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Medical Student Education Committee Minutes

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8-20-2019

### 2019 August 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**

**The Medical Student Education Committee of the Quillen College of Medicine met on  
Tuesday, August 20, 2019 in C000 of Stanton-Gerber Hall, Building 178**

**Meeting Minutes**

**Faculty Members**

**Ramsey McGowen, PhD, Chair  
Martha Bird, MD  
Ivy Click, EdD  
Russ Hayman, PhD  
Paul Monaco, PhD  
Jason Moore, MD  
Mark Ransom, MD  
Anthony Rusinol, PhD  
Robert Schoborg, PhD**

**Student Members**

**Sarah Allen Ray, M2**

**Ex Officio Voting Members**

**Theresa Lura, MD  
Rachel Walden, MLIS**

**Ex Officio Non-Voting Member**

**Kenneth Olive, MD, EAD**

**Guests**

**Robert Acuff, PhD  
Barbara Overbay, MD  
John B. Schweitzer, MD  
David Wood, MD**

**Academic Affairs Staff**

**Lorena Burton, CAP  
Mariela McCandless, MPH  
Cathy Peeples, MPH**

Dr. McGowen announced that the agenda had been changed to add a new M4 Elective for Neurology recently received. This necessitated the re-ordering of the previously shared agenda.

**1. Approve: Minutes from July 16, 2019 Meeting & Announcements**

Dr. McGowen opened the MSEC meeting at 3:30 pm with a quorum present. Dr. Barbara Overbay, MD, Class of 1990 was introduced and welcomed by Dr. McGowen. Dr. Overbay has been a practicing physician in Internal Medicine and is now considering involvement in medical education. Dr. Overbay was invited to observe the MSEC meeting. Dr. McGowen and Dr. Olive made several announcement (see the separate document).

- Announcements – See separate document

Dr. McGowen asked for comments and approval of the July Minutes as received by MSEC.

Dr. Monaco made a motion to approve the MSEC Retreat minutes. Dr. Schoborg seconded the motion. Eleven (11) members approved the motion with one (1) abstaining from vote. The motion passed.

*The MSEC Retreat minutes and the MSEC Annual Meeting minutes for July 16, 2019 are shared with MSEC members via OneDrive document storage option.*

**2. Update/Report: CBSE II Scores/Comparison with M2 Year Fall**

Dr. Olive began with background on delivery of the Comprehensive Basic Science Exam (CBSE). Previously the CBSE was given once in both the M1 and M2 years. In 2018-2019, the M1 exam was dropped, but an elective and required CBSE exam were kept in the M2 year. The elective exam was delivered in the fall (December) and the required exam was delivered in the spring (May). Today's information reflected the correlation of scores for the M2 year CBSE exams taken in the fall (elective) and spring (required) with the taking of STEP I upon completion of the M2 year. Dr. Olive concluded that the required spring CBSE exam is a fairly good predictor of a student's STEP score. The optional, fall CBSE exam gives students an opportunity to see what the exam is like, to practice taking the type of exam, and identify weaker areas for additional study prior to the spring CBSE exam and STEP I at the end of the M2 year. The students who score lower on the CBSE exams are counseled by Dr. Olive and/or Dr. Daniels with regards to the student's study skills/plan.

MSEC discussion included:

- The cost per student to administer the CBSE exams.
- Whether there was any correlation data between those who took both the optional fall and required spring CBSE exam prior to STEP I and those who took only the required spring CBSE prior to STEP I. This might be a predictor, along with other areas of student behavior that might be predictive of student outcomes.

*The presented CBSE II Comparison documents were shared with MSEC members via One Drive document storage option.*

### **3. Update/Report: STEP I and STEP 2 Performance Updates**

Dr. Olive presented an updated report on student performance with the USMLE exams. It was noted that this year's pass rate for STEP I has been good. There are three (3) students who we do not have scores back on, but the current pass rate is 98%. The one failure was a student from a previous class who took the exam for the first time.

The current pass rate for STEP II CK is 100%, with seventeen (17) students who have yet to take the exam or we do not have the student's score back. Everyone that has taken the exam has passed.

The current pass rate for STEP II CS is 98%, with thirteen (13) students who we have yet to take the exam or we do not have the student's core back. One (1) student has failed the exam.

The STEP III (class of 2016) pass rate is 98%. We are tracking the national pass rate in comparison to our QCOM pass rate.

*The presented STEP I and STEP 2 Performance documents are shared with MSEC members via On Drive document storage option.*

### **4. Report: Comparison of Clerkship Experiences – Transition Year vs Full Year**

Dr. Olive noted that the 2017-2018 academic year had a different schedule that allowed us to reset the start date of the M3 and M4 years for the 2018-2019 academic year. The 2017-2018 academic year was identified as the Transition Year. All clerkships were shorted by one (1) week, with the exception of Rural Primary Care that was shorted by two (2) weeks. Six (6) week clerkships were five (5) weeks long; eight (8) week clerkships were seven (7) weeks long; the Rural Primary Care clerkship was twelve (12) weeks and went to a split ten (10) weeks in length. A comparison study was done, using various outcome measures, to identify any possible adverse effects of the Transition Year.

