10-15-2019

# 2019 October 15 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

QUILLEN COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

**The Medical Student Education Committee of the Quillen College of Medicine met on Tuesday, October 15, 2019 in C003 of Stanton-Gerber Hall, Building 178 for a Retreat Meeting**

# Meeting Minutes

**Faculty Members**
**Ramsey McGowen, PhD, MSEC Chair**
**Caroline Abercrombie, MD**
**Martha Bird, MD**
**Ivy Click, EdD**
**Thomas Ecay, PhD**
**Russ Hayman, PhD**
**Jon Jones, MD**
**Paul Monaco, PhD**
**Jason Moore, MD**
**Mitch Robinson, MD**
**Anthony Rusinol, PhD**
**Robert Schoborg, PhD**

**Student Members**
**Erin Lutz, M3**
**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**
**Gina Botsko, M2**
**Multiple M2 Medical Students**

**Academic Affairs Staff**
**Lorena Burton, CAP**
**Mariela McCandless, MPH**
**Skylar Moore, BSPH**
**Sharon Smith, CAP**

**1. Approve: Minutes from September 17, 2019 Meeting & Announcements**

Dr. McGowen opened the MSEC Retreat meeting at 12:00 pm with a quorum present and asked that members and guests identify themselves on the sign-in sheet. The following announcements were made:

Dr. Olive provided an update on the upcoming LCME Site Visit scheduled for October 28th – 30th. We are finishing up last-minute preparations and feel like we are prepared. The main room for the site visit will be B238 located on the 2nd floor of Stanton Gerber, near the Simulation Lab.

- The next faculty development session will be held on Thursday, November 21st from 3-4:00 pm, in the large auditorium. Dr. Keith Johnson, PhD, ETSU Vice President for Equity and Inclusion, will be presenting implicit bias and other factors important in promotion equity and inclusion.
- Our next Faculty Book Club is scheduled for January 16, 2020. The subject book will be "Grit" by Angela Duckworth. Books are now available for pickup.
- Two new MSEC members were welcomed; Dr. Mitch Robinson, PhD, Biomedical Sciences and Dr. Jon Jones, MD, Surgery Department.

Dr. Olive presented the 2020-2021, M2 Schedule. The M2 year will begin **one week later on Monday**, **July 13, 2020.** This is also the beginning date for the M1 year. The **last day of classes, prior to winter break, will be one week later, ending Friday, December 18, 2020.** There will be no Preceptorship in the spring semester 2020 with the scheduling of Interprofessional Experiences (IPE). The **total number of weeks identified for the M2 year has not changed. It continues to be 35 weeks as identified in 2019-2020.**

Rachel Walden announced that in honor of National Librarian Month, the College of Medicine Library will be hosting a barbeque on Wednesday, October 23rd, beginning at noon.

Dr. McGowen asked for a motion and vote on the presented September 17, 2019 minutes.

Dr. Click made a motion to accept the September 17, 2019 minutes as presented. Dr. Rusinol seconded the motion. MSEC voted to approve the September 17, 2019 minutes as presented. There was one abstaining vote.

*The MSEC minutes for August 20, 2019 are shared with MSEC members via OneDrive document storage option.*

**2. Report/Accept: M1M2 Review Subcommittee – 2018-2019 M1 Doctoring I**

Dr. Acuff presented the 2018-2019 M1 Doctoring I Comprehensive Review. Overall, the Doctoring I course strength was that it provides comprehensive training in the clinical skills. The weaknesses noted by the students were disorganization and communication problems in the course. The students' evaluations of the faculty were predominantly positive.

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

- **D2L –** introduce D2L to the M1 students during Doctoring I, if not before, i.e., Orientation. All classes using the same D2L structure would help minimize confusion.

- **New Innovations** – clarify the evaluation form to highlight which course faculty are being evaluating for/on. Students are also confused about how to decline one or all faculty evaluations for a specific faculty member when the student has not worked with the faculty member. Students requested an option to choose N/A on the evaluation questions when they do not pertain to a student.

