

East Tennessee State University

## Digital Commons @ East Tennessee State University

---

Medical Student Education Committee Minutes

---

1-19-2021

### 2021 January 19 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

Follow this and additional works at: <https://dc.etsu.edu/msec-minutes>



Part of the [Higher Education Commons](#), and the [Medical Education Commons](#)

---

#### Recommended Citation

Medical Student Education Committee, East Tennessee State University, "2021 January 19 - Medical Student Education Committee Minutes" (2021). *Medical Student Education Committee Minutes*. 158. <https://dc.etsu.edu/msec-minutes/158>

This Minutes is brought to you for free and open access by Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Medical Student Education Committee Minutes by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact [digilib@etsu.edu](mailto:digilib@etsu.edu).



**QUILLEN**  
**COLLEGE of MEDICINE**

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, January 19, 2021, via Zoom meeting.

<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	Mariela McCandless, MPH
Russell Hayman, PhD	
Jon Jones, MD	Dakotah Phillips, BSPH
Paul Monaco, PhD	Aneida Skeens, BSIS, CAP-OM
Jason Moore, MD	
Antonio Rusinol, PhD	<b><u>Subcommittee Chairs</u></b>
Robert Schoborg, PhD	Robert Acuff, PhD
<b><u>Student Members</u></b>	<b><u>Guests</u></b>
Sarah Allen Ray, M3	Patricia Amadio, MD
	Earl Brown, MD
<b><u>Ex Officio Voting Members</u></b>	Lorena Burton, CAP
Joe Florence, MD	Brian Cross, PharmD
Tom Kwasigroch, PhD	Leon Dumas, MMED
Rachel Walden, MLIS	Lindsey Henson, MD, PhD
	David Johnson, PhD
	Cathy Peeples, MPH
	Diego Rodriguez-Gil, PhD
	Tory Street, AD
	David Taylor, M4

**Meeting Minutes**

**1. Approve: Minutes from December 15, 2020 Meeting.**

Dr. Click opened the meeting at 1:00 p.m. and asked for comments/updates to the December 15, 2020 meeting minutes, which were distributed with the MSEC meeting reminder.

**Dr. Monaco made a motion to accept the December 15, 2020 minutes as presented. Dr. Jones seconded the motion. MSEC approved the motion.**

*The MSEC minutes for December 15, 2020 were shared with MSEC Members via Microsoft Teams document storage.*

**Announcements:**

- Faculty Development
  - January 27, 3:30 – Identifying and Obtaining Research Funding – Dr. William Duncan
  - February 10 and 17, 3:30 – Respect for Student and Resident Lives / Cultivating Healthy Educational Environments – Dr. Amy Johnson and Dr. Diana Heiman
- Faculty Book Club - February 3, 4:00 - Hill Women. If you received the book, you should have received a calendar invite from Dr. Amy Johnson for the book club discussion
- Curriculum Management System Task Force
  - Group to gather information about alternatives to New Innovations for UME. There are four or five different systems currently being investigated.
  - Survey to be sent out to faculty and staff that currently interact with New Innovations, such as clerkship coordinators, academic affairs staff and registrar's office staff, to ascertain the needs and preferences for a curriculum management system.

**2. Approval: Elective – Advanced Anatomy for Gynecologic Surgery - Dr. Dumas**

Dr. Dumas presented an elective for Advanced Anatomy for Gynecologic Surgery. This elective has been set up as a two-week online elective but could be extended to a four-week elective with an additional 50% of gross anatomy lab dissection time if circumstances permitted due to current COVID limitations. Ideally, a four-week elective would be more beneficial to include face-to-face meetings and dissection time. This would be a small group of students, probably no more than two or three at a time. The format of the elective is to do the didactic portion of anatomy to address some of the most commonly performed gynecologic procedures such as hysterectomies, etc. in the academic setting then go to the lab to perform dissections so that the students have first-hand anatomy revision. A question was asked if there were setups within the anatomy lab to allow the dissections being done to be viewed on an online basis and have live interaction at that point? Dr. Dumas stated there has been some dissection sections done with video assistance. It was suggested that perhaps small group dissection could take place live if students were in full PPE (personal protective equipment). It was noted that the previous surgical electives approved already had virtual instructional video available but this elective does not have that same advantage, making the live component more valuable for the course.