#### **Outcome Measures:**

Clerkship Grade Distribution – there were no significant differences. Psychiatry reported fewer "A" grades and more "B" grades in the Transition Year, but the "P" value was not significant. Overall, there were 75 A grades v/s 72 A grades in the Transition Year.

NBME Subject Exam Scores – a larger number of students were required to repeat the NBME exams, but we also had a change in policy that identified when students would have to repeat the exam. Previously those who scored at the 10% percentile or lower had to repeat the exam, this has changed to the 5% percentile. Internal Medicine clerkship has the largest drop in NBME scores, but all the clerkships had lower NBME scores in the Transition Year, compared to prior years, none were at a level of statistical significance (1.6 points lower). Family Medicine does not offer the NBME exam, but rather the Aquifer Exam. The Transition Year scores were significantly higher (89.4) compared to the prior year (85.5).

USMLE Step II CK – the pass rate for Class of 2019, who were on a regular schedule was 96% with a score of 242. The pass rate for Class of 2020, who were on the Transition Year schedule does not reflect complete data (17 students still have to take the exam or we have not yet received the scores, is currently 100%, with a score of 250.

Required Patient Types and Procedures – students in both years were able to document required patient types and procedures in the time frame allotted. Some clerkships did change the number of required procedures based on the time frame allotted.

Student Evaluation of Clerkships – all clerkships, with the exception of Community Medicine, had no significant drop in the Student Evaluation of Clerkship for the Transition Year. Some reported lower and some higher. Community Medicine drop in student satisfaction may not be related to the Transition Year.

*The Comparison of Clerkship Experiences – Transition Year vs Full Year PowerPoint is shared with MSEC members via OneDrive document storage option.*

#### **5. Discussion/Action: New Clinical Neurology Elective (Internal Medicine)**

Dr. Olive presented a request from Internal Medicine for a new elective with Dr. Tanzid Shams, MD. Ballad Health has developed a Neurology group operating out of the Johnson City location, of which Dr. Shams is the director. The rotation will include access for both M3, two (2) week specialty assignments, and M4, four (4) week elective assignments. Students will be exposed to both inpatient and outpatient settings and encounter stroke, seizure, multiple sclerosis, movement disorders, and CNS infection cases. Neurodiagnostic procedures (EEG and MRI) will be covered. The course's learning objectives have been identified with their tie to our COM Institutional Educational Objectives. Students will be required to report Monday – Friday, 9 am to 5 pm and accompany the neurology team to the emergency room for acute and urgent consultations and code stroke. There is no night call.

Dr. Rusinol made a motion to accept the Clinical Neurology Elective as presented. Dr. Schoborg seconded the motion. MSEC unanimously approved the motion.

*The Clinical Neurology Elective is shared with MSEC members via OneDrive document storage option.*

#### **6. Update: Skill Log Requirements for OB-GYN Clerkship:**

Cathy Peebles presented an updated required Skill Log for the OB-GYN clerkship identifying two (2) skills (Episiotomy/Laceration Repair and Hysterectomy) that were no longer identified as required, but rather identified for optional completion. Dr. Ransom stated that the two procedures are not always present for all students to perform due to a change in clinical practices. Episiotomy is not done as frequently as it was in prior years – a change in clinical practice. Hysterectomies are performed, but not in a predictable manner. Therefore not always available for student performance. Many patients and physicians will not schedule this procedure around holidays. Most students will be able to see a Hysterectomy, but not always – it cannot be guaranteed for all OB-GYN students.

Cathy Peebles explained that students who do not report performance of all required procedures are subject to a 5% decrease in their overall grade for the clerkship; therefore it is important that clerkships correctly identify those procedures that are required and those that are optional.

MSEC unanimously approved the updated Skill Log Requirements for the OB-GYN Clerkship

*The Updated Skill Log Listing for the OB-GYN Clerkship is shared with MSEC members via OneDrive document storage option.*

**7. Retrospective Curriculum Surveys 2018-2019**

Dr. McGowen reviewed the recently received student surveys of the 2018-2019 curriculum. Each year, at the beginning of the academic year, students are asked to complete a retrospective survey of their past completed academic year(s). The M2 students review their recently completed M1 year and the M3 students review their completed M1 and M2 years. The surveys are one of the resources used in the curriculum review process.

