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2018 February 20 - 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

Minutes: February 20, 2018

The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, February 20, 2018 in Classroom C-002 of Stanton-Gerber Hall.

Attendance

Voting Members

Ramsey McGowen, PhD, Chair
Martha Bird, MD
Thomas Ecay, PhD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Omar McCarty, M4
Hunter Bratton, M2
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
Jeff Sanders, MD

Academic Affairs Staff

Lorena Burton
Cathy Peeples, MPH

Shading denotes or references MSEC ACTION ITEMS

1. Approve: Minutes from January 16, 2018 Retreat Meeting

Dr. McGowen asked for comments and changes to the January 16, 2018 Retreat minutes. With none being received the minutes were accepted as presented.

Dr. Monaco made a motion to accept the January 16, 2018 Retreat minutes as presented with Dr. Moore seconding the motion. MSEC unanimously voted to accept the January 16, 2018 Retreat minutes as presented.

Announcements:

Dr. McGowen announced that a Grading Policy Survey, in follow up to the MSEC request for input from both faculty and students regarding the QCOM grading policy, will be distributed in this next week. A summary of the responses will be coming back to MSEC for review and discussion.

Dr. McGowen reminded MSEC that on February 27th, Dr. Alison Barton will present the next faculty development session on *The Mindful Learner*, in the small auditorium.

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Dr. McGowen reminded MSEC that the June 12, 2018 Annual MSEC meeting will include Dr. Bobby Miller, Vice Dean for Medical Student Education at Joan C. Edwards School of Medicine, Marshall University. Dr. Miller will speak to Marshall's curriculum change process after an LCME visit and probation status.

Dr. McGowen announced that Dr. Amy Johnson, Director for the ETSU Center for Teaching Excellence, has a 4-part series on Learning Skills to present to the COM as part of the Faculty Development workshops. She will combine the series into one, half-day workshop, with scheduling in the latter part of June 2018. There will be more information as the workshop is finalized. Registration for the workshop will be sent prior to the delivery date to confirm attendance.

Dr. McGowen stated that Dr. Sanders will be present today between 4-5 pm to address the Wilderness Medicine Elective on the agenda. The MSEC agenda will be modified to accommodate Dr. Sanders upon his arrival.

Dr. Olive stated that the LCME site visit has been scheduled for Sunday evening, October 27, 2019 through mid-day Wednesday, October 30, 2019. MSEC members and course and clerkship directors should plan to be available and not be on annual leave Monday, Tuesday, and possibly Wednesday morning.

The January 16, 2018 Retreat minutes are shared with MSEC members via a One Drive document storage option.

2. Report: M1/M2 Review Subcommittee Annual Reports: 2016-2017 & 2017-2018

Dr. Robert Acuff, M1/M2 Review Subcommittee Chair presented the 2017-2018 Gross Anatomy and Embryology Annual report. There were no short- or long-term recommendations identified for MSEC action. Comments to MSEC, Course Director, Chair, and EAD included:

- Recommend updating some lecture videos for outdated audio and video.
- It was noted that additional faculty were hired this academic year, but students continue to ask for more assistance in the lab sessions. A search for added faculty continues.
- NBME scores are on the rise for Gross Anatomy and significantly above the National Mean while Gross Anatomy plus Embryology reflects lower scores. The course director is working to develop an Embryology review before the NBME.
- The course director noted the positive outcome for faculty preparation and class time with the decompressing of the course from 11 to 14 weeks duration.

The overall student evaluation of the course was 4.57 compared to 4.32 in 2016-2017. The NBME percent of students at or above the National mean was 72.2% compared to 55.6% in 2016-2017.

The 2017-2018 Anatomy-Embryology Report was accepted by MSEC as delivered.

Dr. Robert Acuff presented the 2016-2017 Career Exploration (CE) I-II-III Annual report. The course will eventually fold all three components into the Doctoring I-II-III course (2017-2018 Doctoring I course does include the CE I component).

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There were no short- or long-term recommendations identified for MSEC action. Based on student comments and evaluations, the course is meeting its stated objectives. The overall student evaluation of the course was CE I - 3.51 compared to 3.69 in 2015-2016. CE II was 3.52 compared to 4.08 in 2015-2016. CE III was 4.16 compared to 3.64 in 2015-2016.

