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Medical Student Education Committee Minutes

10-16-2018

2018 October 16 - Medical Student Education Committee Retreat Minutes

Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee

RETREAT Minutes: October 16, 2018

The Medical Student Education Committee of the Quillen College of Medicine held a Retreat on Tuesday, October 16, 2018 in Classroom C-003 of Stanton-Gerber Hall.

Attendance

Faculty Members

Ramsey McGowen, PhD, Chair
Caroline Abercrombie, MD
Martha Bird, MD
Thomas Ecay, PhD
Steven Geraci, MD
Russell Hayman, PhD
Dave Johnson, PhD
Paul Monaco, PhD
Jason Moore, MD
Mark Ransom, MD
Amanda Stoltz, MD

Student Members

Hunter Bratton, M3
Erin Lutz, M2

Ex Officio Voting Members

Joe Florence, MD
Theresa Lura, MD
Rachel Walden, MLIS

Ex Officio Non-Voting Member

Kenneth Olive, MD, EAD

Guests

Robert Acuff, PhD

Academic Affairs Staff

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

Shading denotes or references MSEC Concurrence and/or Action Items

1. Approve: Minutes from September 18, 2018 Meeting & Announcements

Dr. McGowen called the meeting in session at 12:00 pm with a quorum of voting members. There were no changes identified for the September 18, 2018 minutes.

Dr. Geraci made a motion to approve the September 18, 2018 minutes as presented. Dr. Ecay seconded the motion. MSEC unanimously voted to approve the minutes.

Dr. McGowen made the following announcements:

- The next College of Medicine Faculty Meeting will be Wednesday, November 7th
- The next Faculty Development Session is scheduled for Wednesday, October 24th and is about professionalism and promoting professionalism through everyday interactions with students. In November Jean Daniels will be presenting “Working with Students to Promote Academic Accomplishment” and in December Dr. Ivy Click will be presenting “Basic Medical Education Research”. She is open to helping faculty develop research projects based on current initiatives being promoted in the College of Medicine.

- A date has been set for an optional M2 CBSE on Monday, December 3rd. There are currently fifty (50) M2 students who have registered to take the exam. Dr. Olive noted that Erin Lutz, M2 MSEC representative was very helpful in confirming the date with the M2 class.
- The MSEC January Retreat date has been changed to Tuesday, January 8th from its original date of Tuesday, January 15th. All MSEC members have been notified by email.
- Dr. Russ Brown has resigned from MSEC due to other commitments. Dr. Olive is working with the Faculty Advisory Committee on the process of a replacement.

2. Approve: New MSEC Policies

- Student Assignment/Alternative Assignment/Conflict of Interest Policy
- Elective Opportunities Policy
- Comparability of Education/Assessment Policy

MSEC members received a copy for review of each new policy prior to the meeting. Cathy Peebles reviewed each policy statement, scope, and process for adhering to the policy. MSEC discussed each policy prior to the final vote on each new policy.

Student Assignment/Alternative Assignment/Conflict of Interest Policy – The policy includes definition of conflict of interest/dual relationship, roles and responsibilities related to their identification, and examples of situations where alternative assignments might be indicated.

MSEC discussion included:

- Reassignment of a student to another group facilitator or asking another faculty member to review and/or write feedback and grade an assignment.
- Identifying another faculty to write comments for inclusion in the MSPE letter.
- “Friendly relationships” that might exist or be perceived as existing by others.
- MSEC suggested that the policy discussion be a topic for a future M1/M2 Course Director’s meeting and that students are made aware of the policy.

Dr. Monaco made a motion to approve the new Student Assignment/Alternative Assignment/Conflict of Interest Policy as presented. Dr. Bird seconded the motion. MSEC unanimously voted to accept the motion. Dr. Olive will speak with Dr. Kwasigroch on the best method for notifying students of the new policy.

The policy is posted on the MSEC webpage.

Elective Opportunity Policy – The purpose of electives is explained in the policy. Preclerkship students have courses such as Healers’ Art and Medical Spanish to name a couple. Clinical students in the M3 year have the Jr. Clinical Experiences to selective electives. Clinical students in the M4 year are encouraged to participate in electives that will allow them to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests. M4 students are also encouraged to participate in away electives to gain a different perspective on their chosen specialty while experiencing a different clinical environment.

