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Medical Student Education Committee Minutes

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3-16-2021

### 2021 March 16 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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

**EAST TENNESSEE STATE UNIVERSITY**

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met on Tuesday, March 16, 2021, via Zoom meeting.

**Attendance (remove any not present)**

<b><u>Faculty Members</u></b>	<b><u>Ex Officio Non-Voting Member</u></b>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Martha Bird, MD	
Thomas Ecay, PhD	<b><u>Subcommittee Chairs</u></b>
Jennifer Hall, PhD	Robert Acuff, PhD
Russell Hayman, PhD	
Jon Jones, MD	<b><u>Academic Affairs Staff</u></b>
Paul Monaco, PhD	Kortni Lindsey, MAg. Staff
Jason Moore, MD	Aneida Skeens, BSIS, CAP-OM
Jessica Murphy, MD	Sandy Greene, Staff
Robert Schoborg, PhD	
	<b><u>Guests</u></b>
<b><u>Student Members</u></b>	Lorena Burton, CAP
R J Black, M2	Beth Farabee, M4
Andrew Hicks, M1	Lindsey Henson, MD, PhD
	Tom Kincer, MD, AD
<b><u>Ex Officio Voting Members</u></b>	Cathy Peeples, MPH
Joe Florence, MD	Trevy Ramos, MD
Tom Kwasigroch, PhD	Diego Rodriguez-Gil, PhD
Rachel Walden, MLIS	Tory Street, AD
	David Taylor, M4
	Jack Woodside, MD

**Meeting Minutes**

**1. Approve: Minutes from February 16, 2021 Meeting.**

Dr. Click opened the meeting at 3:30 p.m. and asked for comments/updates to the February 16, 2021 meeting minutes, which were distributed with the MSEC meeting reminder.

**Dr. Moore made a motion to accept the February 16, 2021 minutes as presented. Dr. Monaco seconded the motion. MSEC approved the motion.**

*The MSEC minutes for February 16, 2021 were shared with MSEC Members via Microsoft Teams document storage.*

**Announcements:**

- Faculty Development – Faculty Development session on March 17, 2021 at 4:00 pm for journal article discussion. There was an email sent out to faculty with the journal article attached. Anyone not receiving the email that wishes to attend the session, please let Dr. Click know and she will email the information.
- New Clinical Medical Education Director – Dakota Phillips took a new position with GME and Kortni Lindsay has assumed the position of Clinical Medical Education Director. Kortni was formerly the residency program coordinator for the Pediatrics Department.
- New MSEC Member – Dr. Jennifer Hall has joined MSEC, replacing Dr. Mitch Robinson who has retired.
- New Medical Education Department – Dr. Robert Schoborg has been named interim chair of the newly created Medical Education Department.

**2. Discussion: LCME Report**

Dr. Olive provided an update regarding the letter submitted to LCME in December of 2020. Notification has been received from LCME with the status report and Dr. Olive stated he was very pleased with the results. We are in the category of continued full compliance and our next survey visit is scheduled for the 2027-2028 academic year. Determination results are shown below:

Standard	LCME Determination
Standard 1: Mission, Planning, Organization, and Integrity	C
Standard 2: Leadership and Administration	C
Standard 3: Academic and Learning Environments	C
Standard 4: Faculty Preparation, Productivity, Participation, and Policies	C
Standard 5: Educational Resources and Infrastructure	C
Standard 6: Competencies, Curricular Objectives, and Curricular Design	C
Standard 7: Curricular Content	C
Standard 8: Curricular Management, Evaluation, and Enhancement	CM
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	C
Standard 10: Medical Student Selection, Assignment, and Progress	C
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	C
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

