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Medical Student Education Committee Minutes

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6-16-2020

### 2020 June 16 - Medical Student Education Committee Annual Meeting 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 (MSEC) of the Quillen College of Medicine met on Tuesday, June 16, 2020 for their Annual Meeting via Zoom.

**Attendance**

<b><u>Faculty Members</u></b>	<b><u>Ex Officio Non-Voting Member</u></b>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	<b><u>Academic Affairs Staff</u></b>
Thomas Ecay, PhD	Lorena Burton, CAP
Russell Hayman, PhD	Mariela McCandless, MPH
Jon Jones, MD	Cathy Peeples, MPH
Paul Monaco, PhD	Dakotah Phillips, BSPH
Jason Moore, MD	Aneida Skeens, BSIS, CAP-OM
Mitch Robinson, PhD	
Robert Schoborg, PhD	<b><u>Guests</u></b>
	Timothy Canavan, MD
<b><u>Student Members</u></b>	Theo Hagg, MD, PhD
Sarah Allen Ray, M3	Teresa Jenkins
R J Black, M2	Patricia Amadio, MD
	Earl Brown, MD
<b><u>Ex Officio Voting Members</u></b>	David Taylor, M4
Joe Florence, MD	Beth Fox, MD
Rachel Walden, MLIS	Diego Rodriguez-Gill, PhD
	Jennifer Gibson, MD
	Jessica Murphy, MD
	Jerry Mullersman, MD

**Meeting Minutes**

Dr. Click opened the meeting at 3:50 p.m. and apologized for the late start due to the retreat meeting running over a bit. She requested a few minutes before beginning the annual meeting to allow for folks that were coming from the retreat meeting to the annual meeting to take a short break.

## 1. Welcome

Dr. Click welcomed everyone and thanked them for attending the annual meeting of course and clerkship directors to review updates regarding the activities of the last year and also participate in a facilitated discussion to provide relevant feedback to the Curriculum Transformation Steering Committee.

Dr. Click presented a summary report of the MSEC activities for the 2019-2020 AY. Activities included things that may not have resulted in a vote, such as the informational presentations of survey results, LCME report findings, etc. but did not include things like approval of minutes or informational updates unlikely to need MSEC action (e.g., accreditation element reviews). Actions were defined as items that MSEC addressed that involved a vote. There was a total of 87 activities and 68 actions for the 2019-2020 AY. Actions were categorized as routine (52), substantive (14) and major (2).

Fifty-two (52) actions were routine approvals including curricular review of course/clerkship reports, elective approvals, standing subcommittee reports, curriculum content reports, clerkship required procedures, skill logging requirements, etc.

Fourteen (14) actions were substantive votes on important issues having a broader implication for the program. These were things that have created a new policy or updated policies.

Two (2) actions were major votes related to the COVID-19 changes that were going to be discussed later in the meeting involving reducing clerkship time to 5 and 7 weeks instead of 6 and 8 weeks. Additional changes were made to grading and to the M4 requirements changing the required selective time for intensive critical care and ambulatory care.

Six (6) actions were pending completion but those items were recommended to be referred outside of MSEC or added to future agendas and should all be taken care of in the near future.

Another change to mention was the change in MSEC chair from Dr. Ramsey McGowen to Dr. Ivy Click.

## 2. COVID 19 changes and summary of changes for 2019-2020 year and 2020-2021 year

A lot of changes had to be made due to COVID-19 and a lot of time in the last three months has been devoted to multiple meetings including two special-called MSEC meetings as well as extra meetings with course directors and clerkship directors in order to make all of these changes.

### 2019-2020 Changes

#### M1

- First year courses went from delivering content live to delivering courses completely online effective March 16, 2020 after Spring Break.
- Doctoring I stopped all Case-Based Learning (CBL) The last two cases were online submissions.
- Clinical Preceptorship was immediately canceled (2 sessions per student).
- Doctoring I First Patient Presentations were changed to online poster presentations.
- Cell & Tissue Biology and Physiology dropped their NBME Shelf Exams.
- As NBMEs were canceled, all courses proportionately distributed grades among all the course activities.

#### M2

- Microbiology, Pathology, and Pharmacology canceled their NBME Shelf exams and the CBSE was canceled. Students were given vouchers for the CBSSA.
- Pharmacology delivered its final ExamSoft exam in person by using all available rooms at Quillen in order to maintain safe and adequate social distancing.