The 2016-2017 Career Exploration I-II-III Report was accepted by MSEC as delivered.

The M1/M2 Review Subcommittee Reports are shared with MSEC members via a One Drive document storage option.

3. Follow Up: Portfolio Project – Class of 2019 Graduation Requirement

Dr. Olive provided a brief overview of the M3 Portfolio assignments that cover eight (8) of the Institutional Educational Objectives: 1.10, 3.4, 4.4, 5.2, 6.5, 6.6, 7.4 and 8.3. The form used by students for submission of their portfolio write-up was provided. To date, there have been one-hundred and eighty-two (182) total submissions with five (5) students submitting all eight (8) assignments. Three (3) students have submitted none. The submissions are due by December 2018, and are a graduation requirement. Personal E-mails are being sent by Dr. Olive to those students who continue to have low or no submissions. It is expected that all students will complete their submissions.

MSEC discussion included the consequences of a student not completing the Portfolio assignments. Non-completion/submission of all Portfolio assignments will remove the student from being eligible to participate in the 2019 Residency Match.

The Portfolio Project presentation is shared with MSEC members via a One Drive document storage option.

4. Follow Up/Update/Action: Periodic and Comprehensive Evaluation of Curriculum Policy MSEC 0314-10

Dr. McGowen introduced discussion of the updated Periodic and Comprehensive Evaluation of Curriculum Policy MSEC 0314-10, which had been distributed for review in advance of the meeting. The policy update reflects MSEC adopted changes (MSEC meeting of January 16, 2018) to move to a periodic and comprehensive evaluation of the curriculum accomplished over a five (5) year, two (2) part, evaluation of the curriculum. The review of the curriculum as a whole will occur in Year four (4) and the curriculum modification(s) will be planned in Year five (5) with change(s) implemented in a logical sequence after planning is completed.

The review cycle change was approved at the January 16, 2018 MSEC meeting and the revision to the policy presented today allows MSEC to review the wording adjustments necessary for the policy to reflect that change. Dr. McGowen asked if there were any questions or concerns with the changes made to the policy. MSEC asked if there was any language that need to be added because of our upcoming LCME visit and this being our “year of record”. It was felt that the approval for a five (5) year review plan is documented in the January 16, 2018 meeting and the updated policy MSEC 0314-10. No other questions or concerns were identified and the revised policy wording was approved by consensus.

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The updated Periodic and Comprehensive Evaluation of Curriculum Policy is made available to MSEC members via a One Drive document storage option.

5. Follow Up: FM Clerkship NBME Waiver

Dr. McGowen provided background on the waiver MSEC granted to the Family Medicine clerkship in May 2017, which allowed the clerkship to maintain their NBME subject exam grade component at 15% and include a 10-point curve. Family Medicine also continued to administer an OSCE that carried a 25% grade component for a total objective assessment grade component equaling 40% of the final clerkship grade. The waiver was granted in part due to the Family Medicine clerkship not having a full year of delivered NBME data to quantify a meaningful implementation of NBME assessment versus the fmCases assessments that had been previously used.

The Family Medicine clerkship was scheduled to come back to MSEC in May 2018, to provide a full year of delivered NBME data and revisit MSEC's decision for the clerkship to continue with the NBME grade component. Meanwhile, the Family Medicine clerkship has been planning its 2018-2019 Transition Year clerkship when the clerkship will move from six (6) weeks to five (5) weeks for the academic year only. Family Medicine clerkship seeks approval to return to fmCases during the Transition Year in order to present the most comprehensive curriculum possible during the abbreviated clerkship. Depending on MSEC's action today, the need for Family Medicine to return to MSEC in May 2018 may not be needed.

Dr. Moore began by providing some history on the Family Medicine clerkship. In 2006, fmCases began to be used and an in-house comprehensive exam was developed from the fmCases. This carried through to 2016 when MSEC asked the clerkship to begin a trial use of NBME subject exams so that a national comparison of assessment data would be available.

Dr. Moore had hoped that in the clerkship's use of the NBME subject exam, there would be focused topical data, identifying the clerkship strength and weakness within content topics, but unless the clerkship had ten (10) or more students completing the NBME subject exam, the focused data was not made available. This does not allow the clerkship to consistently use the content data to improve on the curriculum being covered in the clerkship.