MSEC discussion included:

- M4 individually arranged electives can include options ~~for the students~~ to arrange an elective that can vary in length and location, but these electives ~~will~~ need to be reviewed and approved by the EAD, i.e., miscellaneous research projects and the Vanderbilt year-long, longitudinal elective in which students complete and receive six (6) weeks of credit.
- MSEC's process for enrolling students in elective courses has not changed, but is now documented in a formal policy.

Dr. Bird made a motion to approve the new Elective Opportunity Policy as presented. Dr. Geraci seconded the motion. MSEC unanimously voted to accept the motion.

The policy is posted on the MSEC webpage.

Comparability of Education/Assessment Policy – Applies to educational activities that occur in different locations. The purpose of the policy is to ensure comparable educational and assessment methods within each course and M3 clerkship for all students. Standardizing how learners are assessed and how grades are determined is key in ensuring comparability. The same assessment methods, grade scales, grade allocation and grade scales are to be used across all sites and will be identified in the course and/or clerkship syllabi.

There was no added MSEC discussion.

Dr. Geraci made a motion to approve the new Comparability of Education/Assessment Policy as presented. Dr. Moore seconded the motion. MSEC unanimously voted to accept the motion.

All of the new MSEC policies are shared with MSEC members via a One Drive document storage option.

3. Update: Student Promotions Policy: Professionalism Reporting Policy

Cathy Peeples reviewed the Student Promotions Professionalism Policy and reporting form. The policy formalized the process and form that have been in place for several years. The form has been slightly updated. The process is designed to allow faculty, staff, or students to document an incident or trend of student unprofessional or unethical behavior. The forms are submitted to and reviewed, by the Associated Dean for Student Affairs, with the identified student. The submitting party will be notified of receipt of the form and that issues have been addressed with the student. A submitted form may be routed to other committees or individuals, i.e., Committee Supporting Student Health, Student Promotion Committee, Honor Council, other counseling or treatment needs depending on the need for further action or actions.

MSEC discussion included:

- Whether questions about a student failing to notify the appropriate person when sick should be clarified. Cathy Peeples will take this comment back to Promotions Committee for consideration.

The Promotions Committee policy is shared with MSEC members via a One Drive document storage option.

4. Report/Update/Approve: Curriculum Integration Subcommittee (CIS) – Human Sexuality Thread Review

Dr. Abercrombie presented the updated Human Sexuality Thread report identifying an example of Thread reviews assisting with review of content coverage. The initial Thread report and recommendations, presented in May 2015, for Human Sexuality I and II presentations were restructured to incorporate some content from the Transitions to Clinical Clerkships course, allowing the Transitions to Clinical Clerkships course to deliver higher level content, and still be able to condense coverage time to ½ day coverage for both presentations.

The Thread Objectives, with mapping to corresponding Institutional Educational Objectives (IEOs), were reviewed. The following previously had not been covered but now has coverage reported in the curriculum.

- *Knowledge 3: Recognize the historical context of sexuality research – IEO 2.5*
- *Attitudes 11: Examine the role of health care providers in treating sexual problems and promoting healthy sexualities – IEO 2.5*

The report identified updated short-term and long-term recommendations and included follow-ups to the previously 2015 recommendations. Specific course and clerkship, short-term and long-term, improvement recommendations were also identified.

2018 Short-Term Recommendations:

- Emphasize sexual history as part of the patient history, including considerations for varying age groups and populations in cases across the curriculum (pediatric, elderly, LGBT, chronic disease, disability, etc.).
- Ensure the male genitourinary (GU) and female GU, breast and pelvic normal review of systems (ROS) are included and assessed in the curriculum.

2018 Long-Term Recommendations:

- Continue to look for ways to emphasize an evidence based approach to all topics and exploring the feasibility of a formal journal club to provide a review of current journal articles on various topics - including Human Sexuality. (MD, PhD, Librarian facilitators)
- Include sessions to demonstrate the impact of religion, culture & worldviews on medicine in regards to sexuality.

Dr. Abercrombie summarized that human sexuality content appears to be sufficiently covered in the curriculum with added coverage of Educational Institutional Objectives. There were no additional comments from MSEC.