Dr. Click pointed out that the document being shown had been modified since it had been emailed to members, noting that there were a few more objectives than contained in the emailed version. Additional discussion included determining the minimum number of students feasible to run an iteration of the course for and how many periods during the year the course would be offered.

**Dr. Schoborg made a motion to approve the Advanced Anatomy for Gynecologic Surgery Elective as presented. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.**

*The presented Advanced Anatomy for Gynecologic Surgery Elective document is shared with MSEC Members via Microsoft Teams document storage.*

### **3. Report: M1-M2 Review Subcommittee 2020-2021**

- Genetics

Dr. Acuff presented the 2020-2021 Annual Review of Genetics. Genetics is a first-year course. The course director is Paul Monaco. The reviewer for Genetics was Dr. Michael Kruppa. Of note, this is the first course reviewed using the new review rubric approved by MSEC. 95% of students were satisfied/very satisfied with the environment and the course itself. All students passed the course and the students seem to be highly satisfied overall.

**Objectives:** The course objectives are accurately linked to the educational outcomes and mapped appropriately. The ratings for each category of the new rubric show that the Genetics course “meets” or “exceeds expectations”. There were no ratings of “below expectations” from any student.

**Strengths:** Overall, students liked the delivery of the material with a combination of podcases, zoom lectures as well as clinical material that is relevant to USMLE Step 1 exam. The faculty were highly rated and the students enjoyed the clinical content as well as the input from practicing clinical geneticists.

**Weaknesses:** Only a few minor weaknesses are noted, based on student comments. These include the need of a study guide for the second exam, and the need for more practice questions as well as wanting a few more opportunities for graded assignments.

**Recommendations to the course director:** No changes recommended at this time. For this year Dr. Monaco submitted a CQI to MSEC and from a review of the material the majority of his goals for course improvement have been met.

**Issues requiring MSEC action:** Dr. Monaco did note in his self-study that the proposed integration of human genetics with CMM may need to be delayed to 2022 when a new curriculum is expected to take effect, rather than implemented in 2021 when the curricular reorganization is still being developed. The review subcommittee agrees with the suggestion to delay integration until 2022.

Dr. Olive noted that the new rubric seems to be accomplishing the goal of MSEC’s request to see course and clerkship data reviews coming in a more standardized fashion. He also pointed out that under MSEC’s plan, all CQI plans would come back to MSEC for an updated report on how the courses were doing, however, given that the M1-M2 review subcommittee feels that all elements of the CQI plan for this course have been met, he asked should the Genetics course bring their CQI plan back separately or could MSEC accept the review subcommittee’s report as sufficient. Dr. Acuff stated that based on prior

discussions it was felt that MSEC should have the last say in reviewing the CQI plans, however, there was no reason that MSEC and the reviewers on the subcommittees could not suggest that a course having an approved CQI plan that meets or exceeds expectations on subsequent review not have to bring their CQI plan back to MSEC separately. Dr. Click noted that there was no official process determined for how course CQI plans would be reported back and stated that this discussion be tabled until the next meeting.

There were no strong feelings expressed regarding the previous requirement that Genetics be incorporated into CMM in the upcoming fall semester so it was suggested that a motion be made to accept the review subcommittee's recommendation and delay the incorporation of Genetics into CMM until the new curriculum has been approved.