| Scored Questions                                                                         | Class 2020(M3)                                                                                                       | Class 2021(M2) | Class 2022(M1) |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| MY OVERALL EVALUATION OF THE (M1/M2/M3) CURRICULUM IS:                                   | 3.87/5.00                                                                                                            | 3.44/5.00      | 3.95/5.00      |
| THE M1 CURRICULUM ADEQUATELY PREPARED ME FOR THE M2 CURRICULUM                           | -----                                                                                                                | 3.82/5.00      | -----          |
| THE M1 AND M2 CURRICULUM ADEQUATELY PREPARED ME FOR THE M3 CURRICULUM                    | 3.92/5.00                                                                                                            | -----          | -----          |
| THE PRECLERKSHIP CURRICULUM (YEARS 1 & 2) WAS EFFECTIVE IN PREPARING ME FOR STEP 1       | -----                                                                                                                | 3.49/5.00      | -----          |
| THE (M1/M2) LEARNING ENVIRONMENT WAS GENERALLY CHARACTERIZED BY RESPECT AND COLLEGIALITY | <i>Not asked on retrospective survey of M3 curriculum; question is asked on end of M3 clerkship evaluation forms</i> | 4.25/5.00      | 4.43/5.00      |
| THE CBSE II WAS HELPFUL PREPARATION FOR THE USMLE STEP EXAMS.                            | 3.56/5.00                                                                                                            | -----          | -----          |

Dr. McGowen summarized the general curriculum comments received for each class and offered conclusions. The individual course and clerkship comments are being sent to the respective course and clerkship directors.

General Curriculum Comments:

- There were some strengths and weaknesses identified for every course.
- Students singled out many professions for praise.
- No global surprises emerged from the student comments.

- The primary concerns were:
  - M1 curriculum - the Clinical Epidemiology and Biostatistics course
  - M2 curriculum - the Introduction to Clinical Psychiatry course
  - M3 curriculum - the Community Medicine clerkship

Conclusions:

- Need to continue to work on students understanding rationale for curriculum experiences; how prepares for STEP and clerkships.
- Pressure of STEP 1 is a huge issue for students and we cannot wish it away.
- There were a few individual comments, despite not being major, that might be worth considering (e.g., learning from test performance).

MSEC discussion included:

- Rewording of the question related to preparation for USMLE STEP exams to specifically identify CBSE exam taken in the M2 year and USMLE STEP I exam.
- Faculty access to UWorld as a resource for exam question reviews.
- Student access to faculty in the clinical arena.

**Dr. Olive will renew the UWorld subscription and share the available link with faculty. Lorena Burton will send the students comments to the respective course and clerkship directors.**

*The Retrospective Curriculum Survey Summary for 2018-2019 is shared with MSEC members via OneDrive document storage option.*

**8. Follow Up/Action: M1-M2 Lecture and Non-Lecture Notification–Assessment Policy MSEC 0219-26**

Dr. McGowen presented a finalized version of the M1-M2 Lecture and Non-Lecture Notification-Assessment Policy following discussion and recommendations in the July MSEC meeting. MSEC had no further comments. The policy is effective with the 2018-2019 academic year.

Dr. Monaco made a motion to accept the MSEC Policy 0219-26 as drafted. Dr. Bird seconded the motion. MSEC voted ten (10) approved; one (1) opposed; one (1) abstention. The motion passed.

*The finalized M1-M2 Lecture and Non-Lecture Notification-Assessment Policy MSEC 0219-26 is shared with MSEC members via OneDrive document storage option.*

**9. Follow Up/Action: QCOM Exam Administration Policy MSEC/ADMIN 0515-11**

Mariela McCandless presented a finalized version of the QCOM Exam Administration Policy following discussion and recommendations in the July MSEC meeting. MSEC asked about reference to Tennessee Board of Regents (TBR) policy and whether there was a need to update language based on the FOCUS Act. Academic Affairs will review the text to identify if there are changes needed. MSEC had no further comments. The policy is effective with the 2018-2019 academic year.

Dr. Bird made a motion to accept the MSEC Policy 0515-11 as drafted. Dr. Ransom seconded the motion. MSEC unanimously approved the motion.

*The finalized QCOM Exam Administration Policy MSEC 0515-11 is shared with MSEC members via OneDrive document storage option.*

#### **10. Discussion/Action: Ad hoc Phase Committee Goals & Objectives**

Dr. McGowen brought back the Ad hoc Phase Committee (working group) Goals & Objectives presented at the July MSEC meeting. In July MSEC asked that the document be re-sent separately to MSEC members so they could thoroughly review and digest before comment/action is taken. Comments received included: identification of areas for proper formatting; whether there needed to be more detail as to what the Phase working group would be doing; and to always keep in mind what the COM focus is – to train physicians to practice well. There were no further comments. The first meeting of the Ad hoc Phase working group will begin meeting next week.

Dr. Bird made a motion to accept the Ad hoc Phase Committee Goals as presented to MSEC. Dr. Rusinol seconded the motion. MSEC unanimously approved the motion.

*The Ad hoc Phase Committee Goals document is shared with MSEC members via OneDrive document storage option.*

#### **11. Report: M1M2 Review Subcommittee 2018-2019 Reports**

Dr. Acuff presented each of the M1M2 Review Subcommittee reports.