MSEC approved the Curriculum Subcommittee update to the Human Sexuality Thread as presented with Dr. Abercrombie abstaining.

The Curriculum Subcommittee update for the Human Sexuality Thread is shared with MSEC members via a One Drive document storage option.

5. Approve: MD/MPH Programs

Dr. Olive presented an overview of the MD/MPH programs and how curricular changes necessitate adjustment to the agreement between the Quillen College of Medicine MD program and the College of Public Health MPH program. Dr. Olive reviewed the core requirements of the MPH program and those College of Medicine courses and/or experiences that are currently counted as MPH credit.

MSEC is asked to approve:

- Epidemiology 5100 course replacing MEDU 1322 Clinical Epidemiology and Biostatistics course
- Field experience counting as eight (8) weeks of senior elective time

MSEC discussion included:

- The number of students and the number of years to complete the dual MPH/MD programs.
- Whether students in the Generalist and Rural Track programs can both participate in the MPH program.
- The advantage Rural Track students have of completing the Rural Health Research and Practice course and the Community Health Projects course which both count for MPH credit.
- The MPH program curriculum being designed as a five (5)-year program that allows all students to complete requirements (though students have and can completed in lesser time).
- The importance of planning for a dual MPH/MD degree to medical school. Students that apply later in medical school are reviewed for academic status and the ability to complete all requirements in both programs.
- Continued focus on integration of course content in the MD curriculum could impact the agreement in future academic years.

Dr. Johnson made a motion to accept the courses identified for credit for the MD/MPH program as presented. Dr. Ransom seconded the motion. MSEC unanimously voted to accept the motion.

The MD/MPH presented document is shared with MSEC members via a One Drive document storage option.

6. Breakout Session 1: Review of Strategic Plan

Dr. McGowen introduced the first breakout session for MSEC – to review the 2013 College of Medicine Strategic Plan related to undergraduate medical education and propose ideas for a new Strategic Plan moving forward. Dr. Olive briefly reviewed the 2013 Strategic Plan components related to the Medical Student Education program. Some of the now listed components and/or language are no longer valid and need to be removed, just as there may be components and/or language that need to be added. MSEC divided into three (3) groups with a facilitator and recorder.

After discussion the groups were called back together and asked to present their ideas, with one member as facilitator/spokesperson. The individual group responses were summarized under the Medical Student Education heading into three (3) main strategic goals; 1) Curriculum, 2) Assessment, and 3) Resources. See the separate document of summarized responses.

The handouts and summary document for the Breakout Session I are shared with MSEC members via a One Drive document storage option.

BREAK***15 minutes*******

7. Discussion: Primary Care

Dr. McGowen reviewed prior reporting in May 2018, by the Outcomes Subcommittee for Benchmark 6 where it was identified that Benchmark 6 was not met. The percentage of Quillen graduates going into primary care was 44.93% while the National percentage was 46.11%. It was identified this was primarily due to a decrease in the number of students going into Internal Medicine (Internal Medicine was 10.14% and the national percentage was 24.9%). MSEC asked that further discussion be scheduled regarding the primary care identification and coverage of such in the Quillen curriculum. Dr. McGowen noted that as part of this discussion we should be reviewing our Mission Statement and be aware that there are some benchmark tools that were identified for the Outcomes Subcommittee to monitor that may be better adopted as official measurement tools, i.e., Mission Management Tool, percent of graduates practicing in rural areas.

MSEC discussion included:

- The Quillen Mission Statement identifies a focus on primary care. Rural Track participants demonstrate a higher percentage of graduates going into primary care. This highlights the value of the Rural Track program.
- The Mission Management Tool looks at those actually practicing in primary care while our Benchmark is looking at graduates obtaining a PGY 1 residency position in Family Medicine (FM), Internal Medicine (IM), Pediatrics (PEDS), and OB-GYN (OB-GYN).
- The AAMC data is ten (10) plus years for a person out of training to identify if primary care is selected.
- The high rates of sub-specialization in Internal Medicine raise questions about the extent to which graduates choosing IM residencies will practice primary care.
- OB-GYN is beginning to be more primary care and all groups (FM, IM, PEDS, and OB-GYN) should be included regardless of lower numbers for some.
- Admissions process and identification of primary care by applicants.
- Looking at state funds to support primary care mission.
- Focus on curriculum rather than benchmarks and identify how curriculum tries to promote primary care, i.e., Career Exploration course, service learning projects, community outreach, and clinical experiences in Doctoring I and II with primary care physicians/practices.
- Marketing of Quillen and its Mission Statement.
- Identify a 3-5 year rolling average as a primary care benchmark versus the current yearly average.