**Dr. Moore made a motion to accept the 2020-2021 Annual Review of Genetics as presented. Dr. Hayman seconded the motion. MSEC discussed and approved the motion.**

**Dr. Moore made a motion to accept the review subcommittee's recommendation to delay incorporating Genetics into Cellular and Molecular Medicine until the new curriculum has been approved. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.**

**The discussion regarding the process for CQI plan course updates was tabled until the next meeting.**

*The presented 2020-2021 Annual Review of Genetics document is shared with MSEC Members via Microsoft Teams document storage.*

#### **4. Discussion: 2021-2022 Academic Calendars**

Dr. Olive presented calendars for the 2021-2022 academic year stating that he felt it was reasonable to return back to the traditional academic calendar because the academic calendars for year one and year two were not changed much due to COVID. Classes started on time, although the ending was truncated for the second year. Students are also returning back to the clinical learning environment and there has been no further discussion about removing them despite the COVID acceleration. It is felt to be reasonable to return to an academic calendar with the clerkships starting in mid-May and also returning clerkship durations to the traditional six and eight-week periods. This would probably require a specific action from MSEC since the clerkships were shortened in this current academic year due to COVID.

A question was asked if the same sequencing of courses would continue for the M1 year in the fall with CMM and Genetics preceding Anatomy or would this sequencing also return back to the traditional sequencing. It was discussed that given the uncertainty of resuming live courses as opposed to virtual, it may be best to continue the sequencing that was used this year for the next academic year as well.

A question was asked regarding how students were selected for rotation sites on the M3 schedule. Dr. Olive stated that most clerkships allow students to express preferences and try to accommodate those but that cannot always happen when everyone wants to go to the same

location. There is a policy in place for students to appeal placements due to extenuating circumstances.

It was suggested to return to the pre-COVID calendar for the M4 year.

**Dr. Jones made a motion to accept the 2021-2022 Academic Calendars as presented. Dr. Abercrombie seconded the motion. MSEC discussed and approved the motion.**

*The presented Class of 2023 M3 Schedule and M4 Year Schedule documents are shared with MSEC Members via Microsoft Teams document storage.*

## **5. Discussion/Approval: Senior Scheduling Policy**

Dr. Olive presented a policy regarding scheduling of senior selectives and electives during the fourth year, noting that while there are a lot of policies related to the fourth year, they have not all been formalized in writing and these should be codified so that everyone knows where to find them and has the same understanding of their meaning. The activities of the senior scheduling policy are as follows:

The M4 year consists of 33 weeks of educational experiences:

- 8 weeks of Selectives
- 22 weeks of Electives and
- 3 week Doctoring IV Keystone course

Selective requirements were decreased for 2020-2021 due to COVID impact and it is recommended to keep the following modified selective requirements in 2021-2022.

### **Selective Requirements: 8 weeks**

- o 4 weeks of Inpatient Sub-internship
- o 2 weeks of Critical Care
- o 2 weeks of Ambulatory Care

Other selective recommendations are as follows:

- o No more than two selectives may be performed in the same specialty.
- o To ensure reasonable scheduling across the year, at least one selective must be completed during the fall semester.
- o One away elective may be requested to be designated for selective credit if the away rotation director attests on the form specific to the selective type requested that the rotation meets the selective criteria and the request is approved at least two weeks prior to the start date of the away rotation.
- o Selectives will not be scheduled in blocks 7 and 8 (interview season), but may be permitted for a military student not participating in a civilian match.
- o A maximum of 16 weeks (selectives and electives combined) of the senior year may be in a single specialty.

It is important to note that decreasing the number of selectives increased the number of electives by the same amount. Selectives went from 12 weeks to 8 weeks and electives went from 18 weeks to 22 weeks.

Recommendations for the electives include the following:

- Up to 12 weeks may be completed as away electives at other institutions, although the reality of this as a possibility for the academic year due to COVID impact is uncertain;
- A maximum of 12 weeks of home and/or away electives may be within a single specialty, and;
- A minimum of 8 weeks of elective time must be performed in direct patient care settings, i.e. must be in person clinical experience – not online or virtual.