- **M2 Medical Microbiology & Immunology** – directed by Dr. Russ Hayman, Ph.D. Medical Microbiology is one of the strongest courses in the M1/M2 curriculum. The course directors is a strong leader, the students perform well on the related NBME, CBSE and STEP I exams related to the course delivered content. The weakness reported by students is the laboratory content and not understanding the purpose of why it is needed – understanding why they needed to learn *Translational Scientific Method*. Dr. Hayman has already responded to this with the 2019-2020 delivery of the course by adding additional explanation to the objectives of the laboratory content and reviewing the value of content delivered by teaching faculty during the laboratory sessions.

#### **Short and Long Term Recommendations to MSEC:**

1. Recognize Dr. Hayman for the outstanding contributions he has made to the educational mission of COM as the course director of Microbiology & Immunology.

MSEC accepted the M2 Medical Microbiology report as delivered. There were two (2) abstentions.

- **M2 Introduction to Clinical Psychiatry** – directed by Dr. Steven Kendall, MD Introduction to Clinical Psychiatry was a tough course to review. This course received the lowest student evaluations of courses for 2018-2019 (1.99/5.00).



There was miscommunication between the course director and the previous and current Psychiatry Department Chairs. The course director did not have protected time to develop and be prepared to deliver the course. The course was not a good experience for the students.

A new course director (Dr. Gouge) has been identified for the course in 2019-2020, but it needs noted that Dr. Kendall produced outcomes on which students could point to the delivery of course material: 1) a D2L site that was clearly populated 2) prepared students for both the NBME and STEP I Psychiatry content.

It is noted that the students for this class cohort who scored at or above the National Mean percentile for NBME dropped significantly this year (from 75% to 59%).

**Short and Long Term Recommendations to MSEC:**

1. The course needs to continue to be monitored by the M1/M2 Review Subcommittee in 2019-2020 and not administratively reviewed.
2. The COM Dean should be asked to remind all department chairs to act in accordance with the fact that the teaching mission at COM is a top priority. The COM Dean needs to remind the department chairs that course directors or assigned teaching faculty are to be provided protected time, resources and training to deliver the course content.
3. MSEC needs to establish a formal process that will allow course directors to be trained in their duties.

MSEC discussion included:

Dr. Olive asked that MSEC keep a “systems” mind set and that the course director was put in this position without release time and no instruction on teaching the course. The department chair was replaced and the new chair was not familiar with the course and the course director to be able to recognize that the course was spiraling downward. It was a systems failure and the students suffered as a result of this. The students deserve a huge thank you for the professionalism they showed in their evaluation of the course. The student evaluations were correct and the negative comments were identified in a very professional manner. The short and long term recommendations are appropriate. Dr. Olive noted that the new course director, Dr. Gouge, has already been in contact with the Psychiatry Department Chair, Academic Affairs administration and staff, course support staff, and is planning to meet with Dr. Martha Bird. She is aware of the issues identified with delivery of the course in 2018-2019 and has begun to address them in preparation of course delivery this spring.

Systems failures can often go unidentified because of the herculean effort put forth by course and clerkship directors to “not let a course fail”. Many time the faculty go beyond what is required to ensure the students receive teaching and resources they need to succeed. The chairs may not be made aware of the faculty and course needs until a course fails and the student evaluations reveal the problem areas. MSEC needs to be mindful of this when it is brought to their attention.

MSEC accepted the M2 Introduction to Clinical Psychiatry report as delivered. There was one (1) abstention vote.

*The MIM2 Review Subcommittee 2018-2019 reports are shared with MSEC members via OneDrive document storage option.*

**The agenda was rearranged at this point to allow for Dr. Wood and Dr. Dahl's arrival and delivery of the M3/M4 Review Subcommittee reports and the Pain Management Thread report.**

#### **14. Report: Optional Electives Summary**

Lorena Burton reviewed the optional electives available in 2018-2019 and the student evaluation score for each. The students' overall comment theme was an appreciation of the availability of the courses, content offered, and the instruction received from teaching faculty.

- Healer's Art – 4.40/5.00
- Spanish for Medical Students – 4.86/5.00
- Global Healthcare: Disease Treatment & Prevention – 4.80/5.00
- Global Healthcare: Disease Treatment & Prevention (M4) – no student participation
- Substance Abuse and Addiction in Appalachia: Impacting the Community through a Vision of Change – 5.00/5.00

#### **15. Report: Administrative Reviews – 2018-2019**

**Dr. McGowen reviewed each of the administrative reviews for 2018-2019.**

- **Jr. Clinical Experiences** (Tabled from July 2019 Meeting)

The rotations are a two (2) week clinical elective completed by the M3 students. There were twenty-seven (27) different experiences made available to students in the 2018-2019 academic year.

Enrollment for the year ranged from one (1) student per experience to fifteen (15) students per experience. The highest enrollments included: Emergency medicine (15), followed by Dermatology (7), Hematology/Oncology (7), and Cardiology (6).

The median rating was 5.00/5.00.