- As NBMEs were canceled, all courses proportionately distributed grades among all the course activities.

## 2020-2021 Changes

### M1

- Traditionally, Anatomy, Lifespan Development, and Doctoring I Physical Exam Skills have been placed at the beginning of the academic year but due to the need for social distancing, during 2020-2021, the Cellular & Molecular Medicine course will begin the academic year along with Genetics and Clinical Epidemiology & Biostatistics (CE&B).
- Doctoring I CBLs will be delivered via Zoom. Preceptorships will start later once preceptors are willing to take students.
- Cellular & Molecular Medicine will deliver all Team-Based Learning online.
- M1/M2 Integrated Ground Rounds will be delivered via Zoom synchronously and asynchronously.
- Clinical Epidemiology & Biostatistics will be delivered in the first block of the fall semester. In the previous semester, CE&B was delivered during the first and second block of the fall semester with a break in between. This will better align with Cellular & Molecular Medicine and Genetics.
- All ExamSoft exams and NBMEs will be available to be delivered in person with social distancing.

### M2

- Pharmacology will start at the beginning of the fall semester. In the past, Pharmacology started a couple of weeks later.
- Clinical Psychiatry dropped the comprehensive exam to help alleviate exam density.
- All courses worked on re-aligning content to facilitate sequencing. It was pointed out that this change was not exclusively due to COVID-19, but to better align the content.
- All ExamSoft exams and NBMEs will be available to be delivered in person with social distancing.

Dr. Hayman asked if there was any information as to how many M2 students used their vouchers to take the CBSSA and Dr. Olive noted that the reports went to the students only so there was no way to know how many students actually took the CBSSA. It was suggested a survey could be sent to the students if that information was wanted. Dr. Schoborg noted the exam information was different on the document emailed to MSEC members prior to the meeting. Dr. Click advised that the document had been updated since the email distribution and the updated copy was available in the shared file and would be available to MSEC members. Dr. Olive stated that exams will be given live (e.g., Pharmacology ExamSoft exam) by using numerous rooms and spreading the students out. Academic Affairs will provide support for proctoring. Dr. Monaco asked if masks would be provided for the students for exams and Dr. Fox responded that students were asked to request masks and could be assisted in acquiring them. Dr. Amadio noted that IPE days would also be entirely via zoom for the M1/M2 students through the 2020-2021 AY. She also noted that there wasn't anything about Doctoring II on the summary document of the changes due to do COVID-19. Dr. Click stated that several changes had been made to Doctoring II for the 2020-2021 AY, including Standardized Patient encounters conducted via Zoom, virtual simulation, and additional online modules, as well as resequencing of some content to better align with other courses.

## 2019-2020 changes

### M3

- Students were removed from the clinical learning environment on March 16, 2020.
- Students in eight-week clerkships were able to finish the 8-5 period intact. Grades were assigned as usual.
- Students in six-week clerkships had the two weeks of period 6-7 moved to online and the NBME exam was omitted. These students were assigned only grades of pass/fail with no numeric grade.

- All students completed a two-week didactic block for the final period. MSEC approved completing two weeks of clinical time in the fourth year to complete the clerkship. NBME exams were not given and the clerkships were graded as pass/fail with no numeric grade.
- All students were given two vouchers for NBME clinical mastery series exams.
- Students were allowed to enroll in online electives which will count towards their senior elective requirement.

#### M4

- All students completed M4 graduation requirements.
- Some had already completed requirements by the time students were removed from the clinical learning environment
- Online electives were developed to allow completion of outstanding requirements

#### 2020-2021 changes

#### M3

- The year began June 1, 2020 with students participating in a two-week online COVID-19 course. Students who had not taken USMLE Step 1 were permitted to omit this course and continue to study. June 15-19 is unscheduled time.
- Doctoring III begins the week of June 22 online with the Transitions to Clerkship course. A virtual OSCE will be given at the end of this week. On June 29, 2020, students will spend one-half day performing the skills portion of the transition week in either the morning or afternoon.
- Clerkships begin with one-half day on June 29, 2020 and then begin a regular schedule. Starting clerkships as usual vs with an online two-week didactic block is at the discretion of the clerkship director.
- Clerkships are reduced in length by one week.
- NBME exams will be given in person with social distancing.

