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Medical Student Education Committee Minutes

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8-21-2018

### 2018 August 21 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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**Medical Student Education Committee**

**Minutes: August 21, 2018**

The Medical Student Education Committee of the Quillen College of Medicine held their regularly scheduled meeting on Tuesday, August 21, 2018 in Classroom C-000 of Stanton-Gerber Hall.

**Attendance**

**Voting Members**

Ramsey McGowen, PhD, Chair  
Caroline Abercrombie, MD  
Russell Brown, PhD  
Thomas Ecay, PhD  
Steven Geraci, MD  
Dave Johnson, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Mark Ransom, MD  
Rob Schoborg, PhD

**Student Voting Members**

Hunter Bratton, M3  
Erin Lutz, M2

**Ex Officio Voting Members**

Rachel Walden, MLIS

**Ex Officio Non-Voting Member**

Kenneth Olive, MD, EAD

**Guests**

Robert Acuff, PhD  
David Wood, MD

**Academic Affairs Staff**

Lorena Burton, CAP  
Mariela McCandless, MPH  
Skylar Moore, BSPH  
Cathy Peeples, MPH

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**1. Approve: Minutes from July 10, 2018 Meeting and Announcements**

The minutes from the July 10, 2018 meeting were sent to MSEC for review in advance of the August 21<sup>st</sup> meeting. There were no changes identified.

Dr. Schoborg made a motion to accept the July 10, 2018 minutes as presented. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

**Announcements**

Dr. McGowen made the following announcements:

A correction to the time of the faculty development session on August 27, 2018, titled *Choosing Projects*, presented by Stephen A. Geraci, M.D. The session will run from 1:30 pm - 3:00 pm.

Amy Johnson, Director for ETSU Center for Teaching Excellence, has announced that there is now a book club available for faculty participation. Ms. Johnson will send the current selected book to any faculty member wishing to participate in the activity, but if a book is requested, attendance is required. The posting of selected book(s) is available at: <https://www.etsu.edu/teaching/events/bookclub.php>

Two videos about the Quillen curriculum and our students are available on the Academic Affairs homepage. Dr. Johnson noted that the two videos were shared with the Quillen Admissions Committee. The videos may be accessed at: <https://www.etsu.edu/com/acadaffairs/>

Erin Lutz, MSEC student member, announced that a survey is being routed among the M2 students regarding exams in the M2 year. The September 18, 2018, MSEC meeting will include discussion on the M2 student concerns.

Dr. Olive updated MSEC on the LCME self-study process. The assigned subcommittees are working on responses to self-study questions related to LCME standards/elements. The subcommittees will report to the Self-Study Task Force in the November-December 2018 timeframe. The database is nearly complete with a few standards/elements still outstanding. Completion of the database will not be until next year as data from academic year 2018-2019 will need to be added.

Dr. Olive commended Dr. Robinson and his faculty for their success in delivering the CMM course. Dr. Olive received an email from David Matthews, Director of the AAMC Student Surveys, noting a request from another school for help identifying successful biochemistry courses that this school could consult with to improve their own course. Our CMM course was identified by AAMC as such a course based on GQ results.

**2. Step 1 and Step 2 Performance Updates**

Dr. Olive provided trends for Step 1, Step 2 and Step 2 CS and Step 2 CK.

**Step 1:** 66 out of 70 students have scores reported. The pass rate is 91%, which is lower than anticipated.

The mean is 226 and could drop lower as not all scores have been received.

**Step 2:** 4 students have scores reported. The pass rate is 100%, with a mean of 258. Scores are outstanding for the remaining 53 out of 59 students who have taken the exam.

**Step 2 CS:** 53 out of 59 students have scores reported. The pass rate is 91%, which is lower than previous years. The passing threshold has been raised this year, but otherwise there does not seem to be a good reason for the lower scores. Dr. Olive included information about Step performance for the past 12 years.