The policy also outlines the different types of electives offered and their requirements:

- Quillen home electives
- Away electives at other institutions
- Individually arranged experiences
- International experience

Two additional requirements are pointed out at the bottom of the policy to ensure that students do not run into problems having enough credit to be considered at least half time so they remain eligible for financial aid for living assistance. These requirements are as follows:

- A minimum of 16 weeks of experiences are required to be scheduled in the fall semester and a minimum of 9 weeks in the spring semester, including the Doctoring IV Keystone course.
- A maximum of 4 weeks of unscheduled time may be scheduled consecutively except for blocks 7 & 8 for residency interviews.

It was noted in discussion that rural track students were required to complete the RPCT- Underserved Area Ambulatory Care Selective, which could be accomplished via a QCOM approved option or an individually arranged domestic or international experience. This requirement will be added to the policy. It was also noted that an exception should be made for those in the MD/MPH program who may need 8 consecutive weeks to complete their MPH field work which does not count as QCOM elective credit. This exception will be added to the policy.

It was stated that the policy requirements could be revisited for the 2022-2023 academic year, but the recommendation for the 2021-2022 academic year is to maintain the current requirements.

**Dr. Monaco made a motion to accept the Senior Year Requirements Policy as presented with the addendums discussed regarding rural track and MPH students. Dr. Jones seconded the motion. MSEC discussed and approved the motion.**

*The presented Senior Year Requirements Policy document is shared with MSEC Members via Microsoft Teams document storage.*

**6. Report:** Curriculum Content Report:

- Pneumonia

Dr. Olive presented a curriculum content report on pneumonia, noting this was a very lengthy report. He explained that the approach he took with the report was identifying where pneumonia was taught as content or where related concepts were taught and then back them out from the courses through the course objectives to the institutional educational objectives. One of the reasons for the length of the report is because many of the particular areas of content map to multiple course objectives and to multiple institutional educational objectives (IEOs). Removing redundancies from the report would make it much shorter. Rather than going through the report, Dr. Olive wanted to focus on the format of the report. Previous content reports would have been tied to the IEOs and would just show the courses and the content. Using this new format, the report begins with the IEO, then goes through by curricular year which courses have identified content related to the topic that ties into this as exemplified below:

<b><i>QCOM IEO</i></b>	<b><i>Curricular year</i></b>	<b><i>Course Objective</i></b>	<b><i>Content</i></b>
<b><i>1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice</i></b>	M2	DOCII 05 Interpret basic EKGs, laboratory data, and diagnostic imaging studies	CXR interpretation conference
		DOC II 06 Recognize patients in need of an airway intervention and appropriate means of augmenting ventilation and/or oxygenation	Airway simulation workshop Pneumonia as cause of hypoxia
		DOCII 08 Formulate a differential and begin to determine how to establish a diagnosis through diagnostic evaluation	Pneumonia as part of differential diagnosis and physical findings addressed in simulation cases for asthma and COPD

Dr. Click noted that the process was a little more difficult to find in the curriculum database going from a keyword approach, so it would be good to get feedback on the report format in terms of looking at how a topic is covered in the curriculum. She stated that a motion would need to be made to accept the report that pneumonia was covered adequately, but given the length of the report she wanted to make sure people had time to review it first so that motion and vote would be tabled until the next meeting.

Regarding the format of the report, it was stated that this was a great example of how to take a topic and look at it with regard to transforming the curriculum looking at the gaps and redundancies, and how to make it more streamlined. It shows what is repetitive and what is specific to individual objectives and also shows where we may not be mapping procedures. It was suggested that due to the amount of work involved in generating a report using this format, that this format be used for areas that either MSEC or course/clerkship directors see as a possible deficiency rather than areas already known to be adequately covered. It was suggested to bring back the list of topics previously identified and prioritize the topics.



**Dr. Click tabled the vote on the Pneumonia Curriculum Content Report until the next scheduled meeting to give members more time to review the report due to its length.**

*The presented Curriculum Content Report on Pneumonia document is shared with MSEC Members via Microsoft Teams document storage.*

## **7. Report:-LCME Standard/Element Review**

- Element 8.1

Dr. Olive presented a PowerPoint presentation for review of LCME Standard 8.1, noting that this was an area deemed unsatisfactory on the recent site visit and one of the things that we had to respond to in the LCME response submitted in December.