C = Compliance, CM = Compliance with a Need for Monitoring, NC = Noncompliance

Element	LCME Determination
Element 1.1 (strategic planning and continuous quality improvement)	S
Element 2.3 (access and authority of the dean)	S
Element 3.3 (diversity/pipeline programs and partnerships)	S
Element 7.1 (biomedical, behavioral, social sciences)	SM
Element 8.1 (curricular management)	SM
Element 8.2 (use of medical educational program objectives)	S
Element 8.3 (curricular design, review, revision/content monitoring)	SM
Element 8.4 (evaluation of educational program outcomes)	SM
Element 8.5 (medical student feedback)	S
Element 9.8 (fair and timely summative assessment)	SM
Element 11.1 (academic advising)	S
Element 11.2 (career advising)	S

S = Satisfactory, SM = Satisfactory with a Need for Monitoring, U = Unsatisfactory

In the first table, we only have one element that requires continued monitoring, which is Element 8 – Curriculum Management, Evaluation, and Enhancement, so that is an area we will need to continue to work on. The second table shows the specific elements that we had to report on to LCME in December 2020. The majority of these elements have now moved from either unsatisfactory or satisfactory with monitoring to satisfactory. However, there are still five elements listed as satisfactory with monitoring, which means we will have to continue to submit data to indicate that we are in compliance with those standards. Below is a summary of what this monitoring will entail for each of the elements listed.

Element 7.1 (biomedical, behavioral, social sciences) – Continue to collect and report data on student satisfaction with all the courses in the pre-clerkship curriculum with respect to general course organization, quality of teaching, and overall course quality.

Element 8.1 (curriculum management) – Summarize the actions taken and approved by MSEC based on the results of the new reporting rubric directed at enhancing course quality and addressing student concerns with courses in years 1 and 2 of the curriculum. Summarize any additional changes that are needed and provide a timeline for implementation.

Element 8.3 (curricular design, review, revision/content monitoring) – Continue to look at coordination and integration of content in the first and second years of the curriculum.

Element 8.4 (evaluation of educational program outcomes) – Provide an update on the implementation of the process for the Outcomes Subcommittee to benchmark outcome data in need of follow-up by MSEC and provide examples of any outcome measures identified for follow-up and the steps taken to address the concern.

Element 9.8 (fair and timely summative assessment) – Provide the average and the minimum/maximum number of weeks it took for students to receive grades during the 2020-21 academic year and provide the percentage of students who did not receive grades within six weeks.

A copy of the LCME letter will be sent to MSEC members, as well as the course and clerkship directors for review.

### **No action required for this item.**

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

**3. Discussion:** Clerkship NBME scores going back to 35% of grade versus leaving at 20% for next several years

Dr. Olive led a discussion regarding a previous exemption granted by MSEC for the 2020-2021 academic year to reduce the weight of NBME scores on clerkship grades from 35% to 20%. Now that we are nearing the end of this academic year, a determination must be made whether to extend this exemption for the next academic year. After much discussion it was determined that the NBME was one of the few objective pieces of the grade for the majority of

clerkships, as much of the grade is determined by subjective assessments of attending physicians and residents of a student's performance. For this reason, it was largely felt that the NBME score should revert back to its previous weight of 35% of the clerkship grade. Dr. Moore made a motion to require 35% of the clerkship grade be based upon objective testing. It was noted that the proposed motion would change the current policy because the verbiage would change from NBME to "objective testing". There was no second to Dr. Moore's motion. After additional discussion, it was determined that because reducing the weighted grade was an exemption granted for the 2020-2021 academic year, no motion was actually required to revert back to 35% as the exemption would expire at the end of the 2020-2021 academic year. It was decided to let the exemption expire.

**No motion was made to extend the exemption. Clerkship NBME scores will revert back to weighting 35% of students' clerkship grade as it was prior to the exemption for the 2020-2021 AY.**

*The presented M3 Clerkship Exam and Grading Policy document is shared with MSEC Members via Microsoft Teams document storage.*

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

- Neuroscience

Dr. Acuff presented a course review for Clinical Neuroscience. Dr. Diego Rodriguez-Gil is the course director. The reviewers were Dr. David Johnson and Riley Parr, M2. Dr. Acuff noted there had been improvements in the course and Dr. Rodriguez-Gil was getting closer to meeting his CQI plan previously approved by MSEC.