Dr. McGowen thanked MSEC for the discussion on primary care and asked that the discussion be considered as MSEC moved to agenda item #8/Breakout Session 2.

The presented summary on Primary Care is shared with MSEC members via a One Drive document storage option.

8. Breakout Session 2: Review of Outcomes Subcommittee Benchmarks

Dr. McGowen introduced Breakout Session #2. MSEC was divided into four (4) groups with each receiving a list of competencies/benchmarks monitored and asked the groups to:

- Review the competency and current benchmark for the competency
- Discuss the benchmarks currently in place, asking if it is appropriate for determining programmatic effectiveness
- Identify if the measure is calibrated correctly or should it be modified
- Identify if there are other or additional outcomes data to measure the effectiveness of the competency.

After discussion the groups were called back together and the facilitator/spokesperson for the group was asked to present their group's ideas.

See the separate document of received responses from each group.

The handouts and summary for the Breakout Session 2 are shared with MSEC members via a One Drive document storage option.

9. Review/Approve: Content Report- End-of-Life Care

Dr. Olive demonstrated how to use the NI curriculum database as well as other sources in searching the COM curriculum for specific content:

- Review the USMLE coded outline for generalized content area and identify the "codes" covering the specific content/keyword.
- Conduct a "keyword" search in New Innovations database for the the USMLE code
- Review the New Innovations Course Materials tab for course and/or clerkship documents and use the "find" tool to narrow a search of the document(s).
- Review the course and/or clerkship D2L sites for documents and use the "find" tool to narrow a search of the document(s).
- Review the course and/or clerkship syllabi and use the "find" tool and use the "find" tool to narrow a search of the document.
- Talk with the course and/or clerkship directors for their input on related content included in the course and/or clerkship.

The content report for End-of-Life Care identified the following courses and clerkships with content: Doctoring 1, Lifespan Development, Community Medicine Clerkship, Family Medicine Clerkship, Internal Medicine Clerkship, Pediatrics Clerkship, Rural Primary Care Track Clerkship, Surgery Clerkship, M4 Keystone course, Healer's Art elective, Interprofessional End-of-Life elective, Palliative Care elective, Hematology-Oncology elective, Pediatric Hematology-Oncology elective, and Family Medicine Elder Care elective.

MSEC discussion included:

- Expectations for MSEC members during the October 2019 LCME site visit regarding identification of curriculum content and/or performing content/keyword searches of curriculum sources, i.e., New Innovations and/or D2L sites.
- Awareness of USMLE Outline and Quillen “Plus List”.

Dr. Moore made a motion to accept the content report for End-of-Life Care as adequate coverage in the curriculum. Dr. Lura seconded the motion. MSEC unanimously voted to accept the content report as delivered.

The End of Life Content report is shared with MSEC members via a One Drive document storage option.

10. Report/Follow Up: Curriculum Content Query on Professionalism & Ethics Recommendations
Dr. Olive followed up on prior discussion with MSEC about the professionalism and ethics content previously covered in the Profession of Medicine course that became a component of the 2017-2018 Doctoring I course. When Doctoring II was implemented in 2018-2019, some of this content was identified as a better fit within the Professionalism & Ethics component of Doctoring II. This includes the following five (5) main content areas:

- Healthcare Financing, Access, and Costs
- Healthcare Reform
- Patient Safety & Quality Improvement
- Medical Rules & Regulations
- Pain Management (this is newly added content – not previously covered)

MSEC discussion included:

- Students being assessed on some of the content areas in the preclerkship phase.
- Students in the M2 year seemed to be more motivated during the Healthcare Financing, Access, and Costs presentation perhaps because they had identified in knowledge as a result of preceptorships.
- M2 students in the IPE components are understanding the relevance of this content to patient care. In the M1 year, students are just beginning to understand the meaning of a team, a facility, and a patient.
- As students complete additional clinical assignments, the information becomes more relevant to what they are doing or seeing in clinical practice.
- Reasoning for including Pain Management under Professionalism & Ethics and its relationship to patient confidentiality/professionalism. MSEC acknowledgement of Pain Management content could be identified in other components.