#### M4

- Students began the year with online electives or unscheduled time for USMLE study.
- Students will be permitted to begin M3 makeup requirements on June 15, 2020.
- M4 requirements changed
  - No limit on amount of non-patient care electives
  - No limit on amount of elective time in one specialty
  - Selectives:
    - Critical care requirement reduced from four to two weeks
    - Ambulatory care requirement reduced from four to two weeks
    - Inpatient sub-internship remains at four weeks
  - Four weeks of elective time added to offset reduction in selective time. These four weeks must be in a clinical patient care setting.

It was also approved in the retreat meeting prior to the annual meeting that all M3 students who had not yet taken the COVID-19 course would be required to complete the course longitudinally during the M3 year. M4 students who had not yet taken the COVID-19 course would be required to complete the course prior to their graduation. Dr. Amadio asked if the M4 students would be able to go on away electives. Dr. Click stated that M4 students would be allowed to go on away electives, but there would be some limitations. M4 students would be permitted to request away electives for specialties that were not present at Quillen, but students would have to be granted a special exemption for away electives for specialties that were present at Quillen. Additionally, away electives were also dependent upon the approval of the hosting institution. Dr. Olive

noted an example of an exemption for an away elective that had been approved by Quillen but had been turned down by the host institution because Quillen had a residency program in that specialty. Dr. Florence reminded that there would also be no international rotations allowed. Dr. Click stated that the M3/M4 changes document would also be available in the shared file like the M1/M2 changes document.

### 3. LCME response

Dr. Olive noted that the institution had received continued full accreditation from the LCME for a period of eight years, but there were several elements deemed to be either satisfactory with a need for monitoring or unsatisfactory that required reporting back to LCME in December of 2020. A PowerPoint was presented to show how the institution was doing.

The first four elements were deemed satisfactory with a need for monitoring, but there were enough questions that LCME wanted some continued data submitted regarding how we were doing. These elements were not primarily curriculum related so those elements would not be discussed in-depth:

- Element 1.1 - Strategic planning
- Element 2.5 - Access and authority - primarily for agreements with Ballad Health that need to be completed
- Element 11.5 - Academic advising
- Element 11.2 - Career advising.

Element 3.3 – Diversity and Pipeline Programs was deemed unsatisfactory due to changing the definition of diversity in a way that did not gather much data. There were several different categories in larger groups and LCME did not feel there would be an opportunity to appropriately monitor that. The Diversity and Inclusion Council in the Dean's office is working on the response to that.

Element 7.1 is Biomedical, Behavioral, Social Sciences curriculum and the finding was dissatisfaction with organization and quality of pre-clerkship courses. Students were surveyed in April of 2018 and there were areas of dissatisfaction in a variety of areas higher than LCME deemed acceptable. Actions taken to remedy this are that students were surveyed in April of 2020, specifically in those areas that are being reported on in December, and those results were compared with the data from the 2018 Independent Student Analysis. There were some areas of improvement; although, some courses that were not performing well are performing better, there are some courses that are performing worse than they were before. We still have 9 courses with dissatisfaction above 15%. This data was sent out to course directors within the last couple of weeks, and this data will be discussed at the next course director's meeting. We are also in the process of developing a course improvement process so courses that have dissatisfaction above 15% will be asked to complete a course improvement plan. We are also re-evaluating the questions in our current course evaluations because some questions that the LCME wanted are not routinely part of our current course evaluations.

A document was developed called "You said...We did" that took the students' concerns and showed what actions had been taken to address their concerns. This document was distributed to the students in the Spring, but an update is in the works for planned distribution in July of this year. Course directors need to let Academic Affairs know what changes have been made in their courses in response to student concerns. The students will be resurveyed in both August and October of 2020. The students will be made aware of the purpose of the survey and encouraged to be honest and give appropriate and constructive feedback. Surveying the students in August will allow six weeks into courses to see if there is any improvement to report back to the course directors, the students, and MSEC. Surveying again in October gives us time to get data back to include with our response to LCME on December 1, which will hopefully show steady improvement.