Overall, the course trends for each of the components of the course are up from 2017-2018. While there are some organizational issues and miscommunication flaws, the students' evaluation of the Doctoring I course was up a full point from 2017-2018.

| | 2016-2017 | 2017-2018 | 2018-2019 |
|---|---|---|---|
| **Doctoring I – Overall** | – – | 3.03 | 4.04 |
| **CBL** | 4.54 | 3.69 | 4.38 |
| **CEI** | 3.51 | 3.72 | 4.07 |
| **CSHP (Communications)** | 4.40 | 4.10 | 4.41 |
| **IGR** | – – | – – | 4.29 |
| **IPE** | – – | – – | 4.25 |
| **PE** | 3.27 | 2.94 | 3.80 |
| **PES** | 4.11 | 3.58 | 4.48 |
| **Preceptorship** | 4.75 | 4.16 | 4.46 |

Dr. Olive, Doctoring I Course Director for 2017-2018 and 2018-2019, added comments/rational for the course's components as related to student evaluation of the components. He thanked Dr. Lura for assuming the responsibility of Course Director for 2019-2020. Dr. Lura will be able to invest needed time to enhance and better define course structure and communications.

Dr. Olive agreed that the D2L course site needed organizational management which Dr. Lura has already begun to update. Doctoring I is different from every other course in the M1 year and it is a challenge to have a D2L structure that will fit the Doctoring course while still being practical for use by other courses. Dr. McGowen noted that MSEC can recommend to courses that they provide added student orientation to their course D2L sites and that they follow any identified D2L structure/organizational recommendations, i.e., best practices when preparing their course D2L sites for student use.

MSEC faculty members offered their assistance to the students in the areas of first patient presentations, CBL, etc. Students need to be made aware that there is assistance from the preclerkship faculty for Doctoring I.

Dr. Lura noted that the student's first patient presentations will now be by video, with students being asked to comment on three (3) of the videos they viewed. The addition of poster presentations for the first patient presentations is being considered.

MSEC unanimously accepted the 2018-2019 Doctoring I Comprehensive Review as presented by the M1/M2 Review Subcommittee.

*The 2018-2019 Doctoring I Comprehensive Review is shared with MSEC members via OneDrive document storage option.*

**3. Review/Accept: Curriculum Content Report: Stroke**

Erin Lutz, M3 presented a curriculum content report on Stroke that she and Hunter Bratton, M4 prepared. The report included stroke related content in the curriculum in years 1, 2, and 3.

MSEC members added course content coverage for *Intro to Clinical Psychiatry* and suggested removal of content for *Cell & Tissue Biology*. Erin will update the report and return to MSEC for filing. Erin felt the Stroke related content is sufficiently covered in the curriculum. Dr. Olive and Dr. McGowen thanked both Erin and Hunter for their work in preparing the content report for Stoke in our curriculum.

Dr. McGowen reminded MSEC members that the request for volunteers to complete curriculum content reports continues. The Content Reports are maintained on the T Drive with a listing of all Content and Thread reports with MSEC delivery dates on the MSEC webpage.

MSEC asked for a structured approach for identification of needed content report topics. It was suggested that this become a recommendation coming from one of the Ad hoc working groups during the Overall Review of the Curriculum.

Dr. Rusinol made a motion to accept the Curriculum Content Report for Stroke, with updates identified by MSEC, as sufficiently covered in the curriculum. Dr. Monaco seconded the motion. MSEC unanimously approved the motion.

*The Curriculum Content report: Stroke is shared with MSEC members via OneDrive document storage option.*

**4. Report/Accept: Outcomes Subcommittee Quarterly Report**

Dr. McGowen provided an overview of the Outcomes Subcommittee's charge for the new MSEC members. The Outcomes Subcommittee is charged with evaluating the effectiveness of our educational program against benchmarks for each of our Institutional Educational Objectives. Each quarter, the subcommittee presents to MSEC a report reviewing a number of the identified outcomes.

The report delivered for the Retreat meeting covered fifteen (15) benchmarks. With regards to the benchmark for Professionalism, Dr. Jones asked about the Professionalism Report and an explanation of the form and how it is intended to be used. Dr. McGowen stated that this will be part of the discussion with agenda #5 – Student Promotions Committee and Student Performance Assessment Review (SPARC), delivered by Dr. Olive.

For Benchmark 4B, that measures the percent of students completing the curriculum within four (4) years, the Outcomes Subcommittee needs to continue to distinguish between single degree and dual degree student graduation rates to account for the expected longer enrollment of dual degree students.

Ten (10) of the benchmarks reviewed were met and have no recommendations.

There were two (2) benchmarks with mixed data concerning student satisfaction of the course or clerkship. All M1/M2 courses except two (2) met the benchmark and all clerkships except one (1) met the benchmark, suggesting that overall student satisfaction is acceptable. The courses (*Intro to Clinical Psychiatry, Neuroscience,)* and clerkship *(Community Medicine Clerkship)* not meeting the benchmark will require continued monitoring by the M1/M2 and M3/M4 Review Subcommittees.