Goals, Outcomes, and Objectives: Objectives are mapped appropriately to the IEOs and linked appropriately to assessments.

Content, Delivery, and Environment: The balance of instructional methods were appropriate to achieve goals and objectives based on positive student feedback of the course director and faculty evaluations. However, the students were not satisfied with the learning environment and integration of the course content within the curriculum based on student feedback.

Assessment, Feedback, and Grading: Formative assessment and feedback provided to students could be improved, but the grading process and assignment of grades in a timely manner met expectations.

Educational Outcomes: All students passed the course. 44/72 students were above the national mean score for the NBME, which is 61%, well above the 50% outcome measure and only 4/72 students (6%) scored below the 10<sup>th</sup> percentile.

Student Feedback: 74% of students were satisfied with the overall quality of the course, which is a vast improvement from the 52% satisfaction rating on the last year's review. 74% of students were satisfied with the course organization. 68.6% were satisfied with the teaching quality, which was interesting considering that individual faculty evaluations were rated much higher.

Previous Reviews: Course director has addressed recommendations from prior reviews.

Strengths: Students were very favorable in their rating and comments about Dr. Rodriguez-Gil and felt that the course content and organization was good. Students viewed the following as strengths: review sessions, having spread the contents, an extra exam, contents aligned with the NBME exam and handouts. Students would like more practice questions. Students appreciated the neuropathology review prior to the NBME.

Weaknesses: Some students struggled with the neuroanatomy. The differences in teaching styles, handouts and exam questions from multiple instructors were confusing for some students. They felt that handouts could be improved and wanted more neuroanatomy and blood supply information, more graphics for visual learners, and more clinical lectures. There are no low stakes formative quizzes, to allow students to test their knowledge. Students would like more practice questions.

Recommendations to the course director: Although some faculty use formative testing via questions during lecture or at the end of handouts, there are no graded quizzes or practice quizzes. Students need formative assessments to guide their study and to be able to test their own knowledge and depth of understanding. The review subcommittee suggest posting practice quizzes on D2L that students can take multiple times, but just keep highest score to see who has used them and suggest that student study groups review practice quizzes together. Work on improving class notes and make exam questions match major learning objectives; avoid minutia and make them NBME style. In addition to the neuropathology review before the NBME, a neuropharmacology review would be helpful as well. Have all the faculty teaching in each exam block review the exam well before it is given. Faculty can help each other improve their exam questions. Since 2021 will probably be the last time this course will be taught as it is, making major changes would not be worth the effort. Given the number of faculty teaching in this course, Dr. Rodriguez-Gil needs the cooperation and support of the other faculty. He is doing an excellent job leading by example, but as an assistant professor it can be difficult to get more senior faculty to follow his example.

Recommendations for MSEC: Faculty with salary at risk that can only be maintained via external grant support works against the teaching mission. The "Below Expectations" of the review triggers a re-write of the Clinical Neuroscience Course CQI document. Once completed by the course director, the document must be returned to MSEC for review and approval.

Dr. Acuff stated that Dr. Rodriguez-Gil and his faculty should be commended for the hard work in making improvements to the course. Dr. Click agreed, stating that Neuroscience had received some scrutiny in the last few years under different course directors and she felt there was definite improvement under Dr. Rodriguez-Gil's direction. Dr. Click stated that she also thought it strange that the learning environment was rated low but the faculty were rated high. RJ Black, M2, stated that she was in the course and in her experience, it was not a finished product yet and the faculty were experimenting a bit with their sessions to engage the students, but the students appreciated the faculty's commitment in trying to make it better and responded to that. Dr. Olive also pointed out that once a course gets a reputation, it takes a

while to overcome that reputation so it could take a while for the evaluations to turn around. He felt the course had made dramatic improvements over where it had been and Dr. Rodriguez-Gil should be complimented for his exceptional work. Dr. Click noted the satisfaction rating for the course had also been reported to LCME and at that time it was at a 65% dissatisfaction rating, which would be only 35% satisfied, and a 40% uptake in satisfaction was a huge turnaround.