Eleven (11) responses had positive comments and a total of 5 experiences had any weaknesses noted—mostly down time or not enough of a specific activity. One (1) comment about questionable humor (student stated it was meant as collegiality).

Conclusion: the Jr. Clinical Experiences are very well received.

- **Selective/Elective Summary**
  - Senior Selectives
  - Senior Electives/Away Electives

There are twelve (12) weeks of required Selectives. The selectives are identified by three (3) categories, of four (4) week experiences.

- (A) Intensive Care (IM, Peds, or Surgery)
- (B) Sub-Internship (IM, FM or Peds)
- (D) Ambulatory

Students can complete one (1) Selective experience through an away rotation **IF** approved in advance by the Executive Associate Dean (EAD) for Academic and Faculty Affairs and the training experience (e.g., learning objectives) is commensurate with COM requirements. Student evaluate their COM selective experiences on a 5-point scale, and their away selective/elective experiences on a 3-point scale.

**Category (A) Intensive Care:** The COM student evaluations ranged from 3.00 to 5.00/5.00 with strengths identified for good teaching, team exposure, and preparation. Weaknesses focused mostly on specific issues (e.g., neonatal resuscitation for Peds-Neonatology) and resident issues. The away rotation student evaluations averaged 2.88/3.00. The student comments were generally positive.

**Category (B) Sub Internship:** The COM student evaluations ranged from 4.44 to 5.00/5.00 with strengths identified for good teaching. Weaknesses focused on down time and need for more advanced work for the M4 students in Family Medicine (FM). The away rotation student evaluations averaged 2.73/3.00. The student comments were generally positive.

**Category (D) Ambulatory:** The COM student evaluations ranged from 3.67 to 5.00/5.00 with strengths identified for good teaching, opportunities for autonomy, patient volume, and variety of experiences. Weaknesses focused on down time, wanting to write notes in EHR system, and the need for more advanced work by M4 students in Family Medicine (FM). The away rotation student evaluation (one – 1) was 3.00/3.00. The student comments were generally positive.

**In-House Electives:** There are eighteen (18) weeks of required electives in the M4 year. Up to four (4) can be non-patient care electives. Enrollment for the year ranged from one (1) student per experience to fifty-seven (53) students per elective. It is noted that those with the highest enrollments are primarily on-line courses that can be taken during the M4 interview season. These included: Anatomic CT & Cross Sectional (53); Medical Humanities (48); Anatomy-Orthopedic (32); Advanced Physical Diagnostic (31); Anatomy-Surgery (27); Anatomy-Ultrasound (20). The COM student evaluations averaged 4.76/5.00. The strengths identified included: introducing new physical exam techniques and reinforcing techniques learned in the past; use of physical exam skills to verify a correct diagnosis; reminder of diseases learned and forgotten; self-directed learning; flexibility; self-paced and freedom to learn from resources that fit learning style best. The only weakness identified was that not all on-line courses are available when needed.

**Away Electives:** Of the required eighteen (18) weeks of electives, only twelve (12) weeks may be away electives. Sixty-six (66) students took away electives with COM student evaluations averaging 2.73/3.00.

The strengths identified included: opportunities for advanced skill practice, multiple simulation labs offered, exposure to pathologies, trauma, ultrasound and diabetes management, challenged, clinical and outpatient exposure, productive learning environment, and promotion of professionalism. Weaknesses included: fast paced, and long days.

- **Career Exploration III**

Career Exploration I & II are now included in the Doctoring I course and reviewed by the M1/M2 Review Subcommittee. In 2019-2020 Career Exploration III become part of the Doctoring III course and will be reviewed as part of that course, rather than separately. The course directors are Drs. Olive and Kwasigroch. The goals of the course are to assist students with planning of their 4<sup>th</sup> year selective/electives and their residency application.

Student evaluations of the course was 3.90/5.00, a notable improvement over last year's overall evaluation. The course directors reviewed last year student comments and changed the focus of the M4 Student panel and it was better received this year. Students appreciate meeting with advisors, the practical focus of the information sessions and noted it was helpful to have as they approached their M4 year. Some students noted that the large amount of review material prior to the sessions was hard to complete. Other students felt that the specialties in which only a few students are interested in do not receive as much discussion as the specialties where a large proportion of students are interested. Students struggle with the late starting time of the course and course directors will be looking at the options for holding the class earlier in the day.

There were no recommendations for MSEC.

- **Human Sexuality I & II**

Human Sexuality I (HS I) and Human Sexuality II (HS II) are now components of the Doctoring I and Doctoring II courses for 2019-2020 and delivered in a half-day session in the respective courses. The Doctoring I and II courses reviews will now include review of the human sexuality components. Both components are directed by Dr. William Finger, Phd. The components both received overall evaluations, higher than previous year, with both strengths and weaknesses noted.

The students felt the HS I workshop and OSCE are appropriate in helping them prepare to address a patient's sexual history, but would prefer less didactic time and more interview, practice time.