One (1) benchmark was not met: student satisfaction reported on the GQ for *Student Mental Health Services.* This will require continued monitoring by MSEC. MSEC asked if our students are aware of the availability of the Student Mental Health Services on the ETSU main campus. Dr. McGowen thought they should, but this can be reiterated to the students. There is also a back-up counselor available that the medical students are able to access.

Two (2) benchmarks not met concerned student performance on NBME end-of-course exams in three (3) of the M3 Clerkships *(Surgery, Internal Medicine, OB-Gyn, and Pediatrics)*. These clerkships will require continued monitoring by the Outcomes Subcommittee and M3/M4 Review Subcommittee. This was slightly concerning due to it being the "Transition Year", but there were no changes to the types and numbers of procedures and patient types the students were asked to complete. STEP 2 performance looks strong for those students in the "Transition Year". The clerkships durations are now back to the regular six (6) and eight (8) week lengths (twelve [12] weeks for the Rural Track clerkship). Dr. Jones noted that the weak core knowledge is seen on the wards. Dr. Mullersman asked if the "Transition Year" needed to be defined in the Outcomes Report so that anyone reading (LCME) the report understood what "Transition Year" meant. Dr. Abercrombie noted that the students who had lower performance in the previous year and were required to complete clerkships in a later year could be part of the reason for lower student scoring on NBME end-of-course exams.

**Report recommendations:**

- Change the scale used for the Personal and Professional Development 2 Benchmark from a 5-point scale (3.5 or higher) to a 3-point scale (2.1 or higher).

- Change the scale used for the Professionalism 4 Benchmark. Students will be rated on an average of 2.1 or above on the M3 Clerkship Assessment form (Question 11) and M4 Clerkship Assessment form (Question 18).

- Program Benchmark 1: The Intro to Clinical Psychiatry should receive close monitoring. The M1/M2 Review Subcommittee will perform an Annual Review of the course this academic year (rather than an Administrative Review). MSEC has previously established that a review by the M1/M2 Review Subcommittee will occur for Neurosciences, based on the comprehensive course review. The Outcomes Subcommittee supports this plan.

- The Community Medicine Clerkship should be monitored by the M3/M4 Review

Subcommittee to ensure that ideas for addressing student concerns are explored. Student concerns emphasized a lack of available preceptors and the inability to have access to the Le Conte Emergency Room (ER).

- Program Benchmark 2: Change the wording of the Benchmark to read: On Graduation Questionnaire items evaluating curricular topics, those that have greater than a 20% dissatisfaction rating will be targeted for an in-depth review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum.

Dr. Bird made a motion to accept the Outcomes Subcommittee Quarterly Report as presented. Dr. Abercrombie seconded the motion. MSEC unanimously approved the motion.

*The Outcomes Quarterly Report is shared with MSEC members via OneDrive document storage option.*

**5. Report: Student Promotions Committee and Student Performance Assessment Review Committee (SPARC)**

Dr. Olive reported changes to the composition of the Student Promotions Committee and the formation of the Student Performance Assessment Review Committee (SPARC). These changes resulted from the LCME Self-Study and determination that the prior composition of the Student Promotions Committee did not meet LCME requirements because faculty who made previous assessments of the students (judgement about the student's performance) were voting members of the committee.

The Student Promotions Committee now consists of three faculty members from the Preclerkship Phase, three faculty from the Clinical Phase, and an at-large committee member, along with administrative support staff. The Student Promotions Committee will be looking primarily at student promotions. Student Promotions Committee may be hearing about significant student Professionalism issues.

MSEC reviewed the use of professionalism reports. Anyone (faculty, staff, another student) can complete a Professionalism form for a variety of professionalism issues. The completed form is sent to the Associate Dean for Student Affairs (Dr. Tom Kwasigroch) who meets with the student to discuss the issue(s). The majority of the time, the issue(s) is/are taken care of at this point. Academic Affairs is copied on the disposition of the forms and they are monitored. If there are multiple professionalism forms/issues identified for a student, the Student Promotions Committee, the Honor Council, or the Committee supporting Student Health are notified.

The Student Performance Assessment Review Committee (SPARC) was established to review grades in the courses and clerkships and to monitor students' progress. Course Directors are now asked to report any student receiving a score of 75 or less on a course exam.