### LCME Standard 8.1 - Curriculum Management

- A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum”.
  - a. Provide the name of the faculty committee with primary responsibility for the curriculum. Describe the source of its authority (e.g., medical school faculty bylaws).
  - b. Provide the number of curriculum committee members and describe any categories of membership (e.g., basic science or clinical faculty members, course directors, students) that are specified in bylaws/policy. List the titles of individuals who participate in the curriculum committee ex officio. Note if there are terms for committee members.
  - c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee.

MSEC subcommittees: M1-M2 Curriculum Review Subcommittee, M3-M4 Curriculum Review Subcommittee, Outcomes Subcommittee, Curriculum Integration Subcommittee, and Phase Review Subcommittee.

- Supporting Documents
  1. The charge to or the terms of reference of the curriculum committee, including the excerpt from the bylaws or other policy granting the committee its authority. If the subcommittees of the curriculum committee have formal charges, include those as well.
  2. A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator)
  3. Have available on-site for the survey team two years of curriculum committee minutes.
- Survey Team Report
  1. Summarize the charge to the committee responsible for the management of the curriculum (e.g., a “curriculum committee”). Note the source of the committee’s authority (e.g., bylaws).

2. Describe the composition of the curriculum committee and note the categories of membership.
3. Briefly summarize the composition and charge/role of each subcommittee of the curriculum committee.

#### Findings from the 2019 Survey Visit

- Finding: The Medical Student Education Committee (MSEC) is the institutional body that oversees the medical education program and has the ability to ensure the curriculum is coherent and coordinated. However, there is not consistent evidence that these duties are fulfilled. Evidence from the ISA, which was supported during discussions with current students, reflect continued dissatisfaction with coordination and integration within and between first and second years of the curriculum.

A lot of time has been spent over the last year talking about coordination and integration within and between the first and second years of the curriculum in order to try and address this deficiency.

#### Response Required for 8.1

1. Provide the charge of the Medical Student Education Committee (MSEC) and describe its current membership, including their voting status and membership category (e.g., faculty, student, or administrator).
2. Provide copies of MSEC minutes from academic years 2018-19, 2019-20, and 2020-21 that specifically illustrate that committee's role in identifying and addressing concerns about the following:
  - content integration, especially in the first and second years of the curriculum;
  - first and second year course organization and quality; and
  - quality of the pre-clerkship phase of the curriculum.
3. Describe the steps taken to ensure that the MSEC has the information it needs about individual course/clerkship quality and the quality of curriculum phases to manage the curriculum.

The implementation of the CQI plans and the course review rubric are examples of steps taken to ensure that MSEC is addressing concerns and has the information it needs to manage the curriculum. The bulk of the response to the LCME was information gathered from minutes from the last three years trying to identify places that addressed concerns. This information was summarized in a 16-page table that addressed 32 different sets of minutes, totaling 375 pages of the response. Below is an example of the table provided:

Quality of Preclerkship Phase			
MSEC Date of Concern	Illustrations of Identifying Concerns	MSEC Date of Action	Illustration of Addressing Concerns
2020 – 2021 Academic Year			
7/21/2020	Agenda Item 6 – Page 8: Outcomes Subcommittee report presented revised benchmarks to enable better evaluation of preclerkship phase quality	7/21/2020	Agenda Item 6 – Page 10: MSEC action was to approve new benchmarks and reporting processes related to better capturing phase quality. Future subcommittee reports will reflect this new approach to subcommittee reports.
8/18/2020	Agenda Item 6 – Page 17: CQI Plan for Pre-clerkship Phase identified concerns about integration in the preclerkship phase and lower than desired levels of student satisfaction with the preclerkship phase.	8/18/2020	Agenda Item 6 – Page 18: MSEC action was to approve the presented CQI plan for improving the quality of the preclerkship phase.