It was noted that Dr. Rodriguez-Gil had met the goals of the CQI Plan, but based on procedures in place regarding items scoring “below expectations” a new CQI plan would be required.

The following items were discussed regarding the review:

- Students present for the meeting were asked their thoughts on evaluation ratings for courses with large numbers of faculty presenters. RJ Black, M2, stated that she was unsure how to rate those courses because the reviewers’ styles were so different, it was difficult to provide an overall rating based on varying experiences which could be both good and bad.
- It was questioned whether the issue regarding the need for NBME style questions was that there were not any NBME style questions on the neuroscience exams or that the students just wanted more NBME style questions on the exams. It was clarified that the students wanted more NBME style questions.
- The issue involving at risk salary will be referred by MSEC to the Faculty Advisory Committee (FAC) as MSEC has no control over salary issues. The MSEC chair will put together some materials for the FAC to review supporting not having salary at risk for faculty members making significant teaching contributions for the mission of the school including the justification of the need to be able to attract and maintain quality educators as we transform to a new curriculum.
- Dr. Rodriguez-Gil stated he was already considering adding some low-stake quizzes back to the course and adding a bit more neuroanatomy since the students are asking for that.

**Dr. Schoborg made a motion to accept the Neuroscience Annual Course Review as presented. Dr. Murphy seconded the motion. Dr. Rodriguez-Gil was instructed to resubmit a new CQI Plan based on predefined scoring triggers. MSEC discussed and approved the motion.**

*The presented Neuroscience Annual Course Review and CQI Plan documents are shared with MSEC Members via Microsoft Teams document storage.*

- Genetics CQI (final approval)

Dr. Click discussed that procedures for the disposition of the CQI plans had not been in place when the Genetics course was reviewed and that the review subcommittee had felt that Dr. Monaco had met all of the goals of the CQI plan when the course was reviewed. Now that a process was in place for the CQI plans, MSEC needed to accept the review subcommittee’s recommendation that the goals of the CQI plan had been met and approve the CQI Plan as completed.