SPARC is a small committee consisting of the Executive Associate Dean for Academic & Faculty Affairs, Associate Dean for Student Affairs, Assistant Professor for Academic Support, Assistant Dean for Admissions and Records and administrative staff support.
MSEC discussion included the need for:

- Consistent feedback to the submitter of the Professionalism report regarding acknowledgement and/or action taken by the Associate Dean for Student Affairs
- Feedback provided to the course director on action taken by SPARC
    - Types of notification (letters) that are sent by SPARC to students
    - Faculty follow-up with student and/or academic advisor
    - Student need for confidential academic advisement.
- Consideration of student representation on Student Promotions Committee and SPARC
- SPARC discussion with other course directors as needed regarding a particular student
- Notification of SPARC formation to faculty and students

**6. Report/Accept: Year 4: Ad hoc Phase Committee Report**

Dr. Olive presented the Ad hoc Phase Committee summary report which covers a review of the Preclerkship Phase (years 1 and 2) and the Clinical Phase (years 3 and 4) of the curriculum.

The Ad Hoc Phase Committee report is the first step taken in our review of the curriculum as a whole process, after a cycle of comprehensive reviews are completed. This occurs in the fourth year of a five-year curriculum review cycle. The summary report is a response to pre-defined questions we must ask about our curriculum (identified in the Periodic and Comprehensive Evaluation of Curriculum Process Policy).

The Ad hoc Phase Committee synthesized data from multiple resources, i.e., MSEC standing subcommittees reports, supplemental information reports, student end-of year reviews of the curriculum, status of Institutional Educational Objectives coverage, AAMC Graduation Questionnaires, etc., and then wrote a summary response to each of the questions identified for the respective phase of the curriculum.

Dr. Olive stated that the report overall identified that the various data sources examined were complementary and painted a consistent picture of the strengths and opportunities for improvement in the curriculum. Both phases of the curriculum appear to be effective in preparing students for the next level of training. **It was noted that the Ad hoc Phase Committee summary report focuses on preparation for advancement to the next level of training and can be used by Ad hoc Working Groups, in addition to other data relevant to the review of the curriculum as a whole.**

MSEC discussion of the summary report included:

- The potentially confusing term “Ad-hoc” to identify the review committee name that will be on-going or identified with the every 5-year review of the curriculum.
    - The suggestion is good and should be considered for implementation.
- Distribution method of report recommendations to identified course and/or clerkship directors
    - Dr. Olive noted the report will first go to the Working Groups and they will review the recommendations and update with the most current data. The Working Groups will prepare their own summary reports which will be presented to MSEC for final decision making.
- The statement in the Preclerkship Phase for Genetics and Cellular and Molecular Medicine is misleading as the lower student satisfaction was based on data from past

course setup and the setup has changed and is no longer identified with lower satisfaction, but this is not stated in the report.
    - The question for consideration does not address student satisfaction, but rather did the students have the basic scientific foundation to advance to training in the clinical phase.
    - The report will be updated for both the Preclerkship and Clinical Phase question #1 to remove the statements to student satisfaction and identify that the students have acquired the basic scientific foundations to advance to training in the clinical phase and to residency training. The M1/M2 and M3/M4 Review Subcommittees continue to review student performance.
- Definition of "Satisfactory" performance on STEP 1. Dr. Olive identified that the Pass rate varies from year to year. The score trend is presented to MSEC on a routine basis.
- Adding content related to Pain Management and Substance Use Disorder is identified throughout the Phase report and this came out from a review of the recent Thread reports on these topics. There may be duplicate recommendations that cross-reference both Threads.
    - During the last Review of the Curriculum, Working Groups brought back to MSEC many recommendations which MSEC harmonized and approved then brought forward for implementation in a staged process, i.e., Doctoring I, II, III, IV, etc.
- Many times, Professionalism Reports are not completed for one reason or another – to assume the rate of Professionalism reports is low may not be representative of what is truly happening.

Dr. McGowen called for a motion to accept the Ad-hoc Phase Committee Report.

Dr. Ecay made a motion to accept the Ad hoc Phase Committee Report with updates identified by MSEC. Dr. Schoborg seconded the motion. MSEC unanimously approved the motion.

*An updated Ad hoc Phase Committee Report is shared with MSEC members via OneDrive document storage option.*

**7. Discussion: MSEC Communication to Various Constituents**

Dr. McGowen reviewed the various mechanisms used to notify faculty and students of MSEC actions and whether additional methods are needed. MSEC needs to convey its actions in a timely manner to students and faculty.

