEC Meeting Documents

MSEC Members have access to the meeting documents identified above through a shared One Drive document storage option made available with their ETSU Email account and login. Quick access to the files can be made by clicking on the below link and opening the August 15, 2017 MSEC meeting folder. [https://etsu365-my.sharepoint.com/personal/mckinley\\_etsu\\_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents](https://etsu365-my.sharepoint.com/personal/mckinley_etsu_edu/layouts/15/onedrive.aspx?id=%2Fpersonal%2Fmckinley%5Fetsu%5Fedu%2FDocuments%2FMSEC%20Meeting%20Documents)

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

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

Matthew Carroll  
Instructional Design and Technology Manager  
Quillen College of Medicine  
[CARROLLMO@mail.etsu.edu](mailto:CARROLLMO@mail.etsu.edu)  
423-439-2407

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### Upcoming MSEC Meetings

**MSEC Meeting Dates: \* NOT 3rd Tuesday – Location To Be Determined**

November 14, 2017 – 3:30-6:00 pm\*

December 12, 2017 – 3:30-6:00 pm\*

January 16, 2018 Retreat 12:00 noon-5:00 pm

February 20, 2017 – 3:30-6:00 pm

March 20, 2018 – 3:30-6:00 pm

April 17, 2018 – 3:30-6:00 pm

May 15, 2018 – 3:30-6:00 pm

June 12, 2018 Retreat 12:00-3:00 pm & Annual Meeting 3:30-5:00 pm\*