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Medical Student Education Committee Minutes

10-19-2021

2021 October 19 - Medical Student Education Committee Retreat 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 held a retreat meeting on Tuesday, October 19, 2021 via Zoom.

Attendance

<u>Faculty Members</u>	<u>Ex Officio Non-Voting Member</u>
Ivy Click, EdD, Chair	Ken Olive, MD, EAD
Caroline Abercrombie, MD	
Martha Bird, MD	<u>Subcommittee Chairs</u>
Thomas Ecay, PhD	Robert Acuff, PhD
Jennifer Hall, PhD	
Russell Hayman, PhD	<u>Academic Affairs Staff</u>
Jon Jones, MD	Kortni Lindsay, MS, Staff
Paul Monaco, PhD	Mariela McCandless, MPH, Staff
Jason Moore, MD	Aneida Skeens, BSIS, CAP-OM, Staff
Antonio Rusinol, PhD	
	<u>Guests</u>
	Patricia Amadio, MD
	Earl Brown, MD
<u>Student Members</u>	Regenia Campbell, PhD
Andrew Hicks, M2	Michelle Chandley, PhD, MPH
	Leon Dumas, MMED
	Cuihong Jia, PhD
	Tom Kwasigroch, PhD
	Theo Hagg, MD, PhD
<u>Ex Officio Voting Members</u>	Lindsey Henson, MD
Deidre Pierce, MD	Melissa Hood
Robert Schoborg, PhD	Thomas Kincer, II, MD
Amanda Stoltz, MD	Tom Kwasigroch, PhD
Rachel Walden, MLIS	David Linville, MD, EdD
	Theresa Lura, MD
	Trevy Ramos, DO
	Blair Reece, MD
	Tory Street, AD
	Amy Wilson-Delfosse, PhD

Meeting Minutes

1. Workshop: Promoting Intentional Cognitive Integration of Basic Science and Clinical Medicine – Amy Wilson-Delfosse, Ph.D.

Dr. Amy Wilson-Delfosse, from Case Western Reserve University, presented a workshop on the integration of basic science and clinical education. Learning objectives of the workshop were:

- Consider the challenges of integrating basic science and clinical education and propose one solution to achieve cognitive integration
- Compare and contrast a traditional illness script with an integrated illness script
- Describe the component parts of a mechanism of disease map
- Identify one opportunity in the TRAILS curriculum where an integrated illness script or mechanism of disease map may be used to promote integration

Below is a link to Dr. Wilson-Delfosse's presentation:

<https://etsu.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=0cbc5c88-44d4-46d1-8262-adc700cdb1a1>

2. Approve: Minutes from September 21, 2021 Meeting.

Dr. Click opened the business meeting segment of the MSEC Retreat at 1:40 p.m. and asked for comments/updates to the September 21, 2021 meeting minutes, which were distributed with the MSEC meeting reminder.

A motion was made to accept the September 21, 2021 minutes and seconded. MSEC approved the motion.

The MSEC minutes for September 21, 2021 are shared with MSEC Members via Microsoft Teams document storage.

3. Report: M1/M2 Review Subcommittee 2020-2021

Rural Health Research Practice

Please see the Rural Health Research Practice course review report for additional data.

Dr. Acuff presented a course review for Rural Health Research Practice. Dr. Karen Schetzina is the course director. The reviewers were Dr. James Sheffey and Sarah Bridgeman, M2.

Dr. Acuff noted that this course will become an elective in the 2022-23 academic year and will no longer require review by the M1/M2 Review Subcommittee.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Educational methods received a rating of below expectations with only 53.33% of students being satisfied or very satisfied. The other categories met or exceeded expectations.

- Assessment, Feedback, and Grading: Below expectations. Only 60% of students were satisfied or very satisfied with timely feedback and 66% satisfied or very satisfied with how it supported their learning. There were 66.67% of students who reported that course grading components were clearly defined. Timely grades met expectations.
- Educational Outcomes: Exceeded expectations. There is no NBME exam for this course.
- Student Feedback: Below expectations. There were 54.3% of students satisfied or very satisfied with overall course quality, 33.3% of students satisfied or very satisfied with course organization, and 60% of students satisfied or very satisfied with teaching quality.
- Previous Reviews: Met expectations.