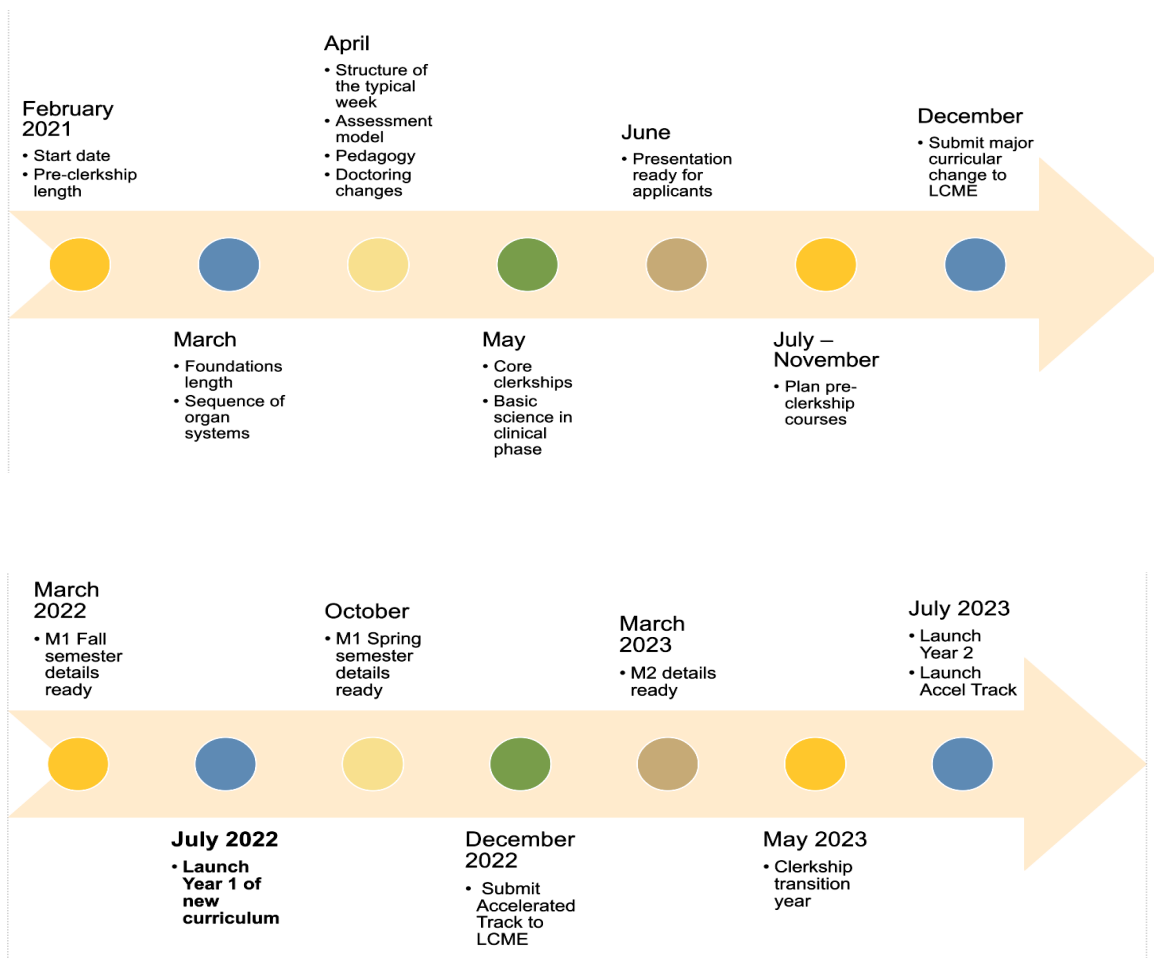
**Dr. Jones made a motion to accept the M1-M2 Review Subcommittee recommendation that the Genetics Course had completed their CQI Plan as presented. Dr. Schoborg seconded the motion. MSEC discussed and approved the motion.**

*The presented Genetics CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.*

## 5. Discussion/Approval: Curriculum Transformation

Dr. Click led a discussion on the progress of the curriculum transformation.

- Timeline – Dr. Click reminded everyone where we were in the timeline and stated we would be discussing the foundation’s length and the sequencing of the organ system for approval today. The next big piece to be discussed in April would be the assessment and pedagogy, which would also include the structure of what a typical week would look like and how Doctoring changes would play into that. Additional milestones are shown on the charts below:



- Previously approved items were reviewed:
  - New Curriculum Structure:
    - Increased horizontal and vertical integration
    - Foundations followed by organ systems-based courses in pre-clerkship
    - Increased active learning



- Pre-clerkship starts 3rd week of July and ends by Winter Break of M2 year.
  - At least 4 weeks of basic science to be added into clinical phase.
  - Six weeks of dedicated Step 1 study time
  - Two weeks added to Transitions to Clinical Clerkship (total of 3 weeks), with emphasis on basic science, use of simulation
  - Clerkships start first week of March
- Implementation Groups were reviewed. Chairs of groups already formed are in parenthesis:
    - Foundations Course (Schoborg)
    - Instruction & Assessment (Rusinol)
    - Online Resources (Hayman)
    - Accelerated Track (Fox) – no official group working on this yet
    - Doctoring (Potentially Dr. Mullersman and Dr. Amadio as co-directors)
    - Community Medicine (Kincer)
    - Learning Communities
    - Clinical Phase
    - Organ Systems courses
- Next Steps were reviewed:
    - Foundations course length (being discussed today)
    - Sequence of organ systems blocks (being discussed today)
    - Changes for Doctoring courses
    - Structure of the typical week
    - Assessment and Pedagogy
    - Pre-clerkship Course Directors and design teams selected
    - Possible clerkship changes
    - Planning Accelerated Track
    - NAME THE CURRICULUM!
- Foundations length approval – Dr. Schoborg discussed recommendations from the Foundations Implementation Group (FIG) including how long the foundations course was going to be. The FIG recommends that the foundations core should be 14 weeks long.
  - Sequence of organ systems – Dr. Schoborg discussed recommendations from the FIG and the Curriculum Transformation Steering Committee (CTSC) regarding what the organ blocks were going to be and in what order they should occur. The FIG and CTSC recommend the organ blocks below:

### Recommendation for Organ Systems Course Sequence

	Course	Length
<b>Year 1 Fall</b>	Foundations	14 weeks
	Host/Defense Immunology/Hematology	5/6 weeks
<i>Winter Break</i>	<i>2 weeks</i>	
<b>Year 1 Spring</b>	Cardiovascular/Pulmonary/Renal	14 weeks
<i>Spring Break</i>	<i>1 week</i>	
	GI/Nutrition	6 weeks
<i>Summer Break</i>	<i>8 weeks</i>	
<b>Year 2 Fall</b>	Endo/Repro	6 weeks
	Neuro/Behav/MSK/Skin	13/14 weeks

- Note: Length of last course in each semester depends on inclusion of dedicated assessment week that would include the final exam(s) in the preceding organ systems course, final assessments in the Doctoring course for that semester, other competency assessments.

Dr. Schoborg notes that the FIG discussed issues such as “should Skin go at the end or should it go with Host/Defense?” and “Is the Cardiovascular Pulmonary Renal block too long from the standpoint of doing a single exam at the end?” They also discussed where to put specific content in which blocks they would go in to integrate the blocks. Dr. Schoborg pointed out that the groupings of organ systems and their order and length recommended in the chart above have been done at a number of other institutions and had also been discussed with our consultant, Dr. Lindsey Henson. Dr. Schoborg noted that the FIG would like to have reassurance from MSEC that upon implementation of the sequencing blocks if an issue is discovered, they could come back to MSEC with the opportunity to provide a new proposal with changes to solve the issue. He also noted that this order of sequencing would align with Pharmacy in some ways and thereby provide opportunity for some of the key events that the students do to be done interprofessionally. The question was asked how this schedule would work with the rural track. Dr. Click noted that the table presented did not include the Doctoring courses, which would be taking place alongside these courses. It is assumed that rural track would continue to work out of the Doctoring side of the courses but that particular piece will come when the schedule is reviewed. Dr. Henson stated one of the goals in the sequencing was to add consistency of schedules, teaching modalities and assessment modalities so that the students would have some predictability.

**Dr. Jones made a motion to accept the recommendation proposed by the Curriculum Transformation Steering Committee to the Foundations Committee and their subsequent recommendation to MSEC for the course sequence length and content as presented. Dr. Florence seconded the motion. MSEC discussed and approved the motion.**

*The presented MSEC CTSC March 2021 PowerPoint and Organ Systems Sequence Recommendation CTSC 031021 documents are shared with MSEC Members via Microsoft Teams document storage.*

## **6. Follow-up Report: CIS SUD Curriculum Working Group Report**

Dr. Click reminded everyone that when the Curriculum Integration Subcommittee (CIS) presented their working group report on Substance Use Disorder (SUD) that it was recommended to have a follow up report whereby students would point out where this content was being covered in the curriculum as they were taking it. Dr. Jack Woodside and M4 student, Beth Farabee, were present to present that follow up report.

Beth stated that the report covered the 2019-20 academic year so anything that had recently occurred in the 2020-21 year would not be included in the report as it was only a snapshot of the 2019-20 year. The report included both the content that was documented in the thread report as being present in the curriculum as well as anything that was added to the curriculum based on the recommendations made when the original report was presented. The student group comprised of one M3 student, one generalist track M2 student and one rural track M2 student, and three M1 students, two from generalist track and one from rural track to document any differences between the general track and the rural track within the first two years in terms of exposure. Having heard of the potential curricular change, the group separated the recommendations based on whether the current structure was maintained or the curriculum moved to an organ system-based curriculum. Since it has now been determined the curriculum will be moved to an organ system-based curriculum, Beth stated she would only focus on those recommendations in her presentation.