Dr. Schoborg asked if the “You said...We did” information being requested from the course directors was only for the M1/M2 course directors and Dr. Olive stated that it was from all of the course and clerkship directors, but that the response to LCME was related to the preclinical curriculum. He further stated if the clerkships were making any changes, those should be included to give a comprehensive picture. The question was asked if students would be educated about what things they should comment on if the changes due to COVID-19 were unreasonable to mention since those changes were due to an ongoing emergency. Dr. Olive stated that was a good point and had not been considered but was worth pointing out to the students. Dr. Monaco asked how the surveys in August and October would relate to any Spring semester courses. Dr. Olive stated there would not be a new iteration of these courses before the surveys were done. Dr. Click stated we may just have to use the data collected from April for those courses or have the more senior students reflect on their prior year.

Element 8.5 is Medical Student Feedback and this finding was satisfactory with a need for monitoring. There were relatively high levels of student dissatisfaction regarding the school’s responsiveness to student feedback. In April, the “You said...We did” document was distributed. The April 2020 survey showed improvement compared to what had been seen with the Independent Student Analysis. The updated document is planned to be sent out near the beginning of the semester, and we will continue to monitor the students’ sense of responsiveness. Academic Affairs tries to put out information to the students while being careful not to send information before there is a reasonable degree of confidence how things are going to go, especially with COVID-19 information.

Element 9.8 is Fair and Timely Summative Assessment and deals with clerkship grade turnaround time. Pre-clerkship has a great turnaround time, but the finding was the school was inconsistently providing clerkship final grades in a timely fashion. This data has been monitored carefully, and we have been providing feedback to clerkships on where they are with respect to getting the grades done. It was discussed during the MSEC Retreat meeting what the policy for this should look like. For the last several years, the clerkship grade turnaround time has been three weeks and we are close to meeting that, but on average, we are a little above three weeks. LCME policy requires six weeks turnaround time for grades and we do a pretty good job meeting the six weeks, but LCME pointed out that our policy is three weeks, and if we aren’t meeting three weeks, we are not adhering to our policy. MSEC suggested changing the policy to six weeks but to encourage people to get them in as soon as possible. The policy is being rewritten and will be brought back to MSEC in July.

Element 8.1 is Curriculum Management and this was an unsatisfactory finding. There was a theme in continued dissatisfaction with coordination and integration between the first and second years of the curriculum. Again, this was largely based on the Independent Student Analysis and interviews conducted with medical students when LCME was here. Part of our response has to be documenting what we have done at MSEC meetings. We have gone back through the MSEC minutes to show where we discussed items related to integration and coordination. During this process, we found there were things discussed that were not included in the minutes. Those minutes will be corrected with an addendum to reflect the accuracy of the discussion and actions. We are currently developing a course improvement process that will be discussed at the next course director’s meeting next week on June 23.

Element 8.2 is Use of Medical Education Program Objectives and this was an unsatisfactory finding for the linking of course objectives to the medical education program objectives being incomplete. We disagreed with them on this finding, but there were some areas they could point out where some mapping had been done, but it wasn’t done correctly. We have worked with specific course directors to try and improve course objectives and with the mapping of them to the IEOs. We are also evaluating what we use for our curriculum management system. We are using New Innovations and are not entirely happy with that database system and will be looking at other databases. There will be a faculty development session on curricular mapping. Courses are continuing to refine session level mapping and are mapping assessment methods such as exam questions being mapped to the course objectives. We are making progress. Although it is not completed, all courses do have their overarching course objectives mapped to the Institutional Educational Objectives.

Element 8.3 is Curricular Design Review, Revision/Content Monitoring and this is an area where we put in a lot of work over the past several years. LCME talked about the reviews we do through the M1/M2 and M3/M4 review subcommittees and said the evidence of the effectiveness of the process is lacking and there was student dissatisfaction with integration across courses. This is the same theme we saw with Element 7.1. The actions for Element 8.3 will be similar as what is being done for Element 7.1. We are going to work on MSEC being more intentional in speaking about content alignment. We are going to re-evaluate how we are having the review subcommittees do the reviews. We are going to work with course directors to try and improve integration and need for them to start out with the students in the introductory session discussing the changes we have made in relationship to student concerns about integration and coordination and believe these improvements will produce a better result for them.