The data would suggest that we are making progress and hopefully the report to the LCME makes a convincing case for this.

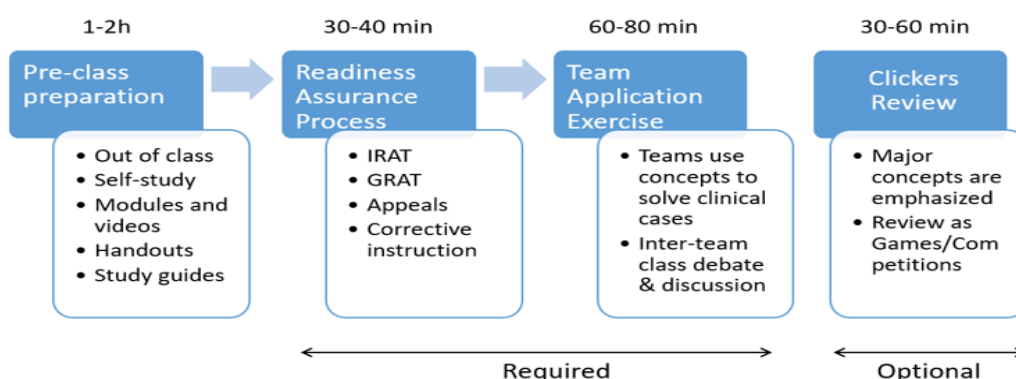
**No action required for this item.**

*The presented LCME 8.1 Powerpoint document is shared with MSEC Members via Microsoft Teams document storage.*

**8. Presentation: Team-Based Learning (CMM)**

Dr. Rusinol led a demonstration on team-based learning. Participants were encouraged to install the “Turning Point” app or use the browser for active participation. He noted we had free accounts as instructors but stated that we needed to have some sort of software or platform for the students to use that does not involve them paying for it from their own pockets, whether the college pays for it or it is structured into their fees covered by financial aid. Dr. Rusinol began by explaining that three years ago Cellular and Molecular Medicine (CMM) moved from a flipped classroom to a team-based learning (TBL) flipped classroom. He stated that one thing to keep in mind when designing a TBL course is that you need complete buy-in from the faculty for the structure to work because it is not just one person in front of the room talking to the students and giving them the information. Every member of the faculty, or at least a group of the faculty, has to participate. He noted that the CMM faculty attended every TBL session and that was half of the job. A handout describing the structure of a TBL course was provided for review prior to the meeting and this handout was used to demonstrate the process. The structure of a TBL course is provided below:

**Structure of our TBL Course**



The standard protocol is a quiz that the students take first individually, and then as a group. Then there is a period of challenge where the students can say that the question is not fair or they didn't understand it, which provides an opportunity for a mini lecture or information session. That is part of what is called the readiness assurance process. Dr. Rusinol explained that if you pass, in theory, you have enough knowledge to solve problems and make decisions in the application phase. Dr. Rusinol stated that many medical courses only do two TBL sessions per week but CMM does it every session. They deliver all of the material as e-learning modules and handouts. The e-learning modules and videos provide enough information for the TBL sessions and the handouts are usually used for exam preparation.

Two protocols are essential to TBL. They are the Readiness Assurance Process and the 4S Application Activity framework. There are five stages of the Readiness Assurance Process:

- Stage 1: Student Pre-class Preparation
- Stage 2: Individual Readiness Assurance Test (iRAT)
- Stage 3: Team Readiness Assurance Test (tRAT)
- Stage 4: Appeals Process
- Stage 5: Mini-Lecture/Clarification

The 4S application Activities consist of:

- Significant Problem
- Same Problem
- Specific Choice
- Simultaneous Report

To create the optimal TBL process teams must be properly formed, and you need to ensure there are adequate accountability structures to induce good student behaviors. Creating adequate accountability structures is crucial to a successful TBL implementation. There are three things we should do in the TBL classroom:

1. Students must be encouraged to individually prepare.
2. Students must be encouraged to contribute to their team.
3. Students must be made aware that they will be accountable for their contributions to their team.