MSEC discussed this year's lower Step 2 CS-scores and possible reasons for the scores. Questions about which areas seem more problematic were discussed. Dr. Abercrombie explained that USMLE provides students a communications score and a score on the integrated clinical encounter portion. They do not receive specific feedback about which areas of each were lower, only a pass or fail grade with a graph of their performance compared to others. Much of the data for the integrated clinical encounter component comes from the student notes. Dr. Abercrombie felt this is probably where our students struggle the most. Another possibility is the students do not fully understand the requirements for documentation of a patient encounter and cover/document all possible differentials in the documentation. They also do not realize how important the communications portion of the exam is and why we spend so much time in training the students on communications.

Dr. McGowen noted that the students with reported Step scores were not part of the curriculum changes that began in 2017-2018. The national mean is reported on a calendar year in the following year.

*The Multi-Year Trend Reports are shared with MSEC members via a One Drive document storage option.*

### **3. Follow-Up Discussion/Action: CBSE II delivery dates – End of Year +/- End of Fall Semester**

- **Report: Hunter Bratton Research Findings**
- **Discussion**

Dr. McGowen reminded MSEC that at the July 10<sup>th</sup> meeting MSEC decided to no longer require M1 students to take the CBSE. Further discussion on administering the CBSE in the M2 year was schedule for today's meeting. Hunter Bratton, MSEC student member, presented an overview of literature regarding CBSE administration. Mr. Bratton presented information on benefits and disadvantages of progress testing, how other medical schools use the CBSE, and findings related to timing and placement of the CBSE in the curriculum. MSEC concluded from the literature review that not delivering the CBSE in the M1 year was a valid decision and continuing to deliver a CBSE in the M2 year close to taking of Step I was indicated. MSEC also discussed the pros and cons of delivering the CBSE at two (2) points in the M2 year.

- Exposes students to types of questions they will see on Step 1
- May be used as a predictor of score for Step 1 and serves as a self-assessment tool

- Whether the CBSE should be used as a “gate-keeper” for curriculum advancement
- Whether two M2 administrations should be required versus one required and one optional
- Timing of an optional CBSE, either prior to the winter break or taking of the CBSE upon return from winter break.
- With the shift in curriculum start and stop dates, students taking at end of winter break, upon return to school, have received more than one-half of the M2 curriculum

Dr. Schoborg made a motion to retain two (2) deliveries of the CBSE to M2 students in the current 2018-2019 academic year. The first delivery will be an optional delivery to students prior to the winter break on a date to be defined/negotiated with the M2 class. The second delivery will be a required delivery to the students at the end of the M2 academic year.

In the 2019-2020 academic year there will be two (2) required deliveries of the CBSE with the date for the first CBSE being dependent on results from the fall delivery results in the 2018-2019 academic year. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

Dr. Olive and Cathy Peeples will work with M2 class representatives to identify an optional fall CBSE delivery date, prior to the winter break for the 2018-2019 academic year. Dr. Abercrombie suggested an MSEC policy for delivery of the CBSE in the M2 year.

*The Overview of Literature Regarding CBSE Administration is shared with MSEC members via a One Drive document storage option.*

#### **4. Report: Clerkship Duty Hours 2017-2018**

Cathy Peeples presented a summary of the average weekly “duty hours” reported by students for each of the M3 clerkships during 2017-2018. There has been a slight increase from the prior year in the number of students reporting over 80 hours, but we are not exceeding / violating our policy *MSEC 0910-6 Medical Student Duty Hours*.

<https://www.etsu.edu/com/msec/resources/policies.php>

MSEC discussion included:

- Students may not have understood that hours spent studying content are not to be included in the “duty hours” reported. The “duty hours” are assigned rotation hours.
- Possible follow-up with clerkships having higher averages reported
- Whether identification of a threshold is or is not needed

Dr. McGowen reminded MSEC that the average weekly “duty hours” summary is presented yearly to MSEC for their review and comment.

