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2022 April 19 - 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 for a Meeting on Tuesday, April 19, 2022 via Zoom meeting.

Attendance

| <u>FACULTY MEMBERS</u> | <u>EX OFFICIO NON-VOTING MEMBERS</u> |
|---|---|
| Ivy Click, EdD, Chair | |
| Martha Bird, MD | <u>SUBCOMMITTEE CHAIRS</u> |
| Jean Daniels, PhD | Keelin Roche, MD |
| Thomas Ecay, PhD | |
| Jennifer Hall, PhD | <u>ACADEMIC AFFAIRS STAFF</u> |
| Russell Hayman, PhD | Kortni Dolinger, MS, Staff |
| Jon Jones, MD | Mariela McCandless, MPH, Staff |
| T. J. Mitchell, MD | Aneida Skeens, BSIS, CAP-OM, Staff |
| Paul Monaco, PhD | |
| Jason Moore, MD | <u>GUESTS</u> |
| Jerry Mullersman, MD | Leon Dumas, MMED |
| Antonio Rusinol, PhD | Lindsey Henson, MD |
| | Trevy Ramos, MD |
| <u>STUDENT MEMBERS</u> | Blair Reece, MD |
| Sarah Allen Ray, M4 | Tory Street, Assistant Dean |
| Andrew Hicks, M2 | Doug Taylor, Associate Dean |
| | Timothy Wood, MD |
| <u>EX OFFICIO VOTING MEMBERS</u> | |
| Deidre Pierce, MD | |
| Amanda Stoltz, MD | |
| Rachel Walden, MLIS | |

Meeting Minutes

1. Approve: Minutes from the MSEC March 15, 2022 Meeting.

Dr. Click opened the meeting at 3:35 p.m. and asked for comments/updates to the March 15, 2022 meeting minutes, which were distributed to MSEC members via email on Thursday, April 14, 2022.

A motion was made to accept the March 15, 2022 minutes and seconded. MSEC approved the motion.

The MSEC minutes for March 15, 2022 are shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- Faculty Development
 - April 20 – 12:15-1:15 pm
 - Thriving versus Surviving: Why Work Cultural Matters with Dr. Katherine Bartek
 - May 18 – 12:00-1:00 pm
 - Innovative Longitudinal Integrated Clerkship Design with Dr. Sarah Wood
 - June 30 (Tentatively)
 - Improving the Clinical Learning Environment with Dr. Charlene Dewey
 - Working on having a workshop during the June Retreat meeting on IQ Cases
 - Working on a session with Dr. Patrick Brown on Just in Time Teaching
- Faculty Book Club
 - June 1 – 4:30-5:30 pm
 - *The Immortal Life of Henrietta Lacks* by Rebecca Skloot
 - August 3 – 4:30-5:30 pm
 - *Radical Hope* by Kevin Gannon
(potential luncheon with the author on August 8)
- MSEC Meetings 2022-2023
 - June MSEC Retreat meeting will be in person
 - MSEC Meetings for 2022-23
 - Via Zoom or in-person?
 - A poll of MSEC members revealed keeping the regular afternoon meetings via Zoom. Retreat meetings will be held in-person.

2. Discussion: Longitudinal Integrated Clerkships

Dr. Click and Dr. Blair Reece gave a presentation on Longitudinal Integrated Clerkships (LICs).

Please see the LICs presentation slides for additional information.

Dr. Click's presentation included the following information.

- Overview
 - Clerkship Design Working Group Created in Fall of 2021
 - Recommend clerkship model for TRAILS curriculum
 - Include framework for incorporating advanced basic science content
 - Develop a timeline, identify resources and faculty development needed, and report to CTSC and MSEC
 - Working Group Members
 - Dr. Martha Bird, Dr. Ivy Click, Ms. Kortni Dolinger, Dr. Lindsey Henson, Dr. Deidre Pierce, Dr. Blair Reece, and Dr. Amanda Stoltz
- What is an LIC?
 - A clinical education program in which students:
 - Participate in the comprehensive care of patients over time.
 - Participate in continuing learning relationships with these patients' clinicians.
 - Meet the majority of the year's core clinical competencies across multiple disciplines simultaneously through these experiences.
- Schematics showing three types of LIC models
 - Comprehensive year-long LICs model
 - Hybrid model with two LICs

- Hybrid model

Dr. Click stated that the group did a lot of research in looking at the challenges and advantages of our current schedule and in looking at the challenges and advantages of LICs. Dr. Click then turned the discussion over to Dr. Blair Reece to present the findings of the working group.