The students highly regarded the HS II workshop panel discussion with both Dr. Ford and Dr. Finger receiving positive comments. Some students raised concerns about possible bias by other presenters on topics that could be controversial. The HS II has a final exam.

Dr. Finger will be meeting with teaching faculty in October and plans to outline the following focus for each component.

Human Sexuality I will focus on completing a sexual health history to identify risk and provide preventive care.

Dr. Finger is proposing 1) the Standardized Patient cases to be revised to include looking at the diversity content; 2) modification of the pre-course work based on student feedback.

Human Sexuality II will focus on diversity of sexual orientation and gender and the physician's role in providing ethical and compassionate care. Dr. Finger is proposing 1) a new introduction to focus on the challenges of an open dialogue around diversity issues and how to facilitate understanding and support among students; 2) modification of presentations to be evidence-based to reduce the impression of "an agenda"; 3) revise the exam questions to be consistent with the new content.

Dr. Finger did note that he thought that the human sexuality content would probably be better received if integrated into other course work throughout the medical school curriculum, rather than having it isolated on two (2) days.

There were no recommendations for MSEC.

|                                                      |
|------------------------------------------------------|
| <b>The agenda return to its original scheduling.</b> |
|------------------------------------------------------|

## **12. Report: M3M4 Review Subcommittee 2018-2019 Reports**

Dr. Wood presented each of the M3M4 Review Subcommittee reports.

- **Surgery Clerkship** – directed by Dr. Tiffany Lasky. It is noted that Dr. Lasky has left College of Medicine. Dr. William Browder, Surgery Department Chair, is serving as the Interim Clerkship Director. The review of the clerkship's teaching (15% ambulatory and 85% inpatient), assessment, content, sequencing, integration and gaps/unplanned redundancies did not identify any problems. A few students commented on the lack of clinical experiences available at the Bristol location due to preference given to students from other schools (LMU/VCOM), but the clerkship director stated in the comprehensive self-study that this has been resolved. Prior year recommendations regarding consolidation of didactic lectures and specifying objectives /topics for quizzes have been taken addressed, though the clerkship director identified an NBME practice exam could provide a valuable quiz for the students. Dr. Olive stated that there are NBME Clinical Mastery exams for students with an associated cost per student. Academic Affairs will follow up to verify there is one identified for Surgery and the cost and whether COM can sign up for the exam (vs students signing for individual exams). The information will be shared with the Surgery Clerkship Administration.

There are no formal recommendations to MSEC.

There is a suggestion for the 2019-2020 Phase Review of the Curriculum to look at the Outcome measure for students falling below the 10<sup>th</sup> percentile scoring level on NBMEs. The former clerkship director identified that 15.38% of the surgery students completing the NBME fell below the 10<sup>th</sup> percentile scoring level.

Students completing the Surgery Clerkship before they have completed the Family Medicine Clerkship and/or Internal Medicine Clerkship have more difficulty with the Surgery NBME. The necessity of integrated information across different clerkships should be noted in global curriculum reviews.

The clerkship has yet to map session level objectives and USMLE content coverage in the curriculum database.

MSEC accepted the Surgery Clerkship report as delivered. There was one (1) abstention vote.

- **Family Medicine Clerkship** – directed by Dr. Jason Moore. Teaching has been a priority for of this clerkship in review of the past three (3) years. Students receive varied instruction from Family Medicine faculty and interprofessional faculty, i.e., nurses, pharmacists, and social workers in a home visit environment. Assessment methods have remained consistent over the past three (3) years.

The clerkship received approval from MSEC in 2018-2019 to use the nationally normed Aquifer exam in lieu of the NBME. Students commented that the didactic materials were linked to the Aquifer exam questions, but the Family Medicine cases were not as easily linked to the exam questions. There is no normed comparison data from Aquifer available until the fall of 2019-2020 for the 2018-2019 academic year. Content, sequencing, integration, and gaps/unplanned redundancies did not identify any problems.

There are no formal recommendations to MSEC.

There is a suggestion for the 2019-2020 Phase Review of the Curriculum to watch closely the nationally normed Aquifer exam content and comparison data in lieu of the NBME content and nationally normed comparison data to assure the foundation remains strong.

The clerkship has yet to map session level objectives and USMLE content coverage in the curriculum database.

MSEC accepted the Family Medicine Clerkship report as delivered. There were two (2) abstention votes.

- **Psychiatry Clerkship** – directed by Dr. Martha Bird. Teaching is a major strength of the clerkship with a variety of mentors and teaching methods. Students receive lectures that integrate the basic sciences and other important techniques. There are lunch and learn sessions as well as student participation in peer-to-peer learning. Assessment, content, sequencing, integration, and gaps/unplanned redundancies did not identify any problems.

In past reviews a short-term recommendation to increase outpatient exposure had been identified. Dr. Birds has addressed this by adding in half-day rotations at ETSU outpatient clinics and Overmountain recovery. Addition time at the medication management clinic will be added. There are no long-term recommendations.