*The 2017-2018 Academic Year Work Hours report is shared with MSEC members via a One Drive document storage option.*

**5. Report: Clerkship Grade Turn-Around 2017-2018**

Cathy Peeples presented a summary of the Clerkship grade turn-around time for 2017-2018. Our policy *MSEC 0417-17 Fair and Timely Summative Assessment* states grades are due in to New Innovations twenty-one (21) days after the end of a clerkship period. The report indicated grades are posted on average in 21.02 days, well within the LCME standard of six (6) weeks. <https://www.etsu.edu/com/msec/resources/policies.php>

*The 2017-2018 Clerkship Grade Turn-Around report is shared with MSEC members via a One Drive document storage option.*

**6. Report: Retrospective Curriculum Student Surveys 2017-2018**

Lorena Burton presented a summary of the Retrospective Curriculum Surveys completed by the students upon return to school for the M2, M3, and M4 academic years. The Class of 2021 provided feedback to questions regarding the completed M1 year, the Class of 2020 provided feedback to questions regarding the completed M1 and M2 years, and the Class of 2019 provided feedback to questions regarding the prior M1, M2, and M3 years.

The overall evaluation of the curriculum by each class was:

Class of 2021 = 3.26/5.00

Class of 2020 = 3.78/5.00

Class of 2019 = 3.71/5.00

Additional questions focused on whether the curriculum adequately covered content in each of the years, preparation for upcoming year content, use of the CBSE as a resource for study, adequate coverage in preparation for Step 1, and adequate coverage in preparation for USMLEs. Students were asked to comment on each of the courses / clerkships they had completed. Each of the course / clerkship directors received a copy of their individual course / clerkship comments. Dr. Schoborg noted that he is very appreciative of the professionalism shown by the M2 class in their narrative evaluations of the curriculum.

*The 2017-2018 Retrospective Curriculum Student Survey report is shared with MSEC members via a One Drive document storage option.*

**7. Report: Content Review: Health Care Financing**

Dr. Olive presented a content report based on data from the Curriculum database, course and clerkship syllabi, and discussion with course and clerkship directors. The review identified content in the Doctoring I and planned Doctoring II courses; Community Medicine, OB/GYN, Pediatrics clerkships; Keystone course; and the Inpatient Sub-Internship courses. MSEC discussion included:

- The method used to select content for review and how the LCME Standards/Elements and Data Collection Instrument (DCI) help identify curriculum content review
- Health Care Financing presently covered in the Doctoring I course that will be moving to the Doctoring II course and that this may increase the amount of content

- The OB-GYN content may have been deleted – this will be verified and the report updated accordingly
- Family Medicine clerkship’s use of Aquifer Cases covers this content
- The amount of content knowledge needed by physicians for private practice
- Health Care Financing is an emerging topic – Basic Science, Clinical Science and now Health Systems Science - physicians need to understand that different health care models exist
- The IPES curriculum may be addressing in the stage I roll-out, but stage II will have more content related to health care financing
- Development of an elective course

Dr. Abercrombie made a motion to accept the Health Care Financing content coverage as adequate with potential for added content to the College of Medicine curriculum. Dr. Geraci seconded the motion. MSEC unanimously approved the motion.

*The Health Care Financing content report is shared with MSEC members via a One Drive document storage option.*

#### **8. Report: Preclerkship Electives Summary 2017-2018**

Lorena Burton presented a summary of the preclerkship electives available to the COM students. Presently there are six (6) electives that may be completed in the fall and/or spring semesters. Student evaluations of the electives range from 3.67 to 5.00. Student enrollment can range from one (1) to twenty-three (23) students per elective. All elective courses are reviewed on an annual basis by MSEC. Student transcripts are noted with a Pass grade upon successful completion of the elective(s).