Dr. Blair Reece discussed the following findings (*includes a partial list of specific findings for each topic, please see presentation slides for a complete list*):

1. Challenges and advantages of block clerkships, which is our current clerkship model.
 - a. Advantages
 - i. Know how to do it this way
 - ii. Remediation options for students
 - b. Challenges
 - i. Student learning confined to a short period at a specific time in the M3 year
 - ii. Repetitive scheduling of students, orientation, didactics, exams, and grading cycles throughout the year
 - iii. Binge and purge NBME cycle
2. Advantages of LICs from the Literature
 - a. Continuity with preceptors: increased opportunity for feedback on clinical skills
 - b. Continuity with the health care system: opportunities to understand systems-based practice
 - c. Continuity with patients: students form deeper relationships and contribute meaningfully to patient care
3. Advantages of LICs from the Working Group
 - a. Practical
 - i. Potential increased capacity (fewer students per rotation)
 - ii. Two schedules, orientations, didactics, exams, and grading cycles per year
 - b. Educational
 - i. Allows for a more integrated curriculum – include basic science without duplicating teaching in different clerkships
 - ii. Allows students to come back and experience a clerkship again after other rotations, with new knowledge from other experiences
 - iii. Improved shelf exam performance and preparation for Step 2 (*based on conversations with other schools*)
4. Challenges of LICs
 - a. Departmental boundaries and cultures
 - b. Developing faculty preceptors: expectations of students, feedback, and evaluation
 - c. Supporting students: clarifying roles and tasks, managing interpersonal challenges and uncertainties
5. Implementing LICs: Decisions
 - a. Assignment of disciplines to LICs
 - b. Inpatient rotation lengths
 - c. Continuity clinic
 - d. Academic half-day and advanced basic science content

Following Dr. Reece's discussion of the findings, Dr. Reece stated the working group members recommended the following to MSEC.

- Move to a hybrid version of LICs beginning March 2024
- Two LICs – each around six months
- With longitudinal continuity clinic for students over the full year
- Academic half-day built into weekly schedule

- Comprehensive curriculum developed including clinical and basic sciences
- Full details to be developed: based on specific needs of our programs and health system

Dr. Reece stated the following resources will be needed:

- LIC Director
- At least one FTE staff (coordinator)
- Identify basic science faculty members to collaborate on curriculum
- Identify IPE liaison to collaborate on curriculum
- Faculty development workshops for faculty on LICs

Dr. Click stated that the program would be evaluated through monitoring of NBME subject exam scores, Step 2 scores, performance in M4 year rotations, Match results, GQ results, and performance in residency. New measures would also be used and will include preceptor satisfaction, end-of-year OSCE performance (or other clinical performance exam), CCSE, and student perceptions of core aspects of the program.

MSEC discussion included notifying the incoming M1 students that they would also be the first to experience a new clerkship curriculum, how the surgery clerkship might fit into an LIC model, and making sure that clerkship directors are involved in what the needs are for their clerkship. Dr. Pierce noted that the work group had talked about hiring an LICs director and the first thing that would be done would be to send clerkship directors an individual needs assessment form to complete.

After much discussion, MSEC felt more information was needed on LICs before a motion could be made to accept the concept of moving to LICs. Dr. Click commented that she had taken notes on the concerns MSEC raised and would discuss at the next Clerkship Design Working Group meeting. Dr. Click noted that she would send MSEC members the additional references that were listed in the presentation slides for their review.

No voting action required.

The presented Longitudinal Integrated Clerkships document is shared with MSEC Members via Microsoft Teams document storage.