MSEC meeting are open meetings, but not everyone has the opportunity to attend them. The MSEC minutes are posted on the MSEC webpage and a quarterly email is sent with all of the past quarter's agendas and minutes to all faculty and students.

MSEC student representatives communicate MSEC discussion and actions taken to their classes.

MSEC members are from various departments within the College of Medicine and are able to bring back to the departments the discussion and actions taken in each MSEC meeting.

An Annual MSEC meeting is held for all course and clerkship directors in June of each academic year. During this meeting, major MSEC actions and policies are reviewed.

The Dean of the College of Medicine holds faculty meetings and the MSEC Chair or EAD attend and report on major MSEC actions.

MSEC discussion included:

- Development of a chart of who is responsible for notification of MSEC actions
    - MSEC members can be members of multiple committees and it may not be understood that they are responsible for updating the other committees
- Meeting minutes length and the time it takes to review the minutes
    - Shorten minutes with only major changes
    - Quarterly recap of major changes
- Develop a Dean's Office Notepad, similar to that done by President Noland
- Delivery of MSEC actions at student officer meetings
    - Becomes more difficult in the M3 and M4 years because of the rotation locations
- Delivery of MSEC actions at course and clerkship quarterly meetings
- Student communication is good among the classes
- MSEC members' role is to the curriculum as a whole and not directly tied to the member's role within a COM department.
- Course and Clerkship Directors are able to identify in the course/clerkship syllabus links to all policies.

## 10-Minute Break

**8. Breakout Session #1: Review of the Curriculum as a Whole**

Dr. McGowen reviewed the 5-year Curriculum as a Whole process as well as the process used in the prior review of the curriculum (2015-2016). A set of questions were provided to three (3) breakout groups, one being whether MSEC wanted to use the same process in this cycle.

**All groups recommended keeping the process previously used. Other points were:**

- Assure attention to both preclerkship and clinical curriculum needs.
- Provide clear/enforced expectations for working group members.
- Consider the workload to match group size (number members).
- Ensure adequate representation of work group members from different areas of the curriculum, to include students.

**Recommendations for the status of the process in 9 months (fall/academic year 2020-2021) included:**

- Have a plan to implement recommended changes.
- Implement tweaks to current curriculum for implementation in Year 5.
- Continue to be fully accredited.
- Identify priorities and form implementation reports.

**Recommendations for major curriculum changes to consider included:**

- Focus curriculum changes that will be meaningful.

- Major curricular changes to be done in a thoughtful-way, i.e., with 2-3 years of planning before implementation.
- Consider parallel courses with intermissions.
- Revisit Basic Science principles in Clinical Phase.
- Consider implementing Learning Communities.
- Evaluate the possibility of Integrated exams - prioritize (add/remove).
- Consider new curriculum organization such as systems or spiral curriculum.

**Curriculum content reports needed:**

- Population-based medicine
- Renal Failure
- Genetic Markers (on-line heritage DNA reports) and insurability discussions
- M4 survey on basic science refreshers
- Continuity of Care
- Cardiac
- Diabetes Type II
- Child/Elder Abuse
- Law and medicine

**Thread reports needed:**

- Health Care Financing
- Continuity of Care
- Chronic Disease Management
- Women's Health & Men's Health

All of the breakout group responses will be compiled into a summary document and made available to the Working Groups.

**9. Journal Club: Student Stress**

Dr. McGowen led a facilitated discussion on an article sent to MSEC. The article was titled: *Stressors Facing Medical Students - Millennial Generation.* There have been a number of discussions recently about student stress. Dr. McGowen asked that MSEC include in their responses answers to the following.

What is of value from this publication and how important do you think this topic is?

- Student stress is an important issue and we need to identify practical, proactive things we can implement here.
- Unreal or unnecessary requirements and confusion about schedules can add to the student's cognitive load – we need to be better about explaining why we are asking the student to do something.
- Make things similar, i.e., D2L structure among courses.
- Review is important, it allows the student to review as new content is introduced and allows them to make the connection between prior content and new content – allows the student to focus.

- The stress is different among the academic years – the stressors are different/shift from the Preclerkship years and Clinical years. This needs to be recognized with responses that are fitting.
- Is it possible to get this same type of data on our school as our means to address stress may be different from that which was identified in the article? There may be other areas we are missing for our school.
- Communication between courses regarding scheduling of exams and whether we are increasing stress with the scheduling we are putting in place.
- Approaches to stress and learning to deal with stress – faculty acknowledgment and responses to students.
- We cannot eliminate all the stresses in life and we must learn to deal with them appropriately.
- Student participation in "Big Sib, Little Sib" paring/matching, but there is an opt-out option so not all students participate and have this as a resource.
- Student Health representatives and their responsibilities to students (two students per class, per year).