Strengths and weaknesses of the course were discussed. Please see the M1/M2 Review Subcommittee Rural Health Research Practice report for further details.

Recommended Changes to the Course Director: Recommend implementing uniform and structured schedule to be followed by all research groups. Also recommend timely grading/feedback on all course assignments with more effective communication about expectations/schedule from faculty.

Recommendations for MSEC: Recommend monitoring course for a pattern of student satisfaction.

Dr. Click noted that there are only 16 students who review this course, and it does not take very many students to pull the percentages down. Dr. Click commented that some of the student feedback may have resulted in the decision to consider this course as an elective. Dr. Stoltz noted this could be true. Dr. Stoltz also noted that this shows some of their concerns with dwindling faculty members available to help with and teach this course. Dr. Olive commented that even though this will be an elective course, it seems that this course report should trigger a CQI Plan and stated that MSEC should require a CQI Plan for the course. Dr. Click agreed as there are multiple below expectations on the report, which would trigger the requirement for a CQI Plan even though it will become an elective. Dr. Click also noted that there may be some significant changes to the course in making it into an elective and completing a CQI Plan would allow MSEC to review the changes in general. Dr. Click noted she had met with Dr. Schetzina to discuss this.

A motion was made for Dr. Schetzina to complete a CQI Plan based on having multiple below expectations on the course report with approval of the M1/M2 Review Subcommittee Rural Health Research Practice report being based on the completion of the CQI Plan and seconded. MSEC discussed and approved the motion.

The presented Rural Health Research Practice Annual Course Review document is shared with MSEC Members via Microsoft Teams document storage.

4. Report – CQI Plan

Introduction to Clinical Psychiatry (ICP)

Please see the ICP CQI Plan for additional data.

Dr. Click noted that, as announced at the last MSEC meeting, Dr. Jameson Hirsch has agreed to serve as the course director for ICP this academic year. Dr. Click stated that she and Dr. Olive met with Dr. Hirsch to review the CQI Plan and that Dr. Olive would be presenting the plan since Dr. Hirsch could not attend today's meeting.

Dr. Olive presented the ICP QCI Plan. Dr. Olive noted that the M1/M2 Review Subcommittee's course review of ICP did not meet expectations and thus, MSEC required a CQI Plan be completed. Dr. Olive also noted that there had been a CQI Plan developed previously and that the goals of the CQI Plan had not been met.

Dr. Olive noted that under the heading of Evaluation of Plan Effectiveness the student dissatisfaction with overall course quality worsened from 36% dissatisfied to 46% dissatisfied; dissatisfaction with course organization decreased from 36% to 33%, which is still below the goal; and dissatisfaction with teaching quality increased from 29% to 48%. All these are still below the stated goals and were given a mostly ineffective rating of improvement effort effectiveness.

Dr. Olive stated that he, Dr. Click, and Dr. Hirsch have reviewed the student evaluations from the previous year in detail and felt that since none of the previous goals were met, that they should be kept and changes made that would achieve those goals. Dr. Olive noted that the course was switched to a fully online course and labeled as asynchronous methodology and there were significant issues with implementation. One issue was the students did not really understand the expectations of the course when they started and thought since it was an asynchronous course, they could put it off and by half way through the time allotted for the course, some students had not even looked at the course. Midcourse adjustments were made, and corrections were made to address this.

Recommended changes include adding a required synchronous introductory session to set expectations, all course materials made available from the beginning of the course, including due dates for the quizzes in the syllabus, making clear if there are time limits to take the quizzes, providing quiz answer explanations, and providing feedback through the discussion board. Other recommendations may be found on the CQI Plan document.

A motion was made to accept the CQI Plan for Introduction to Clinical Psychiatry as presented and seconded. Results will be followed when post-course data are available. MSEC discussed and approved the motion.

The presented Introduction to Clinical Psychiatry CQI Plan document is shared with MSEC Members via Microsoft Teams document storage.

5. Report: M4 Elective/Selective Administrative Reviews

Dr. Olive presented a report showing the overall responses for the 2020-21 electives and selectives.