3. Discussion/Approval: Clerkship Grades

Dr. Click reminded MSEC members of the presentation at the March 15 meeting on potentially changing clerkship grading to an Honors/Pass/Fail system and that MSEC had requested that a working group be formed to gather additional information to bring back to MSEC. Dr. Click noted that the requested report was sent out to MSEC members along with the April meeting agenda.

Please see the presentation slides for more information.

Dr. Click gave a presentation that reviewed the information contained in the report sent to MSEC members. Dr. Click reminded MSEC members of the questions they had from the March 15 meeting:

1. Is the top 25% the right cutoff?
2. How many students do not complete logging on time?
3. How would this have worked out for past classes?
4. Is it penalizing people who are on medical LOAs if they cannot be eligible for Honors?

Dr. Click stated that working group members researched and found the following information to answer the questions MSEC members had regarding clerkship grading:

1. 25% cutoff

- a. Vokes et al. looked at the distribution of Honors grades for medical schools that had this clerkship grading system. Medical schools considered to be in the “Top 25 Best” in the country had an average percent Honors given of 41.01%.
 - b. Other schools’ Honors percentages were:
 - i. UNC – 30-35%
 - ii. Michigan – 25-30%
 - iii. Iowa – 40%
2. Students not completing logging on time
- a. For the Class of 2020 (2018-19 AY), two students from the Pediatrics Clerkship and one student from the Psychiatry Clerkship
 - b. For the Class of 2022 (2020-21 AY), one student from the Internal Medicine Clerkship, two students from the OB/GYN Clerkship, five students from the Psychiatry Clerkship, and three students from the Surgery Clerkship. Dr. Click noted that the higher numbers were due to COVID-19 and the restrictions that were in place.
3. How it would have worked for past classes
- a. Class of 2020
 - i. Family Medicine – 13 eligible
 - ii. Internal Medicine – 22 eligible
 - iii. OB/GYN – 17 eligible
 - iv. Pediatrics – 17 eligible
 - v. Psychiatry – 17 eligible
 - vi. Surgery – 19 eligible
 - vii. RPCT – 4 eligible
 - b. Class of 2022
 - i. Family Medicine – 13 eligible
 - ii. Internal Medicine – 16 eligible
 - iii. OB/GYN – 13 eligible
 - iv. Pediatrics – 16 eligible
 - v. Psychiatry – 15 eligible
 - vi. Surgery – 16 eligible
 - vii. RPCT – 4 eligible
4. Penalizing people who are on a medical leave of absence
- a. Class of 2020
 - i. There were 10 off-cycle students who had clerkships that ran into the next academic year. Of those, one student met criteria to be eligible for Honors in Psychiatry
 - b. Class of 2022
 - i. There were 8 off-cycle students who had clerkships that ran into the next academic year. Of those, two students met criteria to be eligible for Honors in Family Medicine

Dr. Click commented that based on the additional information requested by MSEC members, the following updated recommendations were made:

- Change clerkship grading to Honors/Pass/Fail
- Criteria for Honors (must meet all):
 - Numeric grade is \geq top 25% in the class per clerkship
 - NBME Subject Exam (if given) is above 50th percentile of national norm
 - All course requirements submitted on time (including logging)
 - No professionalism report from clerkship
- Include detailed description of criteria for Honors in the Medical School Information section of the MSPE, our policy, and website

- Pass/Fail given throughout the year
 - The grade for the top 25% of students will be calculated at the end of the regular clerkship year
 - Honors grades assigned and students notified at the end of final clerkship period
 - Any students who were on a medical leave of absence and had to take clerkships that went into the beginning of the next academic year and who scored above the numeric grade cutoff that was calculated for the top 25% at the end of the regular clerkship year and meet all other criteria may receive Honors.

Dr. Click commented that some discussion points include:

- There could technically be over 25% of class receiving Honors
- NBME percentiles are based on nationally normed data from previous years. (This would be used in the same way we currently determine if students are above the 5th percentile for passing.)
- If we assign grades throughout the year as Pass/Fail and change to Honors later, a grade modification form would need to be submitted.