- Healer’s Art: Awakening the Heart of Medicine – INDP 8910 - Spring Semester
- Spanish for Medical Students – INDP 8920 – Fall/Spring Semesters
- Global Healthcare: Perspective & Practice – INDP 8960 – Spring Semester
- Substance Abuse and Addiction in Appalachia: Impacting the Community through a Vision of Change – INDP 8970 – Spring Semester
- End of Life Clinical Care – INDP 8940 – Spring Semester

*The Optional Electives Summary report is shared with MSEC members via a One Drive document storage option.*

#### **9. Report: Clerkship Student Evaluation of Residents 2017-2018**

Lorena Burton presented an annual summary of *Clerkship Student Evaluation of Residents* reflecting the clerkships where students and residents have interaction and the students are asked to evaluate the residents on that interaction. New Innovations is used to manage the student evaluation of residents with an individualized summary report of each resident available to the clerkship director, residency coordinator and/or director.

*The 2016-2017 Student Evaluations of Residents summary is shared with MSEC members via a One Drive document storage option.*

### **10. Report: Y2 Questionnaire**

Dr. McGowen reviewed the AAMC Year 2 Questionnaire. The questionnaire is sent to M2 students attending LCME accredited medical schools in their fall semester (October) with a request to return by January. The questionnaire has been in use for the past two (2) years. In general, Quillen students respond to questions in a way equivalent to the national sample. Details were discussed as responses to specific items were reviewed.

*The AAMC Year 2 PowerPoint presentation is shared with MSEC members via a One Drive document storage option.*

### **11. Report: M3M4 Review Subcommittee 2017-2018**

- **Rural Track Clerkship**

Dr. Wood presented the M3M4 Review Subcommittee annual review of the Rural Track Clerkship, directed by Dr. Joseph Florence.

The clerkship self-study and syllabus identified multiple instruction and assessment methods that are consistent with the clerkship's stated objectives. The clerkship is virtually 100% ambulatory clinical experiences, with a few exceptions depending on which rural site the student rotates through. The clerkship is not designed for hospital based clinical experiences. The QCOM Institutional Educational Objectives have been mapped to the course objectives and its instruction and assessment methods, with the exception of the recent addition of forty (40) Aquifer FM cases that RPCT is adopting.

The average score on the Family Medicine NBME subject exam was 73.86% compared to the national exam mean of 74.9%. Fifty-seven percent (57%) of the students (4 out of 7) scored above the national exam mean and fourteen percent (14%) [1 out of 7] scored below the tenth (10<sup>th</sup>) percentile.

Overall student satisfaction with the clerkship improved this year from last year as reflected in the overall student evaluations.

2017-18 = 4.67/5.00

2016-17 = 4.30/5.00

The previous year's short and long term recommendations continue to be addressed, though the clerkship director has addressed many by revisiting the syllabus, scheduling regular meetings with faculty, providing students with Family Medicine case files, etc.; but students continue to express a desire for more clarity in the syllabus and required procedures. The required procedure sheet given to students reflects only the Community Medicine requirements and should include the Family Medicine required procedures as well. Previous year recommendations are found at: <T:\Shared\Curriculum Management\Review Annual-Comprehensive-Whole\M3M4 Agenda-Minutes-Reports\Reports 2016-2017\2016-2017 Jr RPCT Clerkship Annual Report.docx>

#### **Short term recommendation(s) for the course director:**

1) Consider further streamlining of the course syllabus by making it more specific to the RPCT Primary Care Clerkship rather than the Community Medicine Clerkship and congruent with course content and expectations.



- 2) Consider providing students with a paper procedure log that contains both the Community Medicine Clerkship and Family Medicine Clerkship required procedures. This will help clarify student expectations.
- 3) Work with core faculty's schedules so they can meet with students more regularly.

**Long term recommendation(s) for the course director:**

- 1) Continue to map new course objectives from the Family Medicine Clerkship to QCOM Institutional Educational Objectives and Entrustable Professional Activities, to include their respective teaching and assessment methodology.
- 2) Consider the use of New Innovations and/or D2L to aid course organization.
- 3) Seek alternative clinical situations to vary ages of patients seen in clinical encounters.
- 4) The Rural Track Clerkship should continue to seek a scheduling solution that encompasses the Rural Track, Community Medicine, and Family Medicine Clerkships that allow the Rural Track Clerkship to not be split into two sections.