To demonstrate how a TBL session works, participants signed in to the Turning Point app and individually answered questions regarding the handout. After the participants completed the quiz, the average score was revealed, then the participants were divided into groups and sent to breakout rooms to answer the same questions as a group. There had to be a consensus of the group's answer, not a majority. One participant from each group acted as the reporter for the group and submitted the answers to the questions. When the quiz was recompleted as groups, the overall score was higher than the individual attempts and the questions and answers were discussed. Dr. Rusinol explained that this is where the students get to debate if they feel the answer is wrong and if the students make a good enough argument, can get credit for their answer. He states that most of the learning in the TBL session does not happen in the application, it happens in the gRAT by peer learning. Dr. Rusinol pointed out that the students

were not being evaluated here, you are just assuring that they are ready to move into the application. On the peer evaluation, if a student is not pulling their weight, they will hear from the other students later and there is a formula to adjust the grade to standardize it. The students get points for their peer evaluations and the grades are calculated and multiplied for everybody.

Other points brought out in the discussion of running a TBL session:

- It is beneficial for the students to have their cameras on to have these group discussions because you can see the other students faces and their demeanor. He noted there were others who disagreed with that and thought it was an imposition to request students have their cameras on but he felt it was very important for the TBL sessions.
- In CMM, the average grade of 29 TLBs counts as 10% of the grade.
- The students get into the process and enjoy the engagement. It also helps quieter students get more involved.
- The process of studying for the iRAT and gRAT and participating in the TBL is actually the process of studying for the exams and not a separate thing students are studying for, so the students do not see it as adding another thing they have to do.
- The process should involve a group of faculty to work as a team to put together a session that involves the different disciplinary aspects of cases.

The question was asked how to make the process work when there is faculty with either significant clinical responsibilities or significant research responsibilities where it would actually impact their salaries to spend time on other affairs, either directly or indirectly. Dr. Rusinol stated that the trend is to have a smaller number of faculty who are really dedicated to teaching that have the time to put in. Several other questions were asked and a robust discussion ensued.

**No action required for this item.**

*The presented TBL Basics document is shared with MSEC Members via Microsoft Teams document storage.*

#### **9. Discussion: Curriculum Transformation**

- David Taylor provided an update from the Curriculum Transformation Student Working Group.
  - Members: (M4 – Erin Bailey, Beth Farabee, Whitney Pittman, and David Taylor; M3 – Gina Botsko, Ben Hopkins, Abbi Laszacs, and Sarah Allen Ray)
  - Charge:
    - Review recommendations of the MSEC curriculum review working groups and the Curriculum Transformation Steering Committee.
    - Identify material that is fundamental to medical science that should be placed in a foundational course at the beginning of the pre-clerkship phase.
    - Identify content that is appropriate for a pre-clerkship “capstone” course, i.e. that has a multi-system focus and integrates and synthesizes

information learned across the organ systems courses, preparing students for clinical clerkships.

- Identify content gaps, unnecessary redundancies, and low-yield content in the current curriculum.
- Develop a response and recommendations regarding the above to the Curriculum Transformation Steering Committee, MSEC, and the other curriculum implementation working groups as appropriate.
- Activities:
  - Review charge, time frame, and MSEC/CTSC documentation
  - Examined peer institutions for foundation courses and pre-clerkship capstone courses; contacted institutions for materials if available
  - Currently reviewing pre-clerkship courses at Quillen for foundational content as it is currently presented
- Upcoming Steps:
  - Meeting with Dr. Henson at next meeting on Thursday evening
    - Discussion around content of a foundational course.
    - Develop skeleton outline of foundations course.
  - Begin process of reviewing redundancies and gaps in current pre-clinical curriculum.