Discussion ensued and MSEC members asked for clarification regarding the Professionalism report requirement whether that was just if a report had been submitted that may not lead to remedial action or whether it was a substantial report that would lead to remedial action. MSEC also asked what if a professionalism report was submitted that had nothing to do with a clerkship. Dr. Click noted that the Professionalism criteria would be updated to be more specific.

A motion was made to change the clerkship grading to Honors/Pass/Fail with the criteria described and seconded. MSEC discussed and approved the motion.

The presented Clerkship Grading document is shared with MSEC Members via Microsoft Teams document storage.

4. Report: M3/M4 Review Subcommittee 2021-2022

OB/GYN Clerkship

Please see the OB/GYN Annual Review Report for additional data.

Dr. Roche presented a review for the OB/GYN Clerkship. Dr. Brad Wood is the clerkship director. The reviewers were Dr. Ben Yarger and Nelly Grigorian, M4.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Student satisfaction with resources at each site supporting an effective learning environment exceeded expectations. Student satisfaction with educational methods, faculty and resident teaching, and satisfaction with the learning environment met expectations.
- Assessment, Feedback, and Grading: Student satisfaction with feedback exceeded expectations. Student satisfaction with receiving mid-clerkship formative assessment, grade transparency and fairness, and timeliness of grades met expectations.
- Educational Outcomes: Grade breakdown exceeded expectations. NBME exam performance was rated as below expectations as only 36.1% of students scored at or above the national mean. The number of students scoring below the 5th percentile was rated as meeting expectations as 8.3% scored below the 5th percentile.

- Student Feedback: Student satisfaction with clerkship quality and quality of attending teaching met expectations. Student satisfaction with clerkship organization (66%) and teaching quality (83%) were below expectations.
- Previous Reviews: Met expectations.

Strengths and weaknesses of the course were discussed. Please see the M3/M4 Review Subcommittee OB/GYN Clerkship report for further details.

Comments from Clerkship Director: Please see the M3/M4 Review Subcommittee OB/GYN Clerkship report for further details.

Recommended changes to the Clerkship Director:

1. Provide students with the syllabus and mid-clerkship review forms on the first week of the rotation.
2. Encourage residents and fellows to provide feedback on student notes during their rotation.
3. Consider reducing the number of evaluations required by students as many stated that they did not feel they spent quality time with eight different faculty to get actionable evaluations.
4. Perform a laparoscopic anatomy review with students to better prepare them for the OSCE.
5. Consider a clear assignment of medical student education to a resident on the team.

Recommendations for MSEC: A CQI plan is recommended due to two areas being below expectations in student feedback (83% of students satisfied with resident teaching, 66% of students satisfied with clerkship organization) and one area being below expectations in educational outcomes (36.1% of students score at or above the national mean on NBME).

A motion was made to accept the M3/M4 Review Subcommittee OB/GYN Clerkship report as presented with a CQI Plan to be submitted to MSEC at a later time. MSEC discussed and approved the motion.

The presented OB/GYN Annual Clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

Family Medicine Clerkship

Please see the Family Medicine Annual Review Report for additional data.

Dr. Roche presented a review for the Family Medicine Clerkship. Dr. Jason Moore is the clerkship director. The reviewers were Dr. Keelin Roche and Riley Parr, M3.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Exceeded expectations.
- Assessment, Feedback, and Grading: Student satisfaction with feedback exceeded expectations. Student satisfaction with receiving mid-clerkship formative assessment, grade transparency and fairness, and timeliness of grades met expectations.
- Educational Outcomes: Grade breakdown exceeded expectations. Aquifer exam performance was rated as below expectations as only 30.8% of students scored at or above the national mean. It was noted that only 26 students had taken the exam at that point so this number might be considerably higher at this time. The number of students scoring at or below the 5th percentile was rated as exceeded expectations.
- Student Feedback: Exceeded expectations.

- Previous Reviews: Met expectations.

Strengths and weaknesses of the course were discussed. Please see the M3/M4 Review Subcommittee Family Medicine Clerkship report for further details.

Comments from Clerkship Director: Please see the M3/M4 Review Subcommittee Family Medicine Clerkship report for further details.

Recommended changes to the Clerkship Director: Address testing issue, being addressed as above.