Dr. Moore identified that recently, fmCases changed its parent name to Aquifer FM and all future references to fmCases will be with the company name of Aquifer FM. Aquifer FM cases will continue to provide a one-hundred (100) question assessment (the same as the NBME) that covers 40 virtual patient cases. The cases are designed for the third year students. In 2016-2017, there were forty-six (46) institutions using fmCases assessments (approximately 2,029 students) which provides good data for comparison. There is a good correlation for those clerkships that have taken both the Aquifer FM cases and the NBME. Ninety-six percent (96%) of clerkship directors feel that the Aquifer FM cases correlate well with the NBME subject exam questions.

Dr. Moore asked that for the academic year 2018-2019, the Family Medicine Clerkship be allowed to use the Aquifer FM assessments (100 questions) in lieu of the NBME subject exam, with a grade component of 15%, no 10-point curve, and include an administered OSCE of 25%. The NBME data from last year was received this past fall and the clerkship mean was just slightly below the national NBME mean. This occurred with Family Medicine not taking a specific focus on teaching the NBME material.

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MSEC discussed the reviews of NBME exams that clerkship directors may utilize once a year and whether the questions in the review are found to be outdated. Dr. Moore confirmed that he and fellow Family Medicine faculty have reviewed the NBME Family Medicine subject exam.

Dr. McGowen stated that the Outcomes Subcommittee was concerned that in prior years of using the fmCases assessments that only a subset of the available one-hundred (100) questions were used. Dr. Moore confirmed that all one-hundred (100) questions would be used with the Aquifer FM assessments for 2018-2019.

MSEC discussion identified that the NBME questions were broader in breath and that they cover a larger knowledge base than that which is learned in Family Medicine. MSEC student members stated that the clerkships i.e., Surgery and Peds both use a similar case-based program, and they find this very helpful for learning in a more broad manner while trying to cover multiple clerkship curricula.

Dr. Moore stated that he will continue to monitor the clerkship grade performances utilizing the Aquifer FM comprehensive exam throughout this next academic year so that he and MSEC have data to review prior to moving forward with a final decision on the type of comprehensive exam the Family Medicine clerkship would employ in 2019-2020.

Dr. McGowen asked Dr. Moore to clarify the proposal Family Medicine clerkship is asking MSEC to consider for the 2018-2019 academic year only.

Dr. Moore confirmed the motion is to allow the Family Medicine clerkship to use in 2018-2019, the Aquifer FM cases curriculum with a comprehensive 100-question assessment in lieu of the NBME subject exam with a 15% grading component. The Family Medicine clerkship will continue to use the OSCE with a 25% grading component for a total 40% objective assessment component. There will be no 10% curve used/added. Family Medicine clerkship students would have the same remediation option utilizing the Aquifer FM cases assessment as the students who take an NBME assessment, i.e., *M3 Clerkship Exam and Grading Policy MSEC-0111-3*.

Dr. Monaco seconded the motion. MSEC approved the motion with Dr. Hayman opposing and Dr. Moore abstaining from vote.

Dr. Moore's PowerPoint is made available to MSEC members via a One Drive document storage option.

6. Discussion/Action: New Administrative Policy: Course and Clerkship Governance Policy ADMIN 0218-2

Dr. McGowen introduced the new administrative policy titled: *Course and Clerkship Governance Policy ADMIN 0218-2*. MSEC had previously discussed course and clerkship governance during breakout groups at the January 2018 MSEC Retreat. The new policy is an Administrative guidance document to assist courses and clerkships in knowing which type of changes may need further review or input beyond the governance of the course and/or clerkship only. The responses from the breakout groups were used to identify the types of substantive and non-substantive changes to be considered when a course and/or clerkship is considering changes to their curriculum structure. Because the initial breakout sessions were part of a formal MSEC retreat, the Administrative policy is being brought back to MSEC to formalize the policy.

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MSEC discussion identified minor typographical errors to be corrected and clarified a few examples of types of changes listed under substantive and non-substantive changes, i.e. change in clerkship coordinator, number of exams given, etc.

Dr. Bird made a motion to accept the Administrative Policy: Clerkship Governance with Dr. Monaco seconding the motion. MSEC unanimously approved the motion.