MSEC noted that the RPCT Clerkship is moving in the right direction and acknowledged that a closer look at the twelve (12) week clerkship in conjunction with the Family Medicine clerkship would allow the students to be more involved with meeting the primary care physicians and residents in Family Medicine. The current 2018-2019 Transition Year and the number of Rural Track students in the rotation presented a schedule that is not ideal, but rather accommodated the shortened number of weeks (10 weeks versus 12 weeks). Dr. Moore, Family Medicine Clerkship Director, stated that in the past, there were informal invites to Rural Track students to participate in the Family Medicine Clerkship scheduled activities for a day or two, within a clinical setting, and this could be implemented again.

**MSEC voted to accept the Rural Track Clerkship Annual review as presented.**

- **Community Medicine Clerkship**

Dr. Wood presented the M3M4 Review Subcommittee annual review of the Community Medicine Clerkship, directed by Dr. William Fry. The clerkship has a variety of instruction and assessment methods and there is a balance between of 50% each of inpatient and ambulatory clinical experiences for the students. The QCOM Institutional Educational Objectives have been mapped to the course objectives and its instruction and assessment methods and are made available to the students in the syllabus.

There is no NBME subject exam associated with the Community Medicine Clerkship, but the student numeric grades have ranged:

2017-18= 92-96 average 95/A

2016-17 = 92-96 average 95/A

2015-16 = 91-97 average 95/A

Student overall satisfaction with the clerkship continues to grow as reflected in the current and past year overall student evaluations.

2017-18 = 3.79/5.00

2016-17 = 3.59/5.00

2015-16= 3.48/5.00

All faculty were highly rated by the student evaluations.

The previous year's short and long term recommendations appear to have been effectively addressed. Previous year recommendations are found at:

<T:\Shared\Curriculum Management\Review Annual-Comprehensive-Whole\M3M4 Agenda-Minutes-Reports\Reports 2016-2017\2016-2017 Community Medicine Clerkship M3M4 Annual Review.docx>

**Short term recommendation(s) for the course director:**

1) Compile a clerkship summary briefly describing the various clinical experiences available to assist in managing student expectations while continuing to develop additional preceptor sites. Include the individual conferences that take place in Sevierville. Consider making the EMS and Physical Therapy experiences optional.

**Long term recommendation(s) for MSEC:**

1) It is essential that MSEC make every effort to limit class size to no more than eight to ten (8-10) students per rotation.

MSEC acknowledged that a limited class size is ideal and continued to discuss the long term recommendation, but identified that MSEC cannot control the number of students for a number of reasons, i.e., off-cycle students, student-course ratios, and student test results. It would require a change in scheduling that would affect other clerkships.

**Dr. McGowen suggested that the scheduling of clerkships may need to come back for further discussion.**

**MSEC voted to accept the Community Medicine Clerkship Annual review as presented and discussed.**

*Both of the clerkship annual review reports are is shared with MSEC members via a One Drive document storage option.*

**12. Report: M1M2 Review Subcommittee 2017-2018**

• **Cell and Tissue Biology**

Dr. Acuff presented the M1M2 Review Subcommittee annual review of the Cell and Tissue Biology course, directed by Dr. Paul Monaco. The course is performing well as judged by the student evaluations, grades in the course and overall performance on the NBME. The Review Subcommittee made comments / recommendations to the course director concerning the syllabus grading section, reviewing the course's exam schedule in relation to other course exams, considering practice questions to help students focus on presented material, and continuing to watch for more faculty assistance during laboratory times.

MSEC discussion centered on the syllabus grading section and grade determination. Dr. Abercrombie mentioned two (2) past occurrences where grading processes were changed in the mid of the year and caused discord between what was published and what was put into place.