Element 8.4 is Program Evaluation and that has to do with the Outcomes Subcommittee. LCME said the effectiveness of the process was unclear and it focused a lot on individual courses or individual faculty members so that a systematic approach to programmatic improvement is lacking. The Outcomes Subcommittee has already discussed re-looking at some of the benchmarks they are using and instead of using benchmarks that are course specific like the Microbiology NBME exam, for example, that was used in the LCME meeting, to looking more globally at how our students are doing on the NBME examinations across courses and across years. One thing that MSEC has often done with outcome findings is to say watch it and see what happens, but we probably need to have outcome findings lead to more specific actions as opposed to keeping an eye on it.

Academic Affairs staff has been meeting every couple of weeks recently and have been making progress and moving forward with some of these things, but there is a lot of work to do before December 1. Dr. Click agreed there was a lot of work to do and said she was also concerned that some of the research that we have to do is going to be skewed by COVID-19 and she hoped that LCME would take that into account. Dr. Click thought the Transformation Curriculum Steering Committee would address some of these concerns, particularly around integration, coordination, cohesion, etc. to show that we are looking at reforming the curriculum as a whole.

#### **4. Curriculum Transformation Steering Committee**

Dr. Click provided an update from the Curriculum Transformation Steering Committee. Dr. Block announced the formation of the committee in May who would investigate best practices at other institutions and provide recommendations for a new curriculum and specifically mentioned integration, competency-based assessment, and a three-year program as things to investigate. Part of the committee's charge was to include a timeline for implementation of a new curriculum and any resources that were needed for a new curriculum and come back with recommendations for MSEC to refine and improve. MSEC would be responsible for the implementation and management of the curriculum. Dr. Click reminded the group that there were several MSEC members on the steering committee. Dr. Olive provides oversight for the committee. Dr. Click is the committee chair. Committee members are Dr. Beth Fox, Dr. Thomas Kwasigroch, Dr. Jason Moore, Dr. Rob Schoborg and Dr. Brian Cross. At the first meeting, it was decided to add a student representative and David Taylor (M4) was added to the committee. The committee has been meeting on Friday afternoons and has met four times. They have reviewed the MSEC working groups' recommendations from their review of the curriculum as a whole. The committee has begun reviewing peer institutions' curricula to see what they are doing, making a list of who to talk to. Dr. Block is interested in investigating a three-year accelerated track, which has been done in the past, and the committee has begun to look into that. The committee has developed some guiding principles for the curriculum, which they were interested in receiving feedback on from faculty.

Dr. Click shared the Guiding Principles of the Curriculum Transformation Steering Committee, stating that when thinking about the curriculum, we should start with the end in mind and what we want from our students when they graduate and become physicians. The first part of the document is the vision of the Quillen graduate and the second part of this document is the guiding principles for our curriculum as we think



about transforming our curriculum. The committee thought it was important to have some guiding principles to say this is what we are trying to do, and the decisions that we make should be informed by these guiding principles. The breakout session will be used to gather feedback on the guiding principles.

## **5. Facilitated Discussion/Small Groups of Clinical and Bio Science**

Participants were separated into four breakout rooms and asked to provide feedback to the following questions regarding the Guiding Principles of the Curriculum Transformation Steering Committee:

### **Vision of Quillen Graduate:**

1. Does the vision of the Quillen graduate align with what you think our graduates should be?
2. What qualities should be added, if any?
3. What qualities should be removed, if any?
4. What should be clarified?

### **Guiding Principles:**

1. Do the broad principle categories align with your thoughts on what our curriculum should be?
2. What principle categories should be added, if any?
3. What principle categories should be removed, if any?
4. What text should be clarified?
5. Are any of the principle statements too broad? Too specific? Which ones and why?
6. Other general feedback:

## **6. Summary of Breakout Groups**

Breakout groups were reassembled in the Zoom meeting and each group was asked to present what was discussed in their group.

### **Group 1 (Dakotah Phillips, Dr. Amadio, Dr. Florence, Dr. Rusinol, Dr. Ecay, Rachel Walden)**

- Qualities to add to Vision of Quillen Graduate
  - Commitment to region
    - Sense that the vision should include that the graduate would see the whole community that they practice in as their patient should be included, as well as sensitivity to the cultural nuances of the community they serve.
  - Prepare students to be the workforce for East Tennessee/Appalachia region, rural, and underserved. Include a commitment to the region of Appalachia with a focus on rural and underserved patients.
  - Cultural competence to proficiently serve the underserved communities (Under servant leaders)
    - Addressing disparities and access to care
  - Preventive medicine—promotion of healthy lifestyles and access to healthcare
    - Structural/systemic barriers to accessing care/health
    - Our students should promote change
  - Compassionate care
    - Possible inclusion of language that they will advocate for change in the health care system to make it more responsive to patient needs and health (more patient-centered), rather than just that the graduates serve as a guide for patients in the existing system as though the patients just need to adapt to the present system
  - Service Leaders