It was asked if the students talked to administrators, faculty or students at other peer institutions. David Taylor responded that for the most part they had reached out to course directors and administrators. They also reached out to students to get recent copies of syllabi and schedules. They have gotten great feedback and willingness to share experiences about things that worked and things that didn't.

- Dr. Schoborg provided an update from the Faculty Foundations Implementation Group stating that they had unknowingly adopted a similar approach as the student group assembling what the course directors feel from their courses would go into a foundations course. The group has also looked at some model schools to try to get an idea of what they have done in order to bring that information together. The faculty group has also been informed that they may be contacted by the student group to get information regarding their courses.
- Dr. Lindsey Henson, the newly hired curriculum transformation consultant, provided a PowerPoint presentation regarding her perspective on what it takes to implement a new curriculum. Dr. Henson stated she had been involved in new curriculum at a large number of medical schools and discussed some of those schools. She stated she had a key concept for everyone to memorize "If you get it 70% right the first time you run it, and it's a new curriculum, you have done a brilliant job." She felt the two most important things that determine how you do with a major curriculum revision were culture and resources. Money is also one of the resources. She stated an important thing to keep in mind was the overlap between the prior curriculum and the new curriculum in terms of teaching, which can be an incredible strain on the faculty. Dr. Henson discussed the culture, resources and timeline for various schools that she has

worked with and noted that these schools had a vast array of different cultures and different resources. She feels that the culture is more important than the resources stating that if you have resources but do not have a culture that values making your curriculum reform happen, then it really will not happen.

Dr. Henson stated she has been involved in some of the Curriculum Transformation meetings and reviewed our materials and minutes from MSEC and feels that based on where we are, we are in incredibly good shape to make curriculum reform happen by the beginning of the 2022-2023 academic year. Dr. Henson gave many examples of the curriculum reform process she was involved in with other institutions and ended her presentation with the following lessons learned:

#### Steps in the Process:

- Planning the innovation
- Workshops/retreats to establish a vision/principles
- Design that reflects the vision and practical constraints
- Introducing the innovation
- Set a [somewhat] realistic launch date and stick with it
- Don't wait too long – perfect is the enemy of good!
- Have a timeline for everything – include a cushion for unforeseen challenges
- Be adaptable (not flexible, adaptable)
- Have a Plan B, Plan C, Plan X
- Always return to the vision/principles when deciding what can be modified

#### Common Challenges:

- Changes that can “derail” the plan
  - “Optional” reviews during protected time for independent study
  - Exams covering only lecture objectives in a hybrid PBL curriculum
- Faculty who undermine
  - A lecturer starts with the following statement: “Last year I had XX hours to cover this topic but I've been cut back to ¼ X – I have no idea how you will learn this for the boards.”
- Students who worry
  - “All my friends at other schools have (you name it), how will I ever [pass Step 1] [pass Step 2] [match].”

#### Modifications and Adjustments:

- Do your best to foresee consequences
  - Realize that you won't foresee them all!
- Build in regular meetings with students and faculty to avoid crisis meetings
- Stick to the plan – within reason
- Change the plan when necessary – in keeping with the guiding principles

**No action required for this item.**

*The presented Curriculum Transformation Student Working Group Update Powerpoint and Implementing a New Curriculum – A Perspective Powerpoint documents are shared with MSEC Members via Microsoft Teams document storage.*

The MSEC meeting adjourned at 5:35 p.m.

---

### **MSEC Meeting Documents**

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

**If you are unable to access Microsoft Teams MSEC Team please contact: Aneida Skeens at: [skeensal@etsu.edu](mailto:skeensal@etsu.edu). Telephone contact is: 423-439-6233.**

### **MSEC Meeting Dates 2020-2021:**

February 16 – 3:30-6:00 pm - Zoom meeting

March 16 – 3:30-6:00 pm - Zoom meeting

April 20 – 3:30-6:00 pm - Zoom meeting

May 18 – 3:30-6:00 pm - Zoom meeting

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

June 15 - **Annual Meeting** - 3:30-5:00 pm – Zoom meeting