**Dr. McGowen suggested that if this is an issue, MSEC could bring the syllabus and grade structure publication back at another meeting for further discussion.**

Student Evaluations:

2017-18 = 4.38/5.00

2016-17 = 4.60/5.00

2015-16= 4.44/5.00

NBME Scores:

Academic Year	National Mean Score	Quillen Mean Score	% at/above National Mean	# at/below 10 Percentile
2015/16	52.5	57.2	62.0	
2016/17	52.5	53.8	70.0	3
2017/18	52.5	53.9	55.6	4

The Review Subcommittee made several comments for consideration to MSEC regarding the fact that Dr. Monaco presented all but three (3) didactic sessions and is responsible for all administrative functions of the course. Dr. Rusinol will be added to the faculty roster in the spring of 2018-2019, but this will not satisfy the need for more trained teaching faculty.

Class attendance is an issue which relates back to student professional training and this issue is being seen and commented on in many of the M1/M2 course reviews for 2017-2018. The course has mapped its' course objectives to the QCOM Institutional Educational Objectives, Instruction Methods, and Assessment Methods.

**There were no short term recommendations for MSEC.**

**Long Term Recommendation for MSEC:**

1) Efforts should be made to increase the number of faculty in the Cell and Tissue Biology Course.

MSEC discussed the long term recommendation and identified that in the past a letter was sent to the Department Chair to raise the issue on faculty support. A letter could be sent, in this case, to both the Department Chair and the College of Medicine Dean. Another option would be to see if the issue of faculty support is raised in the LCME Self-Study currently being compiled.

**Dr. Ransom recommended that the long term recommendation rise through the LCME Self Study process. MSEC agreed with Dr. Ransom's recommendation and voted to accept the Cell and Tissue Biology review as presented. Dr. Monaco abstaining from voting.**

- **Microbiology**

Dr. Acuff presented the M1M2 Review Subcommittee annual review of the Microbiology course, directed by Dr. Russ Hayman. This continues to be an effective course. Students perform well as indicated by the NBME subject exam, grade distribution in the course, and the Comprehensive Basic Science exam score bands. The course will integrate Immunology content as part of its course in the 2018-2019 academic year.

Course objectives are mapped to the Institutional Educational Objectives, Instruction Methods and Assessment Methods.

Student Evaluations:

2017-18 = 4.53/5.00

2016-17 = 4.75/5.00

2015-16= 4.90/5.00

NBME Scores:

Academic Year	National Mean	Quillen Mean	% at/above National Mean	% at/below 10th Percentile
2018	70.7	75.3	69.57*	0
2017	52.3	61.3	75.76	3
2016	54.9	65.9	61.3	0
2015	53	56.2	85.9	3

**There were no short or long term recommendations for MSEC.**

**MSEC voted to accept the Microbiology Course Annual review as presented.**

*Both of the course annual review reports are is shared with MSEC members via a One Drive document storage option.*

## **12. Approve: Rural Track Elective: Ambulatory Care**

Cathy Peeples presented a new Rural Track Elective for approval titled: *Rural Ambulatory Care Family Medicine*. The elective will be located at an ambulatory site in Decatur, Tennessee and managed under Dr. R. Shane Roberts, MD, a QCOM Residency graduate. The elective will be available as a RPCT selective and then opened up to Generalist track students as an elective option. There is a maximum of one (1) student per rotation. Housing will be provided to the student while on rotation at the location. The goal of the elective is to develop an advanced understanding of Family Practice in an exemplary independent rural health clinic setting. Dr. Roberts has identified the course objectives and their tie to the QCOM Institutional Educational Objectives, Instruction Methods, and Assessment Methods.

**Dr. Johnson made a motion to approve the Rural Track Elective: Rural Ambulatory Care Family Medicine Elective. Dr. Geraci seconded the motion. MSEC unanimously approved the motion.**

*The Rural Track Elective: Ambulatory Care is shared with MSEC members via a One Drive document storage option.*

The meeting adjourned at 6:10 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: [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)

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  
[CARROLL@etsu.edu](mailto:CARROLL@etsu.edu) / 423-439-2407

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**MSEC Meeting Dates 2018-2019: \* NOT 3rd Tuesday – Locations to be determined**

September 18 – 3:30-6:00 pm – C000

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\*