Recommendations for MSEC: None.

A motion was made to accept the M3/M4 Review Subcommittee Family Medicine Clerkship report as presented. MSEC discussed and approved the motion.

The presented Family Medicine Annual Clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

Rural Primary Care Track Clerkship

Please see the Rural Primary Care Track Annual Review Report for additional data.

Dr. Roche presented a review for the Rural Primary Care Track Clerkship. Dr. Amanda Stoltz is the clerkship director. The reviewers were Dr. Sheree Anne Bray and Nancy Claire Smith, M4.

- Goals, Outcomes, and Objectives: Met expectations.
- Content, Delivery, and Environment: Met expectations.
- Assessment, Feedback, and Grading: Met expectations.
- Educational Outcomes: Grade breakdown exceeded expectations. NBME exam performance was rated as below expectations as only 42.9% of students scored at or above the national mean. The number of students scoring at or below the 5th percentile was rated as exceeded expectations.
- Student Feedback: Student satisfaction with clerkship quality was rated as exceeded expectations. Student satisfaction with clerkship organization was rated at below expectations with 50% of students dissatisfied. Student satisfaction with teaching quality and attending teaching met expectations.
- Previous Reviews: Met expectations.

Strengths and weaknesses of the course were discussed. Please see the M3/M4 Review Subcommittee Rural Primary Care Track Clerkship report for further details.

Comments from Clerkship Director: Please see the M3/M4 Review Subcommittee Rural Primary Care Track Clerkship report for further details.

Recommended changes to the Clerkship Director:

1. Increase time of shared didactics with Family Medicine generalist track and increase inpatient/ward time within the ETSU residency experiences. The students are given protected time to go through the Aquifer cases. This may also help with NBME score.
2. Increase time spent in teaching sessions with faculty, especially increasing time spent on going through lab interpretation, differential diagnose, and treatment plans.

3. To address concerns over scheduling issues and students showing up to sites when preceptor was not working, students could be provided contact information of the preceptors and be able to confirm precepting times prior to traveling to sites.
4. Ensure access to and training for EHR at the sites.

Recommendations for MSEC: None.

A motion was made to accept the M3/M4 Review Subcommittee Rural Primary Care Track Clerkship report as presented. MSEC discussed and approved the motion.

The presented Rural Primary Care Track Annual Clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

5. Discussion/Approval: DEI Evaluation Question

Dr. Click noted there was a motion from a previous meeting to have a working group make a recommendation related to a diversity, equity, and inclusion question that would be included on student evaluations. The working group consisted of Dr. Schoborg, Dr. Rusinol, Rachel Walden, and Dr. Click. Dr. Click noted that they investigated what other schools had done. The working group's recommendation is to include one open-ended question on course and clerkship evaluations and prior to the question, include a lead-in statement based on LCME Element 7.6 Cultural Competence and Health Care Disparity.

The lead-in statement would read as follows: One responsibility of a medical school is to ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address biases in themselves, in others, and in the health care delivery process. (*LCME Element 7.6*)

The question for the pre-clerkship courses would read as follows: Considering instruction, content, and materials, how has this course helped you acquire the knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society? How could it be improved?

The question for the clerkships would read as follows: How has this clerkship helped you acquire the knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society? How could it be improved?

A motion was made to accept the recommended DEI question for inclusion on the pre-clerkship and clerkship evaluations. MSEC discussed and approved the motion.

The presented DEI question document is shared with MSEC Members via Microsoft Teams document storage.

6. Discussion/Approval: Procedures and Patient Types

Dr. Click noted that due to constraints of time, this agenda item will be voted on by MSEC member by email. Dr. Click reminded MSEC members that this item is reviewed and approved annually by MSEC. Dr. Click stated that the list has been vetted by all clerkship directors and some slight changes were made. The list will be sent to MSEC members for review and approval.

An email was sent to MSEC members containing the Procedures and Patient Types document for review and approval. The list was approved by 17 MSEC members.

The presented Procedures and Patient Types document is shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 6:07 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)

January 18, 2022 Retreat – 12:00-5:00 pm

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)