- Add wording specifically about working to eliminate disparities in access to health care and health care outcomes. This would include addressing systematic structural barriers to access care.
- Items needing clarification – should skilled clinicians be changed? Question whether excellent clinical and diagnostic skills was the appropriate adjective, with discussion on the expected proficiency in these areas of a new graduate.
- The vision didn't include any reference to professionalism.
- The Guiding Principles should include how the critical thinking would be promoted
- The Guiding Principles “Integrated” piece would make reference to using a systems approach

**Group 2 (Cathy Peeples, Dr. Bird, Dr. Jones, R.J. Black, ...)**

- The vision discusses critical thinking and scientific and evidence-based principles, but the guiding principles do not mention learning how to do critical thinking or learning how to do scientific evidence-based things until you get down to the personal and professional growth. Students should be able to evaluate literature, evaluate policies, evaluate their current practice and patients to make their own decisions based on the evidence, and critically read the literature and critically evaluate what is going on around them in order to make changes for their patients and the world. The physicians make these policies and hospitals or practices and our students need to be able to do that.
- There is more about the social aspects in the guiding principles instead of what we are trying to learn.
- Vision of graduate lists things that students should already have when they come to Quillen and not necessarily things students can get from Quillen before they leave. It is a very character-based emphasis. Would like the vision piece to be more of the things that can be taught while here.

**Group 3 (Aneida Skeens, Dr. Olive, Dr. Fox, Dr. Hayman, Dr. Monaco, Dr. Murphy, David Taylor)**

- The word “professional” was not included anywhere in the Vision of Quillen Graduate. It was felt that it could be added to the “Compassionate Physicians” bullet.
- The “Guiding Principles” verbiage could be modified changing either “patient-centered” or “learning-centered” to either “patient-focused” or “learning-focused”.

**Group 4 (Lorena Burton, Mariella McCandless, Dr. Moore, Dr. Mullersman, Dr. Abercrombie, Dr. Lura)**

- Excellent goals, most of them are measurable.
- Expand servant leaders in the clinical year. Doctoring I already does some of it, but it could improve measuring by having the students self-report through the portfolio questions. Ensure there is a measurement of attainment available - Visions need to be measurable.
  - Service Learning in Doctoring I – Community Involvement
  - Portfolio write up
- Personal & Professional Growth – add something about professional development and also faculty development being a means to reach goal of helping students.
- Add evidence-based activities using assessment and evaluation.
- Include research (evidence based) in the visions to identify possibilities we have for student involvement in research activities – not necessarily a requirement.
- Add a section on Community-focused in Vision of Graduate.
- Add a section on Critical Thinking/Scholarly Thinking under Guiding Principles.

After debriefing with the groups, Dr. Click thanked all participants for their feedback and requested each group submit a written copy of their notes for inclusion in a summary document to be presented to the Curriculum Transformation Steering Committee at their next meeting. Dr. Click then adjourned the meeting.

The MSEC Annual meeting adjourned at 5:22 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 2020-2021: \* NOT the 3<sup>rd</sup> Tuesday of the month**

July 21, 2020 – 3:30-6:00 pm – Zoom meeting

August 18 – 3:30-6:00 pm – Zoom meeting

September 15 – 3:30-6:00 pm – Zoom meeting

October 20 – **Retreat** – 11:30 am-5:00 pm - TBD

November 10 – 3:30-6:00 pm\* - TBD

December 15 – 3:30-6:00 pm - TBD

January 19, 2021 **Retreat** – 11:30 am-5:00 pm - TBD

February 16 – 3:30-6:00 pm - TBD

March 16 – 3:30-6:00 pm - TBD

April 20 – 3:30-6:00 pm - TBD

May 18 – 3:30-6:00 pm - TBD

June 15 – **Retreat** 11:30 am-3:00 pm – TBD

June 15 - **Annual Meeting** - 3:30-5:00 pm – Lg. Auditorium