The Clerkship Governance Policy is made available to MSEC members via a One Drive document storage option.

The MSEC Agenda was modified at this point to bring forth agenda items #11 and #12, both new M4 electives. The electives had been tabled from previous MSEC meetings and are being presented today by their respective course director /representative.

11. Follow Up/Action: Medical Education: Wilderness Medicine Elective for M4 Students

Dr. Olive introduced the Wilderness Medicine elective with Dr. Jeff Sanders, as course director. Dr. Sanders, an anesthesiologist from Kingsport, has had experience in conducting outdoor wilderness excursions and feels it is important that physicians in training, especially those who plan to serve in rural areas, have some experience and skill acquisition in a wilderness environment. Dr. Sanders will be completing additional certification in June 2018 in single pitch rock climbing safety skills, a skill component of the course that will be learned. The course will become available to M4 students in the spring of 2019 as a two (2) week elective.

MSEC discussion included liability for accidents that may occur while students are learning in a wilderness environment. Dr. Olive stated that University Counsel did not identify a need for a waiver form, but rather a signed certification from the student that they are healthy and able to participate in the course. MSEC asked about water activities, i.e., rafting, that the student might need to be trained for prior to taking the course. Dr. Sanders confirmed there are no specific water activities planned for the course. MSEC discussed repelling skills and how the student would learn the basic skills. Dr. Sanders felt that an introduction to repelling would be conducted in the field.

A minimum of three (3) and up to a maximum of six (6) students would accompany a minimum two (2) instructors at any one time. The cost for the course would include CPA equipment rental, food/supplies, and travel to/from the wilderness site.

Dr. Bird made a motion to accept the Medical Education: Wilderness Medicine Elective with a provision that Dr. Jeff Sanders will become certified in single pitch rock climbing safety skills before the course is offered to COM medical students with a rock climbing skill component. Dr. Moore seconded the motion. MSEC unanimously approved the motion.

The Medical Education: Wilderness Elective description is made available to MSEC members via a One Drive document storage option.

12. Follow Up/Action: New Family Medicine (FM) Ambulatory Care Elective (Black Bag) for M4 Students

Dr. Moore introduced the Family Medicine Ambulatory Care elective for Dr. Dustin Clark, course director. Dr. Clark was ill and unable to attend the MSEC meeting. In an earlier MSEC meeting, this elective was proposed as a Rural Track Underserved elective. This has since changed to a Family Medicine Ambulatory Care elective. The two (2) week elective enables an M4 student to participate in an ambulatory clinic site with other healthcare providers who provide service via an alternative to a fee-for-service practice.

Dr. Johnson made a motion to accept the Family Medicine Ambulatory Care elective with Dr. Lura seconding the motion. MSEC unanimously approved the motion.

The Family Medicine Ambulatory Care elective description is made available to MSEC members via a One Drive document storage option.

The MSEC Agenda returned to agenda item #7 at this point in the meeting.

7. Report: Curriculum Content Query: Phases of Human Life Cycle

Dr. Olive presented the content query on Phases of Human Life Cycle. Courses and clerkships identified with coverage included: Medical Human Gross Anatomy and Embryology, Lifespan Development, Communication Skills for Health Professionals, Physiology, Doctoring I, Pathology, Clinical Neuroscience, Practice of Medicine, Introduction to Clinical Psychiatry, Pharmacology, Community Medicine Clerkship, Family Medicine Clerkship, Internal Medicine Clerkship, Ob-Gyn Clerkship, Pediatrics Clerkship, Psychiatry Clerkship, and the RPCT Clerkship.

Dr. Olive, after presenting the content findings for each identified course/clerkship, asked if MSEC felt this fairly represented Phases of Human Life Cycle content in the curriculum. MSEC identified additional/broader coverage for: Introduction to Clinical Psychiatry: adolescent psychologic disorders; Medical Human Gross Anatomy: embryological basis of birth and birth defects; Physiology: puberty, menopause and the reproductive cycle; and the Family Medicine Clerkship: End of Life sessions for child, adolescent and adult. Dr. Olive stated he will add the identified content coverage to the report. Dr. McGowen asked MSEC if the content report with the added content adequately identified the content coverage in the curriculum and requested that members forward any additional information to Dr. Olive. MSEC did not identify any additional content.