Selectives

Dr. Olive noted that all the overall course ratings were very close to the 5.0/5.0 rating. Dr. Olive stated that in reviewing the narrative comments, there were a few themes that he thought would be worth mentioning. Several students commented that two weeks seemed to be too short for ambulatory and critical care selectives. Dr. Click commented that the critical care selective was reduced from four weeks to two weeks due to COVID and has not been moved back to four weeks. Dr. Click stated this was something to consider for future requirements. Some students identified having too many students on rotations. Other common themes included there was a need for improved communications of knowing where and when they were supposed to be, not having a good place for students to gather to discuss cases or read while on the rotation, and electronic

health record access is a challenge. There was one comment from a critical care selective about the learning environment. A fourth-year medical student identified what they thought to be the mistreatment of a resident physician by an attending physician, and this made them uncomfortable. These comments were taken to the residency program director to let them know this is occurring so they can take appropriate action. Otherwise, there were no worrisome comments.

Electives

The overall evaluations of the senior elective courses were similarly very positive. A few were not as good overall; however, none of the electives received an unsatisfactory score. Most of the ones receiving lower scores were either newly developed this year or for online delivery. The longitudinal COVID Preparedness, Prevention, and Management course was the lowest rated course at 3.0/5.0. This course was spread out over the year and involved only five students. There were no specific comments in the narratives that warranted any particular action. There were no significant problems seen. The COVID elective is not being offered this year as the M4s have already taken it. For the third-year students, we will evaluate what is needed in a pandemic preparedness course in their senior year.

Dr. Click noted that these evaluations were on the five-point evaluation scale as they started before we moved everything to the four-point scale. The evaluations for this year are on a four-point scale.

A motion was made to accept the 2020-21 M4 Elective/Selective Administrative Reviews report as presented and seconded. MSEC discussed and approved the motion.

The presented M4 Elective/Selective Administrative Reviews document is shared with MSEC Members via Microsoft Teams document storage.

6. Discussion: Curriculum Transformation

Foundations of Medical Knowledge Course

Dr. Rusinol gave a presentation on the new Foundations of Medical Knowledge course.

Disciplines for the course include Biochemistry/Cell Biology, Genetics, Embryology, Anatomy, Histology, Physiology, Neuroscience, Pharmacology, Immunology, Microbiology, Pathology, Clinical Epidemiology, and Biostatistics.

Dr. Rusinol stated that they had been meeting for the past couple of months to decide what will be taught and at what level. As an example, Dr. Rusinol presented a document that was provided by Dr. Schoborg showing the immunology sessions, topics, session rationale, and learning objectives. From these, it was decided what part of immunology would be covered in the Foundations course and which would be covered later or in other courses. This led to a more focused list of topics and learning objectives for the Foundations course. More meetings will be held in the coming days to talk about the other disciplines of the Foundations course. There is room for 105 sessions. A sample of the weekly schedule was presented for review. There will be 13 weeks of instruction with different themes for each week (e.g., Week 1 Introduction to Foundations Medical Knowledge, Week 2 Building Blocks of Life, Week 3 Human Development and Genetics, etc.). Dr. Rusinol noted that the main challenge is going to be finding a different way of delivering the material or cutting

about 40% or more of what is currently being taught. This has been the main discussion in meetings.

Dr. Olive commented that we need to make sure that some of the topics that are not hard sciences (psychosocial concepts and behavioral science concepts) and previously covered in Lifespan Development and Intro to Clinical Psychiatry do not get lost in this process. Dr. Olive noted that he recognized there are some courses where they might naturally fit in better like the Doctoring courses or built into IQ cases, but we need to make sure we do not lose track of those pieces of content when trying to decide what is really critical to keep and where do we put it.

Please see the Foundations of Medical Knowledge presentation documents for additional information.

No voting action required.

Learning Communities

Dr. Pierce gave a presentation on Learning Communities. Dr. Pierce noted that Learning Communities is an important part of becoming a physician. Communities provide a venue for the development of life skills for physicians and other things that you cannot fit into the rest of the curriculum and are equally important.