The students attending the MSEC meeting stated they were very appreciative that MSEC included this topic in their agenda and welcomed the inclusion of student comments in the discussion.

*The Journal Club article "Stressors Facing Medical Students - Millennial Generation" is shared with MSEC members via OneDrive document storage option.*

**10. Breakout Session #2: MSEC Discussion Topics for this Next Year**

At the last MSEC meeting in September, MSEC members were asked to think about what topics MSEC should discuss over the next year and asked that MSEC members submit topics. Two (2) topics were received: Test/Security from Dr. Schoborg and M2 Curriculum from Sara Allen Ray. Breakout groups may identify other topics. Each topic submitter introduced their topic.

**M2 Curriculum – Sara Allen Ray**

Looking at the curriculum as a whole from the student's perspective has been on the minds of students for some time. The students would like to have the opportunity to have an open discussion with faculty about what works best in a curriculum for both students and faculty. The students want to include stress and school culture as part of the discussion and be able to express their ideas to faculty in an open give-and-take discussion. Please consider ideas that might be easily implemented and therefore provide an immediate response. Keep in mind there are multiple ways of administering tests, including the use of a "testing center" and this will probably come up in the discussions. Students want to be included in the "working groups" who will be reviewing the curriculum as a whole and hope they can be included as much as possible. Sara Allen noted that there are additional students waiting outside to join the discussion groups.

**Test/Security – Rob Schoborg**

There have been recent events that have faculty concerned about ~~"~~cheating on exams~~"~~, i.e., cell phones and notes being found/hidden in the restrooms. This has happened over time, nothing recently identified.

Faculty have discussed whether cheating is a current problem at Quillen. Published data suggest this could be happening and is why exam security is so important.
When exam security is taken seriously, cheating does subside. The idea of a testing center, depending on how it is implemented, could help with exam security. Is this really an issue and what do we need to do about it? Sara Allen noted that she has used a testing center and it was extremely secure.

Dr. McGowen asked MSEC to divide up into their same breakout groups used with session #1 and be include the students who are now present for this agenda item.-

**Recommendations regarding test security, many of which also addressed student stress, included:**

- Create a testing center at Quillen Library, especially if it will allow flexible test timing.
    - Potential Issues: multiple versions of all exams (internal & NBME); communication among students
- Honor code should be major part of school identity - similar to a USMLE/MCAT environment.
- Students unaware of test security issues - surprised by email.
- Integrate topics being tested across courses which will reduce student stress by facilitating student studying.
- Concern with using outside resources - do we have the content in the right place?
- Staggering exams
- Are 2nd Year NBMEs needed?
    - Rational: students are studying for STEP anyway
- Exam schedule is biggest issue as students can't focus and catch up and give appropriate time to each course/exam.
- Split testing up with days off between exams.

**M2 Curriculum:**

- Academic integrity - focus on promoting positive behaviors
- Match up curriculum to maintain consistency
- More integration - if just a little if we cannot move to a systems based curriculum
- Histology/Path could integrate more
- Histology/Phys tried to match but couldn't so needed to separate content
- Pharm/Path could overlap more and then exams cover same content
- Systems based curriculum - would we have clinical expertise, staff, & time to deliver?
- Divide exams by systems
    - 7 systems concept with 1 exam per system/per class
- Increase active learning in M2 Year
- Spiral curriculum
- Balancing course load (M1 Year vs M2 Year)
- Shift summer break

All of the breakout group recommendations will be compiled into a summary document and made available to the Working Groups.

Dr. McGowen thanked everyone that attended the MSEC meeting for their input during the Breakout Sessions, which will help the Working Groups as they begin their discussions.
The MSEC Retreat meeting adjourned at 4:57 p.m.

**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. Telephone contact is: 423-439-2407.**

**MSEC Meeting Dates 2019-2020: * NOT 3rd Tuesday**

November 19, 2019 – 3:30-6:00 pm – C000
December 17, 2019 – 3:30-6:00 pm – C000
January 14, 2020 – 3:30-6:00 pm* - C003
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 **Retreat** 11:30 am – 5:00 pm – C003
June 16, 2020 **Retreat** – 1:30 am-3:00 pm – C003
June 16, 2020 **Annual Meeting** 3:30-5:00 pm – Large Auditorium