Dr. Olive added that this past year has been difficult for Dr. Bird in terms of locating teaching resources and she has worked hard to develop the resources needed and has successfully done so.

There are no suggestions for the 2019-2020 Phase Review of the Curriculum for the Psychiatry clerkship.

The clerkship has yet to map session level objectives and USMLE content coverage in the curriculum database.

MSEC accepted the Psychiatry Clerkship report as delivered. There was one (1) abstention vote.

- **Transition to Clinical Clerkships** – Directed by Dr. Caroline Abercrombie. The Transition to Clinical Clerkships has utilized a diverse set of instructional methodologies. Hallmarks of the course are the independent learning and hands-on workshops. The course has moved over several years to more interactive, hands-on sessions.

The course director continually makes improvements or changes in sessions after receiving student and faculty feedback. The compact nature of the course and the fact that the course starts immediately following a designated STEP I study time/exam have always created challenges for this course and will likely continue to do so. Students struggle to complete pre-course reading and required hospital requirements. The course director is planning to add an “orientation day” on the first Monday and shifting the course to Tuesday-Thursday, with the OSCE and JCME computer training. The opening of Building 60 allows the OSCE to be completed in one day. Also, the Gold Humanism Clinicians Dinner is proposed to be moved to the beginning of the week to emphasize the third year has begun with the Transition course.

Integration of the course with the COM curriculum is an area the course director continues to identify suggestions for. Students have had exposure to note writing, performing a history and physical and obtaining informed consent through other courses in the curriculum, but students continue to identify their lack of preparation in these areas. Dr. Abercrombie suggestion to offer optional refresher courses in these areas, or reviewing opportunities for practicing documentation and physical exam skills throughout the curriculum is reasonable.

The course director has a robust system for identifying and addressing gaps and redundancies between the Transition course and the overall COM curriculum. Informed consent was moved into the OSCE from a didactic session, but students now comment they are not familiar with the concept of informed consent. The informed consent content may need to be placed closer together in the curriculum. The course director is in regular communication with the clerkship directors and clinical faculty on the planning committee for the course to identify content that should be revised or address gaps being identified in the clinical phase.

Short term recommendations include:

- 1) Carrying out the changes identified by the course director to shift delivery of the course to Tuesday-Thursday with an orientation day on Monday.

- 2) Moving the Gold Humanism Clinicians Dinner to the first part of the week to signify the beginning of the third year.
- 3) Restructure of the OR sterile scrub and gowning session to prevent bottle-necking.
- 4) Ensure resident teachers receive clear expectations.
- 5) Re-incorporate Wound Care Management principles back into the course.
- 6) Consider the feasibility of allowing the course coordinator the flexibility to de-emphasize normal responsibilities in order to allow the course coordinator to make the course a priority during the course dates, especially when the course director is teaching a session.

The course has mapped its' session level objectives and USMLE content coverage in the curriculum database for past year deliveries, but has not updated this for 2019-2020 academic year.

Long term recommendations include:

- 1) Carry out long-term changes identified by the course director by offering optional refresher courses to students in the areas of informed consent and the conduction and documentation of a focused history and physical and/or review opportunities for these areas to strengthening the teaching on these areas throughout the curriculum.
- 2) Consider review of the overall COM curriculum and look for ways to increase exposure to pediatric/child health educational opportunities.

Suggestions for the 2019-2020 Phase Review of the Curriculum for the Transition to Clinical Clerkships course are to consider reinforcing/emphasizing performance and documentation of the History and Physical exam, in addition to reinforcing how to obtain informed consent.

The course has mapped session level objectives and USMLE content coverage in the curriculum database for past academic years, but the mapping needs to be updated to include reincorporation of the Wound Care Management Principles in the course for the 2019-2020.

MSEC accepted the Transition to Clinical Clerkships report as delivered.

*The M3M4 Review Subcommittee 2018-2019 reports are shared with MSEC members via OneDrive document storage option.*



**13. Report: Curriculum Integration Subcommittee – Pain Management Thread**

Dr. David Dahl, MD, Class of 2010, delivered the Pain Management Thread report. Dr. Dahl currently practices with Pain Medicine Associates in Johnson City. Dr. Dahl introduced the Pain Management Thread report that by stating that it is hoped the Pain Management Thread report will assist the COM in identifying courses and clerkships where the training of our students to become physicians equipped with a multimodal vision for the treatment of pain can be incorporated in both short and long-term implementation.

Pain Management continues to be the number one (1) reason patients seek out medical treatment. The Opioid epidemic is a good example of why it is important to provide our student physicians with education on how to evaluate and understand the tools available, including Opioids, and other pain management treatment options.

The Pain Management Thread report identifies objectives for pain evaluation, following the State of Tennessee Governor's Office Release on Substance Use Disorders/Pain Management. These include: Treatment of pain, Prescribing controlled substances, Conflict prevention and resolution, Acute pain care for chronic pain patient, Interoffice and interprofessional focus, and Practical aspects of prescribing controlled substances: professional and legal standards.