The Phases of Human Life Cycle Content Query Report was accepted by MSEC with the added content coverage identified.

8. Report: LCME Standard 7.0 / Review of Elements 7.4 and 7.5

Dr. Olive reviewed two of the elements identified under **LCME Standard 7.0: The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.**

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Element 7.4 Critical Judgement Problem/Solving Skills: *The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgement based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.*

Dr. Olive reviewed table 7.4-1 of the Data Collection Instrument (DCI) that must be completed as well as a list of courses/clerkships with learning objectives related to critical judgement/problem solving skills. A handful of the courses/clerkships include: Doctoring I, Biostatistics/EPID/EBM, Cellular and Molecular Medicine, Physiology/Immunology, Family Medicine clerkship, Internal Medicine clerkship, and Psychiatry clerkship.

The LCME Survey Team will need to be able to provide a narrative response by providing two (2) examples of the way students are expected to demonstrate the following skills: 1) Skills of critical judgement based on evidence and experience 2) Skills of medical problem solving. The courses/clerkships which identify learning objectives for the specific skills include: Doctoring I (Case Based Learning) and Practice of Medicine (soon to be part of Doctoring II).

Element 7.5 Societal Problems: *The faculty of a medical school ensure that the medical curriculum includes instruction in the **diagnosis, prevention, appropriate reporting, and treatment** of the medical consequences of common societal problems.*

The first part of the narrative response is to describe how the faculty selected the societal problems that were to be included in the curriculum. In January 2016, MSEC held a breakout session and identified five (5) societal problems that would be tracked in the COM curriculum. This was followed up in April 2016, where MSEC identified specific indicators and measures to be used to track the five (5) identified societal problems. These include: Nutrition/Physical Activity, Education/Health, Literacy/Poverty, Substance Abuse/Family and Interpersonal Violence, and Health Disparities/Discrimination.

A review of the learning objectives for COM courses and clerkships revealed that the element was being covered. Examples provided were: Doctoring I and the Pediatrics Clerkship.

The LCME Survey Team will evaluate the examples provided by the school on whether there appears to be appropriate teaching and assessment of the **diagnosis, prevention, appropriate reporting, and treatment** of the medical consequences of the societal problem(s). Documentation of appropriate reporting can be the difficult part for many schools but hopefully, we are able to provide this documentation in the Pediatrics and Psychiatry departments.

Rachel Walden informed MSEC that she is participating in a Faculty Technology Leadership course and for her class project, she is building an on-line Health Literacy course that will address societal problems. At some point, she hopes to provide this as an option for students to take.

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

9. Report: Student Evaluations – Entrustable Professional Activities (EPAs)

Dr. McGowen introduced a review of the Entrustable Professional Activities (EPAs) evaluation anchors that make up the assessment forms, *Faculty Assessment of Jr Clerkship Student* and *Faculty Assessment of Sr Student* in response to MSEC's request for a midpoint review of how the students seem to be progressing. Cathy Peeples presented a summary spreadsheet covering the first clerkship periods of the fall semester that depicts the average assessment score per clerkship for each EPA anchor.

There were two (2) EPAs where student performance was lower than others:

- EPA 4: Enter and discuss orders and prescriptions with an average of 2.97/5.00. This has identified that students need more training in this skill. Dr. Moore has shared how the Family Medicine clerkship is enabling student exposure to entering orders.
- EPA 11: Obtain consent for tests and/or procedures with an average of 2.94/5.00. A lot of M3 students do not have the opportunity to obtain patient consent for tests and/or procedures and that some of the EPAs are performed in the M4 year versus the M3 year.

The reported numbers for each EPA are dependent on how the faculty feel the student performed each independent skill, ranging from zero (0) [unable to perform] to five (5) [able to perform without supervision]. Ms Peeples stated that for the 2018-2019 academic year, the assessment forms are being revised for both the grade scales used and the EPAs that may be primarily performed in either the M3 year or M4 year or both. Dr. Olive added that not all students will be at a grade scale of five (5), especially in the beginning of the year. It is anticipated that the students would be at a level of five (5) at the end of the M4 year, prior to entering residency. This is similar to how residents are trained and evaluated utilizing milestones – it is a continuum of training.