There were three recommendations made based on the adoption of a systems-based curriculum:

1. Create a stand-alone class or block that covers SUD content.
2. Include a SUD-related required patient type in the Junior Internal Medicine clerkship.
3. Implement faculty development initiatives to address the use of stigmatizing language.

A table outlined the current curricular content describing the content, the assessment methods (if any), and the qualitative assessment of content coverage. There were some discrepancies pointed out in the table where curriculum was noted in the thread report as being taught but the student experience did not adequately reflect that as being taught or reflect retained knowledge from that. The report also contained narrative assessments by year that discussed the impact of SUD curriculum content that was presented in that year. It was pointed out that the students involved in this report already had a baseline interest in SUD so their opinions could vary from other students with no specialized interest in SUD. SUD exposure in the M4 year was not evaluated due to the inherent variability in student schedules during this period of their medical education. However, it was noted that there is a 2-hour lecture on MAT included in the required Keystone course at the end of the M4 year.

Dr. Click commended the student group for their effort in documenting what was happening in the curriculum as they were experiencing it. Addressing the recommendations, Dr. Click stated that the likelihood of devoting a specific block of time for SUD was probably low but she felt there were a number of ways SUD could be incorporated in the new curriculum. She suggested Neuroscience and Doctoring as places it could be incorporated. Dr. Click stated that including a SUD-related required patient type in the Internal Medicine clerkship could happen when the required patient types were reviewed for the upcoming year when the list was evaluated. Dr. Click also noted that there could be an opportunity to incorporate something with the Addiction Medicine fellowship associated with Family Medicine. Dr. Florence stated that rural track was going to require the students to attend Dr. Troxler's ECHO conference related to SUD during the Rural Primary Care clerkship. Dr. Click stated that MSEC could make a recommendation to the faculty development working group regarding implementing faculty development initiatives to address the use of stigmatizing language. It was also noted that redistributing didactic time in the Interprofessional Education Program (IPE) to cut down on redundancy and implementing a new didactic session on the interprofessional aspects of SUD treatment was an appropriate recommendation regardless of which curricula we were using. This could be suggested to Dr. Brian Cross.

Dr. Henson stated that perhaps a committee should be charged with keeping track of the social determinants of health to keep them from getting lost as we move to a new curriculum. Dr. Click stated that the CTSC had discussed early on having thread directors. It was brought up that SUD is one of our identified social issues and the CIS does report on these issues every three years.

Dr. Schoborg asked the students if they had any suggestions for how he could improve the Microbiology content in terms of the organisms that are more likely to occur in people with SUD and also asked if they thought it would be useful to have a fourth-year elective on infectious disease relevant to SUD.

**Dr. Jones made a motion for MSEC to make a recommendation to the faculty development working group regarding implementing faculty development initiatives to address the use of stigmatizing language related to SUD. Dr. Monaco seconded the motion. MSEC discussed and approved the motion.**

**Aneida Skeens will send a copy of the CIS SUD Curriculum Working Group Report to Dr. Brian Cross for consideration of Interprofessional Experience recommendations.**

**Dr. Click will forward the recommendation regarding faculty development initiatives to address stigmatizing language to the Faculty Development Committee.**

**SUD will be discussed as a required patient type for Internal Medicine for the 2021-2022 AY at the upcoming Clerkship Directors meeting.**

**Dr. Schoborg made a motion to accept the CIS SUD Curriculum Working Group Report as presented. Dr. Hall seconded the motion. MSEC discussed and approved the motion.**

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

The MSEC meeting adjourned at 5:45 p.m.

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### **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:**

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