Dr. Pierce noted that Quillen has established Learning Communities for the below reasons:

- Goal to integrate students vertically and horizontally to provide another level of support to students and to promote the “Quillen Family.”
- Feedback from students that there are opportunities for improvement in areas like wellness and career development
- Ability to address class specific topics in smaller group format
- Opportunities to provide more individualized support/early recognition for intervention

Dr. Pierce stated the Learning Communities were named by the students who selected names from the trails in the community to coincide with the new TRAILS Curriculum. The names are Laurel Falls (blue), Iron Mountain (red), Hartsell Hollow (green), and Cloudland (yellow). Students were randomly assigned to each community.

The communities are currently meeting on an intermittent basis with wellness being the main focus this year. When the new curriculum begins, the students will be meeting one afternoon per month per house most frequently on Wednesday. Plans are to integrate career development, full wellness curriculum (Dr. Sabri, Lifestyle Medicine in Pediatrics), mentoring (student led), advising, academic support, and tutoring into the new curriculum.

Dr. Pierce noted she had met with students and had them tell her what they felt were important changes. Based on this, Dr. Pierce created a curriculum of the things that might be covered in Learning Communities.

Dr. Olive commented that he agreed with the plans that Dr. Pierce has in place. Dr. Olive noted when MSEC heard from the Outcomes Subcommittee, one of the program benchmarks that we failed to meet was related to personal and professional development- that students are prepared to

recognize personal stressors and/or academic challenges. Dr. Olive reminded MSEC members when Learning Communities were discussed previously in MSEC meetings, it was discussed that Learning Communities would be a good place to help us address some of these personal and professional development objectives. Dr. Click commented that looking at the topics in Dr. Pierce's presentation today, that they would address the professional development aspects as well as career development.

Dr. Olive commented that MSEC made Career Exploration a formal part of the curriculum previously because not all students reported receiving this information. Dr. Click stated that since Career Exploration objectives are part of the Doctoring courses that MSEC would need to move to eliminate those as part of Doctoring and be covered by Learning Communities as we move forward with the new TRAILS Curriculum. MSEC discussion included whether or not to make this effective next year with the new TRAILS Curriculum and be a requirement for the first- and second-year students with rolling them up into their third and four year and maintaining what we currently are doing with the third and fourth students now or just starting all students at one time. Dr. Click asked that a motion be made regarding when and how this move should be made effective.

Please see the Learning Communities presentation slides and document for additional information.

A motion was made to eliminate the Career Exploration objectives from the Doctoring courses and move into Learning Communities beginning with the 2022-23 academic year for all medical students and seconded. MSEC discussed and approved the motion.

The Curriculum Transformation presentation documents are shared with MSEC Members via Microsoft Teams document storage.

7. Workshop: Presentation by Dr. Henson on IQ Cases

Dr. Lindsey Henson presented a workshop on IQ cases. Following the presentation, MSEC members were divided into small groups and given an IQ case to discuss and modify. After the allotted time, members were brought back together and reported their group's responses.

Below is a link to Dr. Henson's presentation:

[https://etsu.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=d96f1bff-3a01-4f1f-bff2-
adc700cdcde0](https://etsu.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=d96f1bff-3a01-4f1f-bff2-adc700cdcde0)

Please see the workshop slides and list of responses document for additional data.

No voting action required.

The workshop slides and list of small group responses document are shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 5:07 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. Telephone contact is: 423-439-6233.

MSEC Meeting Dates 2021-2022: (Zoom meetings unless noted)

July 20, 2021 – 3:30 – 6:00 pm

August 17 – 3:30-6:00 pm

September 21 – 3:30-6:00 pm

October 19 – Retreat – 12:00 pm-5:00 pm

November 2 – 3:30 – 5:00 pm*

November 16 – 3:30-6:00 pm

December 14 – 3:30-6:00 pm*

January 18, 2022 Retreat – 11:30 am-5:00 pm (In-person meeting)

February 15 – 3:30-6:00 pm

March 15 – 3:30-6:00 pm

April 19 – 3:30-6:00 pm

May 17 – 3:30-6:00 pm

June 21 - Retreat -11:30 am-3:00 pm (In-person meeting)

June 21 - Annual Meeting - 3:30-5:00 pm (In-person meeting)