MSEC discussed that faculty development must continue with teaching the faculty to understand EPAs, their value for tracking continued learning of a skill by a student, and how, when evaluating a student's skill progress, to separate the EPA scale from the overall performance of the student in the clerkship and/or course.

MSEC felt that evaluators may be tying the EPA grade scale for skill performance to the overall student's medical knowledge and participation in the clerkship and/or course at that point in time. The EPA grade scale and the overall student clerkship grade are two (2) separate scales. One identifies a continuum of training in a set skill and the other identifies the overall student's medical knowledge, exam performance, and participation in the current clerkship and/or course curriculum.

10. Update: Interprofessional Education (IPE) – 2018-2019

Dr. Olive presented a reminder of the Interprofessional Education (IPE) program's future directions for 2018-2019 and beyond. This coming fall, 2019, an expansion of the IPE program will include all incoming medical students and pharmacy students with an increased portion from the College of Nursing, Rehabilitation, Physical Therapy, and Clinical Psychology. The medical students' involvement will be embedded within the Doctoring I course and be provided through simulation and community partnerships. In the past, the experiences would have been run in parallel to the curriculum track of courses.

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A faculty retreat is being planned for late spring 2018 with a focus on training new faculty in small group facilitation skills and simulation/clinical engagement debriefing toolkit. The IPE website will be on-line by the end of spring 2018 with links to a student D2L curricular experience page and a faculty D2L development page.

The 2nd year of the experience, 2019-2020, will offer elective experiences based on student preferences provided in the first year of the IPE curriculum.

MSEC approved at the January 2018 Retreat meeting:

- All incoming M1 students, beginning in the fall of 2018, will be integrated into the ETSU IPE program.
- All M1 students, beginning in the fall of 2018, will engage the IPE program through two (2) required ½ day sessions per semester aligned within the Doctoring I course for the fall and spring semesters.
- All M2 students, beginning in the fall of 2019, will engage the IPE program through two (2) required ½ day sessions per semester aligned within the Doctoring II course for the fall and spring semesters.

Future directions for 2018 and forward include:

- The small groups will expand from six (6) small groups to thirty-six (36) small groups based on the Communications for Health Professionals small groups. One of the challenges has been finding faculty for the small groups, but there has been progress made in this area.
- There will be simulation experiences primarily based in the new Building 60 facilities as well as community partner experiences (future potential community partners include: ETSU FM, ETSU ID Clinic, Crumley House, Cornerstone Village, ETSU Pediatrics, MSHA (now Ballad Health) ICU/Step-Down Unites, ESU ALS Clinic, JCCHC, and others still in development).

Dr. Olive provided a visual breakout of the Communications for Health Professionals small groups and how the students would alternate between simulation and community partner assignments in the first year. In the second year, students will have small groups in both the simulation and community partner settings covering domains of patient safety, advocacy, quality measures of care and new service creation and justification. As available, “senior” IPE learners will align with new IPE learners to foster leadership and mentorship within and across disciplines.

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

None were identified.

The meeting adjourned at 5:29 p.m.

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

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
423-439-2407

Upcoming MSEC Meetings

MSEC Meeting Dates: * NOT 3rd Tuesday –

| | |
|---|------------------|
| March 20, 2018 – 3:30-6:00 pm | Room C002 |
| April 17, 2018 – 3:30-6:00 pm | Room C002 |
| May 15, 2018 – 3:30-6:00 pm | Room C002 |
| June 12, 2018 Retreat 12:00-3:00 pm | Room C003 |
| June 12, 2018 Annual Meeting 3:30-5:00 pm * | Large Auditorium |

Accademic Year 2018-2019 – Location to be determined

July 10, 2018 – 3:30-6:00 pm*
August 21 – 3:30-6:00 pm
September 18 – 3:30-6:00 pm
October 16 – Retreat – 11:30 am-5:00 pm
November 13 – 3:30-6:00 pm*
December 11 – 3:30-6:00 pm*

January 15, 2019 – Retreat – 11:30 am-5:00 pm
February 19 – 3:30-6:00 pm
March 19 – 3:30-6:00 pm
April 16 – 3:30-6:00 pm
May 21 – 3:30-6:00 pm
June 11– Retreat 11:30 am-3:30 pm*
June 11 - Annual Meeting - 3:30-5:00 pm*