The update for Doctoring II on curriculum coverage for Professionalism and Ethics is shared with MSEC members via a One Drive document storage option.

11. Report/Approve: M1M2 Review Subcommittee – 2017-2018 Reports

- **M1 Physiology**

Dr. Acuff presented the M1 Physiology course, directed by Dr. Thomas Ecay. There were no short-term or long-term recommendations identified. The course objectives have been mapped to the Institutional Educational Objectives. It was noted that the grades for 2017-2018 course delivery were lower than the previous year, with five (5) failures; however the NBME subject exam performance was comparable to previous years.

NBME Percentage of Class above Mean

Academic Year	National Mean Score	Quillen Mean score	% at or above National Mean	# at or below 10 Percentile
2017/18	63.1*	64.7	59.7%	8
2016/17	51.2	53.8	51.4%	4

The review noted that the course director had made the following statement in the Self-Study regarding integration of the course content with other courses: *“Maintaining and strengthening coordination and integration of physiology with CTB is essential for the future development and improvement of both courses. Coordination with other courses, as was attempted with CMM this past year, will require an institutional commitment to an organ systems-based curriculum and direction and management above the course director level.”*

The M1/M2 Review Subcommittee plans to re-visit the course during the 2018-2019 Comprehensive Review for improvement in the area of coordination and integration with other courses.

Dr. Olive noted that given the curriculum changes and sequencing changes that occurred in 2017-2018, the course had its highest student evaluation of the course in three (3) years. This is impressive.

Academic Year	Overall numerical clerkship/course evaluation score
2017-2018	4.17
2017	3.83
2016	4.11

MSEC unanimously voted to accept the 2017-2018 M1 Physiology Course Annual Review as presented.

- **Rural Track M2 Community Research Health Projects**

Dr. Acuff presented the Rural Track M2 Community Research Health Projects course delivered in the fall semester of the M2 year. Course co-directors are Dr. Joe Florence, Dr. Ivy Click, and Dr. Karen Schetzina. Students begin community projects with developing a research proposal of/for a community health project in the spring of the M1 year that is then completed in the fall semester of the M2 year. This includes obtaining IRB approval for the project.

The course objectives have been mapped to the Institutional Educational Objectives. There is no NBME subject exam, but rather a comprehensive course exam. This course meets a requirement for the dual MD/MPH degree. Student evaluations of the course are up from the prior year.

Course Evaluation by Students

Academic Year	Overall numerical course evaluation score
2017-2018	3.92
2016-2017	3.31
2015-2016	3.75

Short-Term Recommendation to MSEC:

MSEC is asked to identify sources of assistance to students to facilitate the Institutional Review Board (IRB) process so that they receive IRB review and approval of their project before the end of the semester so they can begin working promptly in the following fall semester.

Rachel Walden, MSEC member and Vice Chair of the IRB, stated that upon seeing this agenda item and short-term recommendation, she approached members of the IRB to find out what could be done to assist students. The IRB is offering to meet with the students in the spring semester to talk about/explain the IRB process that leads to successful approval. Rachel Walden also volunteered to set aside some limited office hours to consult with students, one-on-one, about a specific research project. Dr. Florence was in agreement with this planned approach from the IRB. MSEC members identified that direct communication with IRB officials is key to the process. Dr. Florence identified that all of the student research submissions in the 2018 spring course have received IRB approval.

Dr. McGowen summarized that the short-term recommendation has received identified solutions that are agreeable to the course. It appears that the short-term recommendation has resolved itself – leaving no MSEC recommendations for the course.

There were no long-term recommendations identified.

MSEC unanimously voted to accept the 2017-2018 M2 Rural Track Community Research Health Projects Course Annual Review as presented.

The M1/M2 Self-Study reports presented to MSEC are shared with MSEC members via a One Drive document storage option.

The meeting adjourned at 4:50 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

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 / 423-439-2407

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

November 13 – 3:30-6:00 pm*

December 11 – 3:30-6:00 pm*

January 8, 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*

MSEC Meeting Dates for 2019-2020 are being finalized.