The report identifies content currently found in the curriculum, the overall short and long-term recommendations for additional content and short and long-term recommendations within each individual course and clerkship.

Short Term Recommendation(s):

1. Review the COM identified Societal Issues and update to include Pain Management.
2. Consider making certain the topics under Acute Pain Care for Chronic Pain Patients are specifically addressed and emphasized in the preclerkship years curricula.

Long Term Recommendation(s):

1. Consider including Pain Management where applicable in the long-term recommendations identified in the Substance Use Disorder Thread report.

Currently Dr. Dahl leads a length (2-3) hour session, including group discussions with both generalist and rural track students, on Pain Management in the spring semester of Doctoring II. He has found that the amount of data needing to be reviewed by the students prior to content delivery and then with delivery of content is great. Retention of the content in one setting is difficult.

The Pain Management Thread report recommends splitting the content between the Doctoring I and Doctoring II courses, i.e., basic and advanced, with the idea that review of content aids in retention.

MSEC discussed the option recommended, noting that in Doctoring I: Communications component, there is a standardized patient case dealing a patient seeking pain medication.

Dr. Dahl felt this was more of a malingering of how to communicate with a patient describing pain. Pain management tries to separate addiction medicine from standard care pain management. The content can overlap each other, but it is important to highlight the pain management skills.

MSEC discussed that with the physical exam, diagnosis of treatment, and treatment options taught in the Doctoring II course that the discussion of types of pain management skills would be more applicable.

In the future, pain management content delivered in Doctoring II could be split into two (2) sessions, i.e., basic (fall - Pain Management I) and advanced (spring - Pain Management II). Dr. Olive will also speak with Dr. Moore about how he might bring the pain management discussion into the Doctoring I component where basic physical exam skills are introduced. MSEC also suggested that review of pain management skills could be included in the Transition to Clinical Clerkships at the start of the M3 year.

MSEC also noted that there did not appear to be a goal or thread objective related to foundational knowledge of pain management. There are objectives related to clinical pain management/ treatment. The assumption is there that the students will gain this foundational knowledge in the preclerkship basic science courses, but it is suggested that the Pain Management Thread report include an objective(s) related to development of foundational knowledge of pain management.

Dr. Schweitzer, CIS Subcommittee Chair noted that all clinical courses and clerkships should be having the discussion of pain management with patients during patient rounds and discharge to include prescribing of pain management technics. A standardized template response of how to address pain management technics under identified conditions should be identified and used, otherwise we will continue to get the same patient response to pain management. MSEC discussed this would be better identified in the Pain Management Thread Objectives and each course and/or clerkship director would be responsible for identifying how they would incorporate the objective(s) into their course and/or clerkship.

MSEC noted that the Pain Management (PM) Thread and the Substance Use Disorder (SUD) do overlap and there does need to be "harmonization" of the two reports by the Curriculum Integration Subcommittee. Both report recommendations ask course and clerkship directors to look for opportunities to incorporate the content into their curriculums. Dr. Schweitzer stated that Dr. Woodside has moved forward with the SUD report and pulled together a group of medical students and faculty who are interested in identification of SUD content in the curriculum as they are experiencing it and this could include the PM content.

MSEC identified that they did not receive the Pain Management report in the MSEC meeting reminder and asked that the report be sent in a separate email to the members after the meeting, but this would not preclude them from accepting the report as delivered.

MSEC accepted the Pain Management Thread report as delivered with MSEC recommendations.

The Curriculum Integration Subcommittee will work to “harmonize” the Pain Management and Substance Use Disorder Thread reports.

*The Curriculum Integration Subcommittee Pain Management Thread report is shared with MSEC members via OneDrive document storage option.*

The MSEC Retreat meeting adjourned at 5:42 p.m.

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### MSEC Meeting Documents

MSEC Members have access to the meeting documents identified above through the shared OneDrive document storage option made available with their ETSU Email account and login.

**If you are unable to access the One Drive link or have not set up your OneDrive contact: Matthew Carroll, Instructional Design and Technology Manager at: [carrollmo@etsu.edu](mailto:carrollmo@etsu.edu). Telephone contact is: 423-439-2407.**

### MSEC Meeting Dates 2019-2020: \* **NOT 3<sup>rd</sup> Tuesday**

September 17, 2019 – 3:30-6:00 pm – C000

October 15, 2019 **Retreat** – 11:30 am-5:00 pm\* - TBD

November 19, 2019 – 3:30-6:00 pm – C000

December 17, 2019 – 3:30-6:00 pm – C000

January 14, 2020 – **Retreat** – 11:30 am-5:00 pm\* - TBD

February 18, 2020 – 3:30-6:00 pm – C000

March 17, 2020 – 3:30-6:00 pm – C000

April 21, 2020-3:30-6:00 pm – C000

May 19, 2020- 3:30-6:00 pm – C000

June 16, 2020 **Retreat** – 11:30 am-3:30 pm – **Annual Meeting** 3:30-5:00 pm – TBD